2019 Community Health Needs Assessment

Kaiser Foundation Hospital: Redwood City

License number: 220000021

Approved by Kaiser Foundation Hospital Board of Directors' Community Health Committee

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KAISER PERMANENTE®

Kaiser Permanente Northern California Region Community Benefit

CHNA Report for KFH-Redwood City

Contents

I. 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 12 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 Health

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. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. 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. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

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 https://www.kp.org/chna.

D. 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 130 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, focus groups, and surveys. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that 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 constitutes a health need in their community. Once all the community health needs were identified, they were 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, https://www.kp.org/chna.

II. Community served

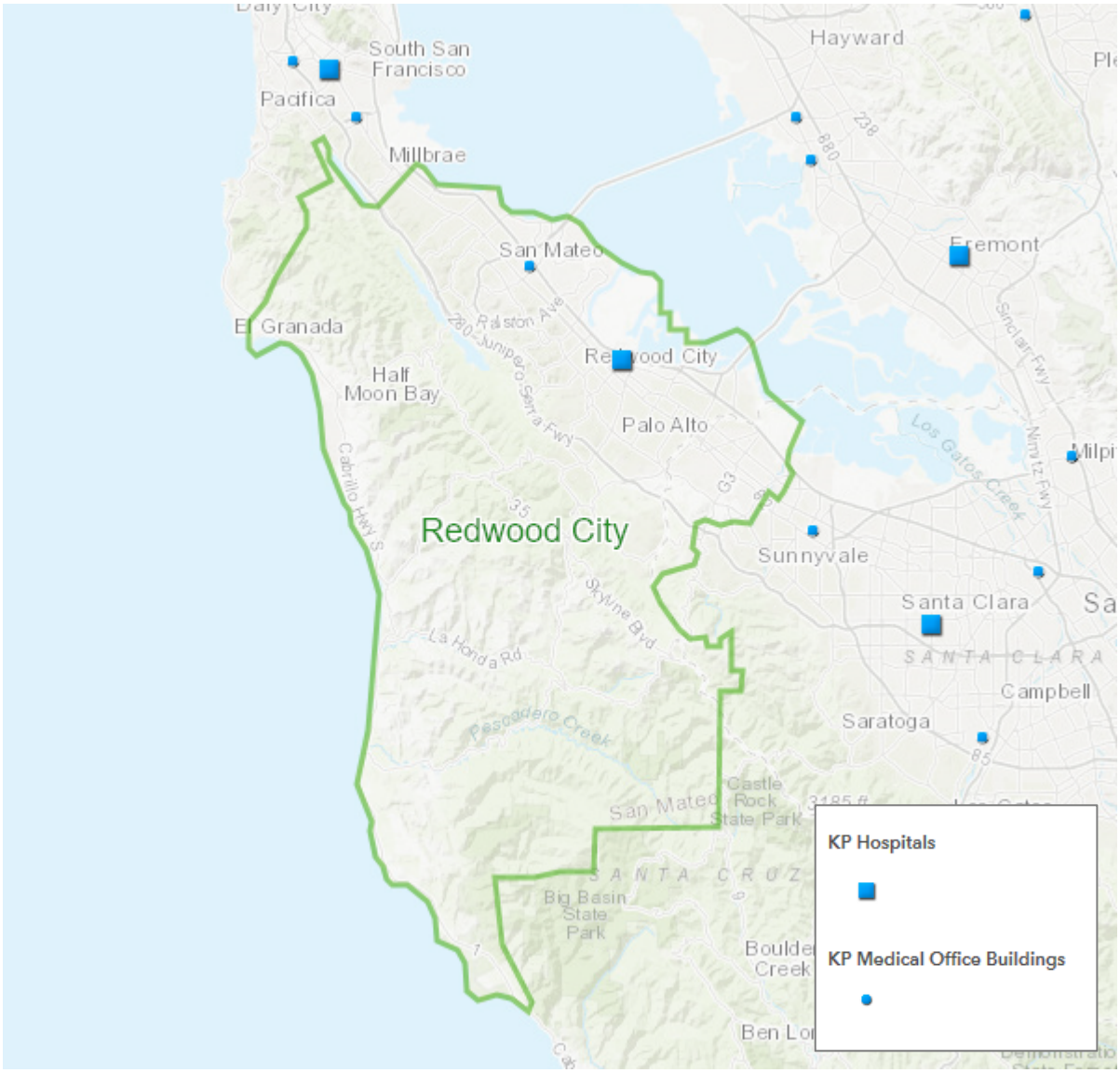
A. Kaiser Permanente's definition of community served

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

KFH-Redwood City Service Area



ii. Geographic description of the community served

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 San Mateo, Belmont, East Palo Alto, El Granada, Foster City, Half Moon Bay, Menlo Park, North Fair Oaks, Pescadero, Redwood City, and San Carlos.

iii. Demographic profile of the community served

The KFH-Redwood City service area is slightly less diverse than the state, with 63% of the population identifying as White; however, nearly 23% of the population identifies as Hispanic or Latinx and nearly 20% as Asian. Across the larger county, over a third (35%) of residents are foreign-born.[1]

Demographic profile: KFH-Redwood City

Race/ethnicity		**Socioeconomic Data**	
Total Population	539,501	Living in poverty (<100% federal poverty level)	7.8%
Asian	19.6%	Children in poverty	9.5%
Black	2.4%	Unemployment	2.2%
Native American/Alaska Native	0.3%	Uninsured population	6.5%
Pacific Islander/Native Hawaiian	1.2%	Adults with no high school diploma	9.7%
Some other race	8.5%		
Multiple races	5.0%		
White	62.9%		
Hispanic/Latinx	22.6%		

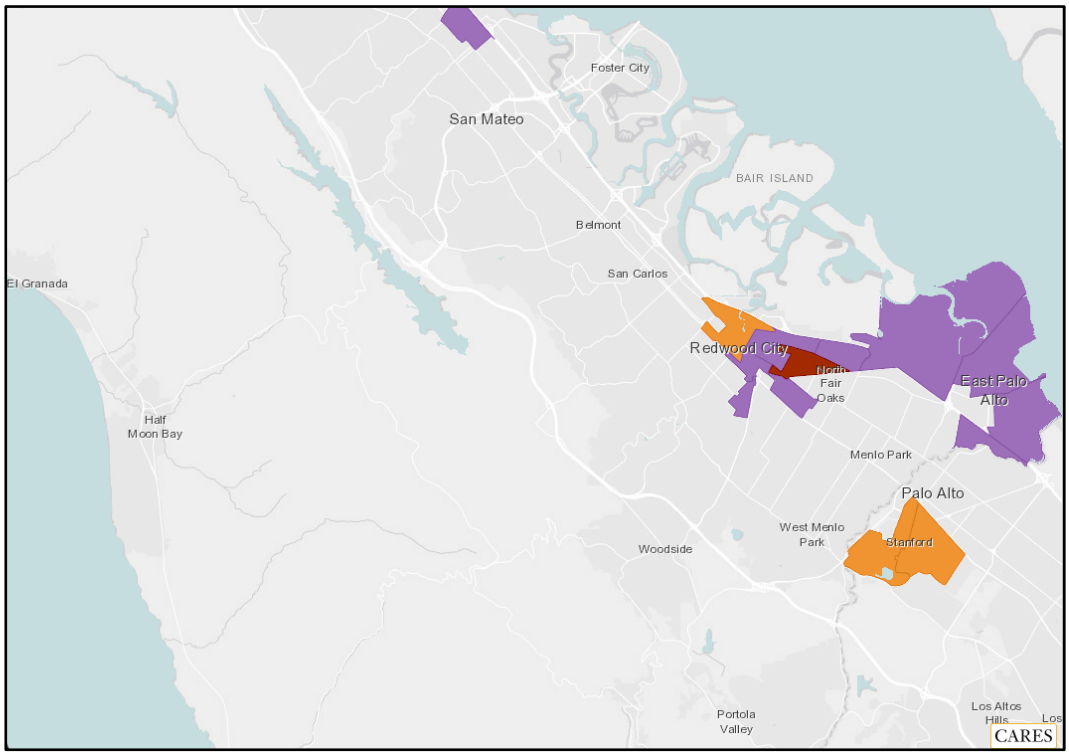
The map that follows identifies where high concentrations of the population living in poverty and populations living without a high school diploma overlap. The orange shading shows where the percentage of the population living at or below 100% of the Federal Poverty Level exceeds 25%. The purple shading shows where the percentage of the population with no high school diploma exceeds 25%. Educational attainment is determined for all non-institutionalized persons aged 25 and older. Dark red areas indicate where the census tract is above these thresholds (worse) for both educational attainment and poverty.

[1] U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012-16.

Vulnerability Footprint: KFH-Redwood City Service Area

Legend

- 25% or more of the population lives at or below 100% of FPL
- 25% or more of the population age 25+ does not have a high school diploma
- 25% or more of the population both lacks a high school diploma and lives at or below 100% of FPL
- Mean income for the highest fifth of earners is double the county mean income



Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012-16.

III. Who was involved in the assessment?

A. Identity of hospitals and other partner organizations that collaborated on the assessment

The Health Community Collaborative (HCC) consists of representatives from nonprofit hospitals, County Health Department and Human Services, and public agencies. The collaborative was created to identify and address the shared health needs of the community. Since its formation in 1995, the HCC has conducted prior community health assessments for San Mateo County (1995, 1998, 2001, 2004, 2008, 2011, 2013, and 2016). The 2019 report marks the ninth such assessment and builds upon those earlier assessments. The following organizations are members of the HCC and collaborated on the 2019 CHNA:

- Dignity Health Sequoia Hospital
- San Mateo County Health
- Hospital Consortium of San Mateo County

- County of San Mateo Human Services Agency
- Kaiser Permanente, Redwood City
- Kaiser Permanente, South San Francisco
- 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 Menlo Park Surgical Hospital and Sutter Health Mills-Peninsula Medical Center

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

Actionable Insights, LLC (AI), an independent, local research firm, was contracted by both the HCC and KFH-Redwood City to conduct and write the CHNA report. For this assessment, AI assisted with CHNA planning, conducted primary research, collected secondary data, synthesized primary and secondary data, facilitated the process of identifying community health needs and assets, assisted with determining the prioritization of community health needs, and documented the processes and findings into a report.

AI helps organizations discover and act on data-driven insights. The firm specializes in research and evaluation in the areas of health, STEM (science, technology, engineering, and math) education, youth development, and community collaboration efforts. AI conducted community health needs assessments for over 25 hospitals during 2018-19 CHNA cycle.

IV. Process and methods used to conduct the CHNA

KFH-Redwood City and its partners worked collaboratively on the primary and secondary data requirements of the 2019 CHNA. The CHNA data collection process took place over seven months and culminated in a report written for the hospital in the first half of 2019.

A. Secondary data

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

KFH-Redwood City used the Kaiser Permanente CHNA Data Platform (http://www.chna.org/kp) to review over 130 indicators from publicly available data sources. For details on specific sources and dates of the data used, please see Appendix A.

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

Kaiser Permanente's CHNA Data Platform is a web-based resource provided to our communities as a way to support community health needs assessments and community collaboration. This platform includes a focused set of community health indicators that allow

users to understand what is driving health outcomes in particular neighborhoods. The platform provides the capacity to view, map and analyze these indicators as well as understand racial/ethnic disparities and compare local indicators with state and national benchmarks.

The secondary data that were gathered were compared to state benchmarks. When trend data, data by race/ethnicity, and/or data by age were available, they were reviewed to enhance understanding of the issue(s).

B. Community input

i. Description of who was consulted

Community input was provided by a broad range of community members using 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 county public health departments 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 B.

ii. Methodology for collection and interpretation

Hospital community benefit managers in the HCC planned qualitative data collection to better understand health needs and the drivers of health needs. The HCC identified topics and populations which are less well understood than others (including emerging needs) and then identified experts on those topics/populations or groups of residents or stakeholders who could be convened to discuss them. Importantly, San Mateo is one of the healthiest and wealthiest counties in the state, but there are pockets of poverty and disparities that are not represented in the secondary data. Therefore, it was critical to gather data directly from primary sources to understand those disparities. The consultants used best practices to determine whether resident group feedback could be gathered in a sensitive and culturally appropriate way. Also, the HCC sought out the input of sectors that had not been included in previous CHNAs.

Interviews with professionals knowledgeable about health issues and/or drivers of health were conducted in person or by telephone, lasting approximately one hour. Focus groups were conducted in person and lasted 60-90 minutes. Nonprofit hosts, such as Peninsula Conflict Resolution Center, recruited participants for the groups. The focus group discussions and interviews centered around five topics, which the consultants modified appropriately for each audience:

- What are the most important health needs that you see in your community?
- What drivers or barriers are impacting the top health needs?
- To what extent is health care access a need in the community?
- To what extent is mental health a need in the community?
- What policies or resources are needed to address the top health needs?

Each interview and focus group was recorded as a stand-alone piece of data. Recordings were transcribed, and then the team used qualitative research software tools to analyze the

transcripts for common themes. The consultants also tabulated how many times health needs had been prioritized by each of the focus groups or described as a priority in a key informant interview. KFH-Redwood City and its hospital partners used this tabulation to help assess community health priorities. Note that community resident input was treated the same way and given the same standing as the input from of community leaders, service providers, and public health experts.

In the KFH-Redwood City service area, community input surfaced health issues that cannot be understood with extant data. Often feedback related to inequities in health outcomes and health care access based on social determinants of health and immigration status.

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 email 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, KFH-Redwood City had not received written comments about previous CHNA Reports. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Facility staff.

D. Data limitations and information gaps

The KP CHNA data platform includes approximately 130 secondary indicators that provide timely, comprehensive data to identify the broad health needs faced by a community. 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.

The consultants and hospital partners together noted additional data limitations/information gaps around substance use, mental health, data for different groups (e.g. Asian sub-groups and undocumented immigrants), specific conditions (e.g., hepatitis C and Alzheimer's disease), and community infrastructure.

V. Identification and prioritization of the 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

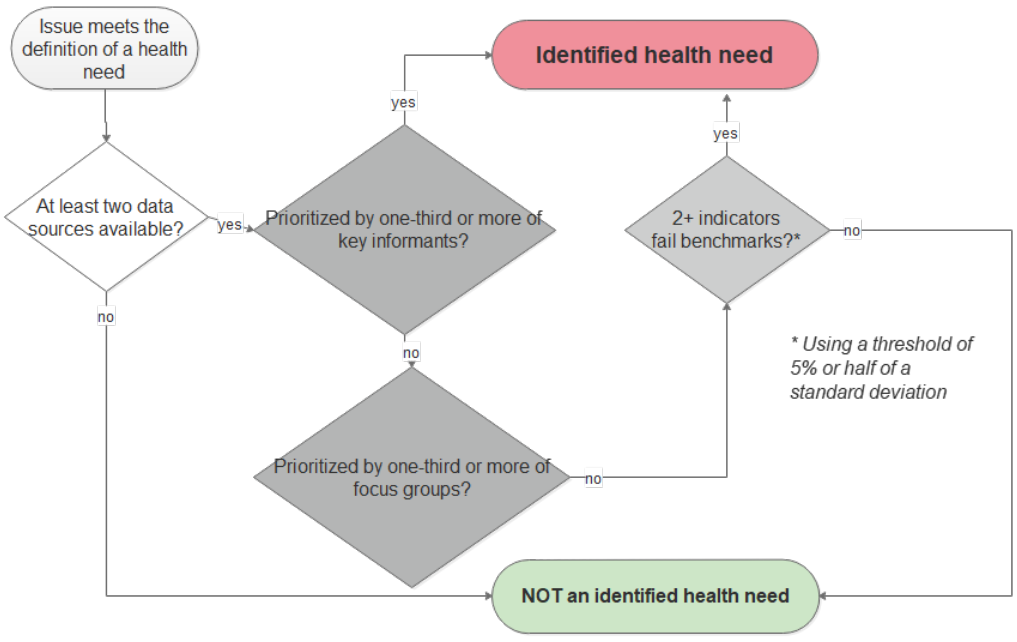
identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

ii. Criteria and analytical methods used to identify the community health needs
The consultants began with the set of health needs that were identified in the community in 2016. It also took into consideration the health need categories provided by Kaiser Permanente's data platform,[2] and the social determinants of health categories provided by Healthy People 2020.[3]

In the analysis of quantitative and qualitative data, many health issues surfaced. To be identified as one of the community's prioritized health needs, an issue had to meet certain criteria (depicted in the diagram below).

- A "data source" is either a statistical dataset, such as those found throughout the California Cancer Registry, or a qualitative dataset, such as the material resulting from the interviews and focus groups that were conducted for the hospitals.
- A "benchmark" is either the California state average or the Healthy People 2020 aspirational goal (when available), whichever is more stringent.

What goes on the list?
Health needs list decision tree



Criteria details:

1. Meets the definition of a "health need."

[2] http://www.chna.org/kp
[3] https://www.healthypeople.gov

2. At least two data sources were consulted.
3. a. Prioritized by at least half of key informants or focus groups.
   b. If not (a), three or more direct indicators fail the benchmark by ≥5% or ≥0.5 standard deviations.
   c. If not (b), four or more indicators must show ethnic disparities of ≥5% or ≥ 0.5 standard deviations.

In 2014, final IRS regulations clarified the definition of a health need, which includes social determinants of health. Social determinants of health affect entire families and communities; they explain, in part, why some individuals thrive and experience good health, while other individuals are not as healthy as they could be. In addition to health behaviors such as eating nutritious foods and avoiding health risks such as smoking, our health is determined in large part by: our economic opportunities; whether we receive a quality education; the availability of resources and support in our homes, neighborhoods, and communities; our workplaces; environmental factors such as access to clean water, healthy food, and air; community safety; and the nature of our social interactions and relationships. In 2019, given this broader definition, the KFH-Redwood City identified seven health needs that fit all criteria.

B. Process and criteria used for prioritization of health needs

The IRS CHNA requirements state that hospital facilities must identify and prioritize significant health needs of the community. As described previously, the KFH-Redwood City consultants analyzed the secondary data and solicited qualitative input from focus group and interview participants about which needs they thought were the highest priority (most pressing). The hospital used this input as well as additional input described below to identify the significant health needs listed in this report.

Hospital prioritization process and results

The hospital's Contributions Committee, including the Senior V.P. and Area Manager, Physician-in-Chief, Medical Group Administrator, Area Finance Office, and Public Affairs Director met on January 31, 2019 to learn about the health needs identified during the CHNA and participate in the prioritization process.

Before beginning the prioritization process, KFH-Redwood City chose a set of criteria to use in prioritizing the list of health needs. The criteria were:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.
- **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.

- **Community priority:** This refers to the extent to which the community prioritizes the issue over other issues about which it has expressed concern during the CHNA primary data collection process. This criterion was ranked based on the frequency with which the community expressed concern about each health outcome during the CHNA primary data collection.

Members used a modified version of the multi-voting process to identify top priorities. Each member identified which needs they felt were higher priorities based on the criteria described. Members could identify as higher priority any number of needs on the list. Needs that received 50% or more of members' votes were ranked as "Highest priority." Needs that received between 25% and 50% of members' votes were ranked as "Medium priority." Needs that received less than 25% of members' votes were ranked as "Lower priority." Summary descriptions of each health need appear in the following pages.

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

HIGHEST PRIORITY:

MENTAL HEALTH & WELL-BEING

KFH-Redwood City residents and representatives of various vulnerable groups (e.g., LGBTQI, Pacific Islanders, individuals experiencing homelessness) expressed a greater need for behavioral health care. Economic insecurity (including housing instability) was discussed as a driver of poor mental health and substance use, perhaps due to increased stress associated with financial instability.

A common theme in community input was the co-occurrence of poor mental health and substance use. Community members frequently identified stigma as a barrier to both mental health care and substance use treatment, both in acknowledging the need for care (i.e., facing negative cultural perceptions/taboos, either internalized or imposed by family and/or friends) and in seeking and receiving care (i.e., experiencing stigma from providers delivering care). The community cited a lack of providers and services, both for mental health and for alcohol and drug treatment, as a major concern, and identified the need for co-location of physical and mental/behavioral health services. Behavioral health professionals also discussed the issue of burnout due to vicarious trauma experienced by staff and the concern that physical health clinicians may not have the knowledge or resources to address mental health.

ECONOMIC SECURITY (INCLUDING HOUSING & HOMELESSNESS)

Economic security, as well as housing and homelessness, were of chief concern to the KFH-Redwood City community. The community emphasized the relative lack of affordable housing and the poor quality of the affordable housing that is available in the county. The community also described stress about the high costs of housing and lack of affordable rent as another major priority; the community linked housing instability with mental health. Moreover, the community shared how economic instability and stress were increasing for those with middle incomes; community members described the growing call for help with basic needs among

those with middle incomes for whom services are lacking as they do not qualify for most assistance programs.

The quality of available housing also impacts health. For example, poor housing quality is associated with asthma; asthma prevalence in the KFH-Redwood City service area (16%) is significantly[4] higher than the state average (15%). Another indicator of poor housing quality is drinking water quality, which was flagged as an issue in the KFH-Redwood City service area. This suggests that some residents may be faced with contaminated drinking water. Community members specifically identified higher risk of exposure to contaminated drinking water and inadequate plumbing/kitchen facilities for residents living in coastal areas.

The statistical data indicate significant ethnic disparities in income, which is a key factor in driving economic instability. Data for the KFH-Redwood City service area show that the proportion of the Black population living in poverty (18%) is more than three times that of the White population living in poverty (5%). Black, Pacific Islander, and Latinx residents in the service area are also significantly more likely to be receiving SNAP (i.e., food stamps) than White residents. Moreover, there are significantly more Black and Pacific Islander children living in poverty than children of other ethnicities.

HEALTH CARE ACCESS & DELIVERY

Health care access and delivery were prioritized by the KFH-Redwood City community. As reflected in statistical and qualitative data, barriers to receiving quality care include lack of availability, high cost, lack of insurance coverage, and lack of cultural competence among providers. While the service area has high rates of available primary care, dental, and mental health providers overall, community input suggests that health care is often unaffordable. Latinxs (16% uninsured), Pacific Islanders (13%), and those of “Other” ethnicities (16%) have higher percentages of uninsured individuals in the service area compared to their White peers. This can result in inequitable health outcomes such as uncontrolled diabetes and premature death. The community also identified the need for training and greater diversity among providers to best serve certain populations with greater cultural humility.

The community indicated that undocumented immigrants are accessing health care less often in recent years due to the political climate that has resulted in a fear of being identified and deported. Professionals specifically cited a drop in patient visits.

Lack of frequent, convenient, and affordable transportation can also affect health care access. Community input described public transit access as poor all across the county, especially for Coastside residents, for individuals – particularly older adults – whose homes are not near transit lines, and for commuters (students and workers) who must travel long distances.

MEDIUM PRIORITY:

[4] “Significantly” worse = at least 5% or 0.5 standard deviations worse.

HEALTHY EATING/ACTIVE LIVING

Healthy eating, together with active living, is a need in the KFH-Redwood City service area that was prioritized by the community. This need includes concerns about diabetes, obesity, fitness, diet, and nutrition, and access to food and recreation. The KFH-Redwood City community expressed concern about the rising number of children and youth being diagnosed with diabetes. They also identified diabetes as an issue among individuals experiencing homelessness. Diabetes management among the service area's Medicare patients (80%) is significantly worse than the state (82%).

Community input included notions about cultural differences in diet and formal exercise, lack of time (or, in some cases, space) for cooking or recreation, and issues of access to healthy food in schools, senior centers, and other institutions. The community also discussed related factors that contribute to physical inactivity and poor diet/nutrition, such as the built environment, stress, and poverty. It is well-documented that having a lower income is correlated with eating a less healthy diet.[5] In the KFH-Redwood City service area, the proportion of the Black population living in poverty (18%) is more than three times that of the White population living in poverty (5%), which likely contributes to higher percentages of obesity among Black adults (41%) compared to White adults (18%) in the service area.

LOWER PRIORITY:

CANCER

Statistical data in the KFH-Redwood City service area highlight cancer as a health need. Incidence rates for breast (134.2 per 100,000) and prostate (118.8) cancers are worse in the service area than in the state (120.7 and 109.2, respectively). High-quality screening can serve to reduce cancer mortality rates; however, a variety of complex factors contribute to disparities in cancer incidence and death among different ethnic, socioeconomic, and otherwise vulnerable groups. For example, a significant ethnic disparity in cancer mortality is seen for the Black population in the service area (161.1 per 100,000 compared to the benchmark of 147.3). Moreover, the percentage of female Medicare enrollees who have received one or more mammograms in the past two years is lower among Black residents (62%) than among White residents (67%) in the KFH-Redwood City service area. When discussing factors contributing to cancer risk, the community expressed concern regarding unhealthy behaviors that increase such risk, like lack of regular physical activity.

ENVIRONMENT

Statistical data indicate that drinking water violations in the KFH-Redwood City service area's community water systems were flagged as an issue. Lack of access to clean drinking water affects physical health in a variety of ways, including the increased likelihood of consuming sugar-sweetened beverages instead of water, which is associated with both obesity and tooth

[5] Drewnowski, A. & Specter, S.E. (2004). Poverty and Obesity: The Role of Energy Density and Energy Cost. *American Journal of Clinical Nutrition*, 79:6-16.

decay. Community members expressed specific concern about contaminated drinking water for residents in certain coastal communities. In addition to water contamination, the percentage of housing units that are vulnerable to flooding is significantly higher in the service area (6%) than the state average (4%). Community members expressed concerns about how such natural disasters and climate change could impact health outcomes.

The KFH-Redwood City community also discussed the built environment and its impacts on health. The community described long commutes with congested traffic as the norm. Increased traffic has been shown to exacerbate air pollution, which has negative impacts on respiratory conditions, such as asthma.[6] Long commutes were sometimes identified as being due to workers having been priced out of the local housing market and living farther away. Community members connected long commutes to increased stress and poor health outcomes. For coastal communities, community members were concerned with the dearth of street lights and sidewalks, which affect pedestrian access.

ORAL/DENTAL HEALTH

Oral/dental health was a priority for the KFH-Redwood City service area community. Community members perceived there to be a lack of access to high-quality dental services and a lack of dental insurance in the service area. Perhaps due to the former, community members noted long wait times for appointments. Further, community members said that insurance that covers routine care as well as dental surgery (e.g., root canals) is expensive.

Community members were also concerned that there are few providers who accept Denti-Cal. Experts described low reimbursement rates and complicated billing procedures, which have driven many oral health providers away from accepting Denti-Cal. They explained that Federally Qualified Health Centers (FQHCs) are the only organizations that receive a higher reimbursement rate for dental services. However, statistics show that the ratio of FQHCs to residents is significantly worse in the service area (1.2 per 100,000 people) than the state (2.5).

Finally, a driver of poor oral health is drinking water violations; contaminated water can be associated with a rise in sugar-sweetened beverage consumption. Drinking water violations were flagged as an issue in the KFH-Redwood City service area.

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

The service area for KFH-Redwood City contains community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that are engaged in addressing many of the health needs identified by this assessment. Hospitals and clinics are listed below. Additional key resources available to respond to the identified health needs of the local community are listed in Appendix C.

Existing Health Care Facilities

[6] Community Commons. https://www.communitycommons.org/chna

- Kaiser Foundation Hospital (Redwood City)
- Lucile Packard Children's Hospital, Stanford (Palo Alto)
- Menlo Park Surgical Hospital
- Mills Health Center (San Mateo)
- Mills-Peninsula Medical Center (Burlingame)
- Peninsula Health Care District
- Sequoia Hospital (Redwood City)
- Seton Medical Center/Seton Coastside (Daly City/Moss Beach)
- Stanford Health Care, Palo Alto

Existing Clinics & Health Centers

- Arbor Free Clinic, Cardinal Free Clinics (Menlo Park)
- Clinic by the Bay
- Planned Parenthood (Redwood City)
- Ravenswood Family Clinic (East Palo Alto)
- Rotacare Clinic (Coastside)
- Samaritan House Free Clinic (San Mateo and Redwood City)
- San Mateo Medical Center Clinics
- Sequoia Teen Wellness Center/Sequoia High School (Redwood City)

VI. KFH-Redwood City 2016 Implementation Strategy evaluation of impact

A. Purpose of 2016 Implementation Strategy evaluation of impact

KFH-Redwood City's 2016 Implementation Strategy Report was developed to identify activities to address health needs identified in the 2016 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 2016 service area, the health needs the facility chose to address, and the process and criteria used for developing Implementation Strategies, please visit: www.kp.org/chna. For reference, the list below includes the 2016 CHNA health needs that were prioritized to be addressed by KFH-Redwood City in the 2016 Implementation Strategy Report.

1. Healthy Eating/Active Living
2. Behavioral Health
3. Health Care Access & Delivery

KFH-Redwood City is monitoring and evaluating progress to date on its 2016 Implementation Strategies for the purpose of tracking the implementation and documenting 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.

The impacts detailed below are part of a comprehensive measurement strategy for Community Health. KP's measurement framework provides a way to 1) represent our collective work, 2) monitor the health status of our communities and track the impact of our work, and 3) facilitate shared accountability. We seek to empirically understand two questions 1) how healthy are Kaiser Permanente communities, and 2) how does Kaiser Permanente contribute to community health? The Community Health Needs Assessment can help inform our comprehensive community health strategy and can help highlight areas where a particular focus is needed and support discussions about strategies aimed at addressing those health needs.

As of the documentation of this CHNA Report in March 2019, KFH-Redwood City had evaluation of impact information on activities from 2017 and 2018. These data help us monitor progress toward improving the health of the communities we serve. While not reflected in this report, KFH-Redwood City will continue to monitor impact for strategies implemented in 2019.

B. 2016 Implementation Strategy evaluation of impact overview

In the 2016 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 2017 and 2018, 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 2017-2018, 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 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 2017-2018, KFH-Redwood City awarded 286 number of grants amounting to a total of $6,021,250.93 in service of 2016 health needs. Additionally, KFH 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 within the KFH-Redwood City service area. During 2017-2018, a portion of money managed by this foundation was used to award 1 grant totaling $4,761.90 in service of 2016 health needs.

In-kind resources: In addition to our significant community health investments, Kaiser Permanente is aware of the significant impact that our organization has on the economic vitality of our communities as a consequence of our business practices including hiring, purchasing, building or improving facilities and environmental stewardship. We will continue to explore opportunities to align our hiring practices, our purchasing, our building design and services and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. From 2017-2018, KFH-Redwood City leveraged significant organizational assets in service of 2016 Implementation Strategies and health needs. Examples of in-kind resources are included in the section of the report 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 2017-2018, KFH-Redwood City engaged in several partnerships and collaborations in service of 2016 Implementation Strategies and health needs. Examples of collaborations and partnerships are included in the section of the report below.

C. 2016 Implementation Strategy evaluation of impact by health need

KFH-Redwood City Priority Health Needs

Need	Summary of impact (Region to complete)	Top 3-5 Examples of most impactful efforts
Access to Care	*During 2017 and 2018, KFH-Redwood City awarded 64 grants totaling $4,341,494.80 that address Access to Care in the KFH-Redwood City service area*	KP Medicaid and Charity Care: In 2017 and 2018 KP served 4,513 and 4,373 Medi-Cal members respectively totaling $14,238,317.44 worth of care. KP also provided a total of $13,427,564.37 of Medical Financial Assistance (MFA) to 3,638 individuals in 2017 and 2,362 individuals in 2018.
		Health Ambassadors: Peninsula Conflict Resolution Center was awarded a $25,000 grant to implement the Pacific Islander Health Ambassador Program, which works to reduce linguistic and cultural barriers to the health care system. The ambassadors helped help more than 700 community members overcome the obstacles that contribute to health care access disparities.
		Operation Access: Operation Access received a $350,000 grant (evenly split between 15 KFH hospital service areas) to coordinate donated medical care and expand access to care for low-income uninsured adults in the Bay Area through its volunteer and hospital network. 669 staff/physician volunteers provided 650 surgical and diagnostic services at 11 facilities, reaching 521 adults.
		211: United Way of the Bay Area received a $95,000 grant (evenly split between 8 KFH hospital service areas) to support 211's services that provide health and human services resources and information for people who call, text, or visit the website. In the six Bay Area counties, it is expected that the 211 program will answer 50,000 calls and texts and 60,000 users will visit the 211 Bay Area website.
		PHASE: Over the course of three years (2017-2019), San Mateo Medical Center (SMMC) is the recipient of a $500K grant (evenly split between KFH-South San Francisco and KFH-Redwood City) to support the successful use of PHASE among clinics, such as by improving in-reach to better serve the patients coming into the office and integrating data processes with clinical workflow to improve data capture. SMMC is reaching over 7,000 patients through PHASE. 76% of their patients with diabetes and 74% of their patients with hypertension have their blood pressure controlled.
Healthy Eating Active Living	*During 2017 and 2018, KFH-Redwood City awarded 44 grants totaling $633,771.43 that address Healthy Eating Active Living in the KFH-Redwood City service area*	CalFresh: Second Harvest Food Bank of Santa Clara and San Mateo Counties received a $95,000 grant (evenly split between 3 KFH hospital service areas) to create an incentive system that encourages its partner agencies to increase the number of CalFresh applicants by increasing referrals to the food bank. To date, the outreach team has submitted 468 applications. 293 applications were approved. Twenty-four partnering agencies have submitted 94 CalFresh applications.

Need	Summary of impact (Region to complete)	Top 3-5 Examples of most impactful efforts
		Parks: Canopy received a $75,000 to revitalize Bayshore Christian Ministries' underutilized empty field into a vibrant green space open to the public. Canopy plans to engage community members and students in the design of the space. A community tree planting is also planned. Once completed, thousands of East Palo Alto residents will have access to a revitalized space for recreation.
		Access: Boys and Girls Clubs of the Peninsula was awarded a $20,000 grant to increase access to healthy food, provide healthy cooking and gardening classes, and increase access to physical activity in schools and the community. Students participated in fitness activities, including sports leagues, dance, and family sports nights. Roughly 2,500 low-income students grade K-12 in East Palo Alto, Menlo Park, and North Fair Oaks participated in these programs.
		After school program: Fit Kids Foundation Inc. was awarded a $10,000 grant to implement the Fit Kids strategy that directly addressed the social and economic determinants of health. By providing three after-school programs at partner schools in Redwood City with everything needed to run structured physical activity programs, Fit Kids reached 150 students in grades K-5.
		Wellness program: Peninsula Family Service Agency's Fair Oaks Wellness Program is the only program in the area serving mostly low-income older adults who typically lack the resources and knowledge to engage in healthy living practices and reduce the risks for poor health conditions. The agency received a $15,000 grant that implements programs for more than 350 seniors.
Mental Health & Wellness	*During 2017 and 2018, KFH-Redwood City awarded 45 grants totaling $699,098.32 that address Mental Health and Wellness in the KFH-Redwood City service area*	Stigma: StarVista received a $90,000 grant (evenly split between KFH-Redwood City and KFH-South San Francisco) to reduce mental health stigma within the LGBTQ+ community through education, trainings, media, outreach, peer support and social events. StarVista expects to reach 1,100 providers, teachers, staff and students. Expected outcomes include an increase in understanding about stigma and increase in access to services.
		Family violence: Community Overcoming Relationship Abuse (CORA) received a $15,0000 grant to provide family-centered mental health programs for survivors of intimate partner abuse and their children. The evidence-based programs provided individual and family therapy as well as support groups for 75 victims/families.
		Mental health services for homeless: LifeMoves received a $15,000 grant to address behavioral health needs among the homeless and to screen all clients for behavioral health issues and connect those needing services to a wide range of therapies, including individual psychotherapy, milieu therapy, group therapy, and more. As a result, 350 homeless clients received mental health services. New therapies for victims of domestic violence have also been added.

Need	Summary of impact (Region to complete)	Top 3-5 Examples of most impactful efforts
		Peer education: National Alliance on Mental Illness (NAMI) received a $20,000 grant to provide the Family-to-Family program, a 12-week course taught by the families of individuals living with a serious mental illness who are trained to teach other family members. The evidenced-based model emphasizes education, support, self-care, engagement, and problem solving. The program graduated 37 participants.
		School-based mental health services: Ravenswood Education Foundation received a $20,000 grant to provide Ravenswood Community School District with integrated school-based services for children struggling with mental health and learning disorders. The program supported six full-time school-based mental health counselors.

VII. Appendix

A. Secondary data sources and dates
    i. KP CHNA Data Platform secondary data sources
B. Community Input Tracking Form
C. Community Resources
D. Health Need Profiles

Appendix A. Secondary data sources and dates

i. Secondary sources from the KP CHNA Data Platform

	Source	Dates
1.	American Community Survey	2012-2016
2.	American Housing Survey	2011-2013
3.	Area Health Resource File	2006-2016
4.	Behavioral Risk Factor Surveillance System	2006-2015
5.	Bureau of Labor Statistics	2016
6.	California Department of Education	2014-2017
7.	California EpiCenter	2013-2014
8.	California Health Interview Survey	2014-2016
9.	Center for Applied Research and Environmental Systems	2012-2015
10.	Centers for Medicare and Medicaid Services	2015
11.	Climate Impact Lab	2016
12.	County Business Patterns	2015
13.	County Health Rankings	2012-2014
14.	Dartmouth Atlas of Health Care	2012-2014
15.	Decennial Census	2010
16.	EPA National Air Toxics Assessment	2011
17.	EPA Smart Location Database	2011-2013
18.	Fatality Analysis Reporting System	2011-2015
19.	FBI Uniform Crime Reports	2012-14
20.	FCC Fixed Broadband Deployment Data	2016
21.	Feeding America	2014
22.	FITNESSGRAM® Physical Fitness Testing	2016-2017
23.	Food Environment Atlas (USDA) & Map the Meal Gap (Feeding America)	2014
24.	Health Resources and Services Administration	2016
25.	Institute for Health Metrics and Evaluation	2014
26.	Interactive Atlas of Heart Disease and Stroke	2012-2014
27.	Mapping Medicare Disparities Tool	2015
28.	National Center for Chronic Disease Prevention and Health Promotion	2013
29.	National Center for Education Statistics-Common Core of Data	2015-2016
30.	National Center for Education Statistics-EDFacts	2014-2015
31.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013-2014
32.	National Environmental Public Health Tracking Network	2014
33.	National Flood Hazard Layer	2011
34.	National Land Cover Database 2011	2011
35.	National Survey of Children's Health	2016
36.	National Vital Statistics System	2004-2015
37.	Nielsen Demographic Data (PopFacts)	2014
38.	North America Land Data Assimilation System	2006-2013
39.	Opportunity Nation	2017
40.	Safe Drinking Water Information System	2015
41.	State Cancer Profiles	2010-2014

	Source	Dates
42.	US Drought Monitor	2012-2014
43.	USDA - Food Access Research Atlas	2014

Appendix B. Community Input Tracking Form

The list below contains the names of leaders, representatives, and members who were consulted for their expertise in the community. Leaders were identified based on their professional expertise and knowledge of target groups including low-income populations, minorities, and the medically underserved. The participants included leaders from the San Mateo County Health System, nonprofit hospital representatives, local government employees, and nonprofit organizations. For a description of members of the community who participated in focus groups, please see Section IVB, “Community Input.”

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
Organizations						
1	Interview	Director, San Mateo County Behavioral Health and Recovery Services	1	Medically underserved	Leader	4/16/18
2	Interview	Vice President of Programs & Services, Second Harvest Food Bank of Santa Clara and San Mateo Counties	1	Low-income	Leader	4/16/18
3	Interview	Executive Director, Boys & Girls Club of the Coastside	1	Low-income, minority	Leader	4/16/18
4	Interview	Executive Director, Mid-Peninsula Boys & Girls Club	1	Low-income, minority	Leader	4/17/18
5	Interview	Executive Director, Adolescent Counseling Services	1	Medically underserved	Leader	4/18/18
6	Interview	Chair, San Mateo County Oral Health Coalition	1	Medically underserved	Leader	4/18/18
7	Interview	Wellness Coordinator, Sequoia Union High School District	1	Medically underserved	Leader	4/23/18
8	Interview	Co-Founder and Member, African American Community Health Advisory Committee	1	Medically underserved, Minority	Leader, Representative	4/26/18
9	Interview	Chief Executive Officer, Health Plan of San Mateo	1	Medically underserved	Leader	4/27/18
10	Interview	Medical Director at Family Health Services Division, San Mateo County Health System	1	Health department representative, Medically underserved	Leader	4/27/18

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
11	Interview	Executive Director, and Madeline Kane, Community Health Manager, Puente de la Costa Sur	2	Low-income, Medically underserved, Minority	Leader	5/3/18
12	Interview	Executive Director, First 5 San Mateo County	1	Low-income	Leader	5/8/18
13	Interview	Vice President of Resident Services, MidPen Housing	1	Low-income	Leader	5/14/18
14	Interview	Endowed Professor in Child Health, Professor of Pediatrics and of Medicine and, by courtesy, of Health Research and Policy, and Director of the Center for Healthy Weight, Stanford University and Lucile Packard Children's Hospital Stanford	1	Medically underserved	Leader	5/15/18
15	Interview	Associate Superintendent, San Mateo County Office of Education	1	Medically underserved	Leader	5/31/18
16	Interview	Deputy Chief, San Mateo County Health System	1	Health department representative	Leader	6/11/18
17	Focus group	**Host:** San Mateo County Human Services Agency; attendees were service providers who address social determinants of health	18	Low-income, Medically underserved	Leaders	4/27/18
18	Focus group	**Host:** Before Our Very Eyes/Bay Area Anti-Trafficking Coalition; attendees were service providers and law enforcement personnel who address community and family safety and human trafficking	9	Low-income, Medically underserved	Leaders	5/8/18
19	Focus group	**Host:** Sequoia Wellness Center; attendees were professionals who serve older adults	11	Low-income	Leaders	5/10/18

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
20	Focus group	**Host:** LifeMoves; attendees were service providers who work with individuals experiencing homelessness	7	Low-income, Medically underserved	Leaders	5/24/18
21	Focus group	**Host:** KFH-Redwood City; attendees were leaders of local nonprofit organizations	11	Low-income, Medically underserved	Leaders	7/16/18
Community residents						
22	Focus group	**Host:** The Villages of San Mateo County; attendees were older adults on fixed incomes whose original socioeconomic status was middle-class	8	Low-income	Members	4/18/18
23	Focus group	**Host:** Peninsula Family Services Agency, North Fair Oaks Senior Center; attendees were low-income, Spanish-speaking older adults	12	Low-income, Medically underserved, Minority	Members	5/16/18
24	Focus group	**Host:** Pride Center; attendees were members of the LGBTQ population	10	Medically underserved, Minority	Members	5/17/18
25	Focus group	**Host:** Cañada College; attendees were young adults who were community college students	5	Low-income	Members	5/9/18
26	Focus group	**Host:** Peninsula Conflict Resolution Center; attendees were Pacific Islanders (Tongans)	10	Minority	Members	6/12/18

Appendix C. Community resources

Health Care Facilities and Agencies

In addition to assets and resources available to address specific health needs, the following health care facilities are available in the county. Many hospitals provide charity care and cover Medi-Cal shortfalls.

Hospitals

Resource name	Summary description	Website
Kaiser Foundation Hospital (Redwood City)	Hospital serving Kaiser-Permanente members in Redwood City and San Mateo	www.kp.org/redwoodcity
Kaiser Foundation Hospital (South San Francisco)	Hospital serving Kaiser-Permanente members in Daly City, San Bruno and South San Francisco	www.kp.org/southsanfrancisco
Lucile Packard Children's Hospital, Stanford (Palo Alto)	Hospital providing comprehensive pediatric and obstetric clinical services	www.stanfordchildrens.org
Menlo Park Surgical Hospital	Hospital in Menlo Park	www.sutterhealth.org/menlo/find-location/facility/menlo-park-surgical-hospital
Mills Health Center (San Mateo)	Hospital in San Mateo	www.sutterhealth.org/find-location/facility/mills-health-center
Mills-Peninsula Medical Center (Burlingame)	Hospital in Burlingame	www.sutterhealth.org/mills
Peninsula Healthcare District	Identifies and addresses gaps in needed health services through education, prevention and access	www.peninsulahealthcaredistrict.org
Sequoia Hospital (Redwood City)	Hospital in Redwood City	https://locations.dignityhealth.org/sequoia-hospital-redwood-city-ca

Resource name	Summary description	Website
Seton Medical Center/Seton Coastside (Daly City/Moss Beach)	Medical Centers serving the Coastside communities	www.verity.org/SMCC/index.php
Stanford Health Care, Palo Alto	Network of 60+ clinics across the Bay Area	www.stanfordhealthcare.org

Clinics

Resource name	Summary description	Website
Arbor Free Clinic, Cardinal Free Clinics (Menlo Park)	Acute care clinic providing free medical care for adults who lack health insurance	www.med.stanford.edu/arbor.html
Belle Air School Student Health Clinic (San Bruno Park School District)	Promotes higher levels of student attendance by engaging parents and students in identifying and addressing school, family, medical, and community issues that contribute to chronic absence	http://sbpsd.k12.ca.us/health-center/index.htm
Clinic by the Bay	Free healthcare for the working uninsured in San Francisco and San Mateo counties	www.clinicbythebay.org
Daly City Youth Health Center	Mental health programming, Mental Health Stigma Reduction Initiative	www.dalycityyouth.org
Planned Parenthood (Redwood City)	Provides general health care and education, and services related to sexual and reproductive health	www.plannedparenthood.org/health-center/california/redwood-city/94061/redwood-city-health-center-4129-90130
Ravenswood Family Clinic (East Palo Alto)	Provides culturally sensitive, integrated primary and preventative health care to all, regardless of ability to pay or immigration status	www.ravenswoodfhc.org

Resource name	Summary description	Website
Rotacare Clinic (Coastside)	Provides care to the growing population of working and unemployed residents who are unable to pay for primary healthcare	www.rotacarebayarea.org/coastside
Rotacare Clinic (Daly City)	Provides care to the growing population of working and unemployed residents who are unable to pay for primary healthcare	www.rotacarebayarea.org/nopeninsula
Samaritan House Free Clinic (San Mateo and Redwood City)	Primary and specialty medical, dental and vision care to low income and uninsured individuals	www.samaritanhousesanmateo.org/what-we-do/freeheathcareclinics
San Mateo Medical Center Clinics	Comprehensive primary and specialty care for infants, children, teens, adults and seniors in clinics throughout San Mateo County	www.smchealth.org/smmc-guide-clinics
Sequoia Teen Wellness Center/Sequoia High School (Redwood City)	Primary care for teens and young adults ages 12 to 24, health education, mental health services, support groups	www.smchealth.org/location/sequoia-teen-wellness-center

Community Resources Related to Specific Health Needs

Cancer

Resource name	Summary description	Website
“Look Good, Feel Better”	Free support program that helps people with cancer deal with the appearance side effects of cancer treatment	www.lookgoodfeelbetter.org/programs/
American Cancer Society	Provides information, research, prevention, support and referrals for cancer patients	www.cancer.org
Bay Area Cancer Connections	Supports anyone with breast or ovarian cancer with personalized services	www.bayareacancer.org

Resource name	Summary description	Website
Breast Cancer Connections, Gabriela Pastor Program	Provides free medical information/ education and emotional support to persons with breast cancer and their families and friends.	https://www.smc-connect.org/locations/breast-cancer-connections-bcc
Colon Cancer Community Awareness campaign	Promotes colon cancer awareness through education and free screening for the low-income, uninsured and the under-insured in the community	https://www.stridesforlife.org
Relay For Life	Relay team track walking event to raise funds for the American Cancer Society	https://secure.acsevents.org/site/SPageServer/?pagename=relay
Samaritan House (San Mateo and Redwood City)	Primary and specialty medical, dental and vision care to low income and uninsured individuals (including free mammograms)	www.samaritanhousesanmateo.org/what-we-do/freeheathcareclinics

Community & Family Safety

Crime/Intentional Injuries

Resource name	Summary description	Website
ALLICE (Alliance for Community Empowerment)	Filipino American organization promoting domestic violence prevention education	www.allicekumares.com
Asian American Recovery Services	Prevention/early intervention for adolescents in the Asian American, Pacific Islander and other ethnically diverse communities	www.healthright360.org/agency/asian-american-recovery-services
Community Overcoming Relationship Abuse (CORA)	Family Centered Mental Health program	www.corasupport.org

Resource name	Summary description	Website
Edgewood Center for Children & Families	Kinship Program – support for family members who step up when crises, abuse, illness, incarceration, or violence separates children from their parents	www.edgewood.org/kinship-support
El Centro de Libertad	Help for individuals, families, and communities of all cultures suffering from the impact of substance abuse and related issues	www.elcentrodelibertad.org
Elder Abuse Prevention Task Force	Prevention of abuse (financial, physical, sexual or emotional), neglect, isolation, or abandonment of elders	www.smchealth.org/elderabuse
Kaiser Permanente	KP Educational Theatre “PEACE SIGNS” program	https://etnortherncalifornia.kaiserpermanente.org/peace-signs-2
Lucile Packard Children’s Hospital Stanford	Community Health Education Programs which address drivers of violence, including lack of coping skills, developmental delays, and mental health issues	www.stanfordchildrens.org
Peace Development Fund	Provides grants, training, and other resources to community-based organizations focused on human rights and social justice	www.peacedevelopmentfund.org
Peninsula Conflict Resolution Center	Offers dispute resolution services for individuals, businesses, schools, nonprofits, government agencies and community groups	www.pcrcweb.org
Peninsula Kidpower, Teenpower, Fullpower	Social-Emotional Health & Safety Program	www.kidpower.org/california
Rape Trauma Services	Sexual Assault Intervention Services	www.rapetraumaservices.org
SafeKids Coalition:	SafeKids works to prevent unintentional injury (including shaken baby syndrome), the leading cause of death of children ages 1-14	www.safekids.org/safe-kids-coalitions-united-states

Resource name	Summary description	Website
San Mateo County Human Trafficking Initiative	Assessment and recommendations regarding efforts to identify and work against human trafficking in San Mateo County	https://csw.smcgov.org/human-trafficking

Unintentional Injuries

Resource name	Summary description	Website
Brainbook and ImPACT	Concussion education and intervention for student athletes	www.dignityhealthfoundation.org/news-and-events/news-brainbook-concussion-education
CPR classes	Classes on cardiopulmonary resuscitation available to the community free of charge.	www.cprcpr.com/home/free-cpr-classes-in-the-bay-area
San Mateo County Fall Prevention Coalition	Fall prevention health education programs across the county, including: - Stepping On - Farewell to Falls - Matter of Balance - Fall-Proof falls prevention classes - Seniors in Motion classes	www.smcfallprevention.org

Economic Security (including Housing & Homelessness)

Resource name	Summary description	Website
California Department of Rehabilitation	Assists individuals with disabilities with information and referrals for education, vocational training, career opportunities, independent living and the use of assistive technology to improve their lives.	https://dor.ca.gov

Resource name	Summary description	Website
Coastside Hope	Entry to the Coordinated Entry System for Homeless Services, Core Services Agency - Emergency Safety Net Services (Information and Referral Services, Emergency Food, Homeless prevention)	www.coastsidehope.org
Community Gardens	Promote healthy eating and lower food costs by encouraging the public to grow their own food	Various
County of San Mateo Employment Services	Free employment assistance services and referrals.	https://hsa.smcgov.org/employment-services
Edgewood Center for Children & Families	Food Bank - a weekly community gathering for individuals and families to receive grocery boxes of fresh fruit, vegetables, legumes, and other foods	www.edgewood.org/food-bank
Fair Oaks Community Center	Entry to the Coordinated Entry System for Homeless Services (for residents of Atherton, North Fair Oaks, Portola Valley, Redwood City and Woodside). Core Service Agency - Emergency Safety Net Services (Information and Referral Services, Emergency Food, Homeless prevention)	www.smc-connect.org/locations/fair-oaks-community-center
Family Service Agency of San Mateo County: Senior Employment Services	Provides training and job placement to eligible people age 55 or over who meet certain income qualifications.	www.peninsulafamilyservice.org
Goodwill Industries of San Mateo County	Community-based vocational rehabilitation program that provides services to disabled and disadvantaged adults including veterans.	https://sfgoodwill.org
HIP Housing	Home sharing, Self-Sufficiency Program	www.hiphousing.org
Home & Hope	Shelter and services for homeless population	www.homeandhope.net

Resource name	Summary description	Website
JobTrain (formerly OICW)	Job training to low-income, unemployed or underemployed adults and independent youth.	www.jobtrainworks.org
LifeMoves	Emergency shelter	www.lifemoves.org
Mid-Pen Housing	Low-income housing	www.midpen-housing.org
Nova Job Center	Services for jobseekers, including workshops, training, and referrals. Offices in Daly City and San Mateo.	https://novaworks.org
Project WeHOPE	Emergency homeless shelter and transitional/ supportive housing program	www.projectwehope.org
Puente de la Costa Sur	Entry to the Coordinated Entry System for Homeless Services. Core Service Agency - Emergency Safety Net Services (Information and Referral Services, Emergency Food, Homeless prevention)	www.mypuente.org
Rebuilding Together Peninsula	Home repairs for low income homeowners	www.rebuildingtogetherpeninsula.org
San Mateo County NAACP	Focuses on eliminating race-based discrimination, and on ensuring the political, educational, social, and economic equality of rights of all persons	www.sanmateonaacp.com
Samaritan House	Entry to the Coordinated Entry System for Homeless Services. Core Service Agency - Emergency Safety Net Services (Information and Referral Services, Emergency Food, Homeless prevention)	www.samaritanhousesanmateo.org

Resource name	Summary description	Website
Second Harvest Food Bank	Food bank providing food to people in need throughout San Mateo County; also provide information about federal nutrition programs and other food resources	www.shfb.org
Summer lunch programs	Help meet the needs of low-income children and their families who face hunger in the summer by providing them with nutritious meals and snacks when school is not in session	Various; see https://www.feedingamerica.org/our-work/hunger-relief-programs/summer-food-service-program
YMCA	Entry to the Coordinated Entry System for Homeless Services. Community Resource Center: Core Service Agency - Emergency Safety Net Services (Information and Referral Services, Emergency Food, Homeless prevention)	www.ymcasf.org/community-resource-center-ymca

Environment

Resource name	Summary description	Website
County of San Mateo Office of Sustainability	An initiative to bring together non-profit and community-based organizations, local government, businesses, and other key partners to make San Mateo County climate ready.	https://www.smcsustainability.org/climate-ready
The Watershed Project	The mission of The Watershed Project is to inspire Bay Area communities to understand, appreciate, and restore their local watersheds.	http://thewatershed project.org/

Health Care Access & Delivery

Resource name	Summary description	Website
Children's Health Initiative - Healthy Kids insurance program	Locally funded program for low-income children who do not qualify for Medi-Cal or other health insurance	www.hpsm.org/about-us/programs
City of San Mateo Get Around Senior Transportation Program	Discounted ride cards for seniors 60+ for taxi rides originating or ending in the City of San Mateo	www.cityofsanmateo.org/3795/Get-Around-Senior-Transportation-Program
Community Gatepath	Support services to individuals with special needs and developmental disabilities	www.gatepath.org
Edgewood Center for Children and Families	Programs for abused, neglected and traumatized children	www.edgewood.org
Family Caregiver Alliance (FCA)	Services, education programs and resources addressing the needs of families and friends providing long-term care for loved ones at home	www.caregiver.org/bay-area-caregiver-resource-center
Get Healthy San Mateo County	Collaborative of community-based organizations, County agencies, cities, schools, and hospitals working to advance policy change to prevent diseases and ensure everyone has equitable opportunities to live a long and healthy life	www.gethealthysmc.org
Get Up & Go Senior Transportation	Provides a way for those who don't drive to be more independent through transportation services	www.pjcc.org/programs/senior-transportation/
Health Benefits Resource Center	A centrally located information and referral service that links families to government-sponsored health benefits and social services	Not found
Kognito	Evidence-based health simulations for health practitioners and educators to improve talking about health and well-being	www.kognito.com

Resource name	Summary description	Website
Lucile Packard Children's Hospital Stanford	Mobile Adolescent Health Services: primary treatment and preventative care to homeless and uninsured teens	www.stanfordchildrens.org
Mental Health Association of San Mateo County	Provides housing and support services, particularly for those affected by mental illness and/or HIV/AIDS	www.mhasmc.org
Mills-Peninsula Health Services	Referrals for the uninsured and under-insured	www.sutterhealth.org/mills
Mission Hospice & Home Care	Provides a continuum of care designed to serve patients – and their families – at every stage of a life-limiting illness	www.missionhospice.org
Ombudsman Services of San Mateo County	Ombudsman advocacy for residents of long-term care facilities	www.ossmc.org
Pathways Health	Home health, hospice and palliative care; bereavement support; veterans services	www.pathwayshealth.org
Puente de la Costa Sur	Community Resource Center serving San Mateo County's south coast communities, focusing on community health and wellness, advocacy, education and economic security	www.mypuente.org
Redi-Wheels program	Curb-to-curb transportation service meeting the needs of the mobility impaired in San Mateo County	www.smc-connect.org/locations/san-mateo-county-transit-district-samtrans/redi-wheels-and-redicoast
San Mateo County Access to Care for Everyone Program Supports	Health care program for low-income adults who do not qualify for other health insurance	www.hpsm.org/member/ace
San Mateo County Paratransit Coordinating Council	Focuses on improving the quality and availability of door-to-door public transportation for people with disabilities	www.sanmateopcc.org

Resource name	Summary description	Website
San Mateo Medical Association Community Service Foundation	Improving quality of life through the promotion and development of programs that encourage healthier personal and professional lifestyles	www.smcma.org/advocacy/get-involved/community-service-foundation.aspx
SCAN Foundation	Advances a coordinated system of services for older adults	www.thescanfoundation.org
Social Justice Collaborative	Community advocacy and legal representation in immigration and criminal courts to immigrants and their families	www.socialjusticecollaborative.org
Stanford Health Care	Free access to medical librarian for research/information on stroke, CVD, etc.	http://healthlibrary.stanford.edu
The Latino Commission	Substance abuse and addiction recovery through counseling, medical services, and a residential program	www.thelatinocommission.org

Healthy Eating/Active Living

Resource name	Summary description	Website
70 Strong	A free referral service for people 60 years old and older to stay active and connected	www.70strong.org
Adaptive Physical Education Center (Redwood City)	A fitness and wellness program designed for adults of all ability levels, particularly seniors and boomers, with physical disabilities or health limitations. Blood glucose and blood pressure screenings.	www.adaptivepevmsc.org
American Board for Child Diabetics	Diabetic supplies and enriched life experiences for families of children and young adults living with diabetes, who lack adequate financial resources	www.abcdiabetics.org

Resource name	Summary description	Website
Bay Area Community Health Advisory Council (formerly African American Community Health Advisory Committee)	Blood glucose screenings, annual heart health screening, Fitness is my Witness physical fitness program, Soul Stroll for Health Walk, and Resource Fair	www.aachac.org
City of San Mateo (Parks & Recreation Dept, Public Works Department)	Streets Alive! Parks Alive! An annual event to encourage the community to get out and get moving	www.cityofsanmateo.org/Calendar.aspx?EID=8784
Community/Senior Centers	Monthly blood glucose and blood pressure screenings, and counseling	Various
Diabetes Weight Management Program	Weight management resources for people at risk for diabetes, or who have pre-diabetes or diabetes	www.sutterhealth.org/services/diabetes/diabetes-weight-management
Fair Oaks Adult Activity Center (Redwood City)	Monthly blood glucose and blood pressure screenings, and counseling	www.peninsulafamilyservice.org/our-programs/older-adult-services/fairoaks/
Little House Activity Center (Menlo Park)	Monthly blood glucose and blood pressure screenings, and counseling	www.penvol.org/littlehouse/
Local Parks and Recreation Departments	Facilities and programs for indoor and outdoor recreation in local communities	Various
Lucile Packard Children's Hospital Stanford	Community education on nutrition and obesity, prevention Pediatric Weight Control Program (accessible for low-income families)	www.stanfordchildrens.org
Overeaters Anonymous	12-step support groups for compulsive overeating and other food-related compulsions	www.oa.org
Pacific Stroke Association	Free services for people who have suffered stroke, their families and friends, and individuals interested in learning more about stroke	www.pacificstrokeassociation.org
Peninsula Conflict Resolution Center	Senior Peers and Senior Fitness	www.pcrcweb.org

Resource name	Summary description	Website
Police Activities League	Youth programs focusing on life skills, enrichment opportunities and intervention programs	www.californiapal.org/home/membership/pal-chapters/
Prenatal-to-Three Program	A collaboration of agencies and individuals working to provide information, support, and care for families of pregnant women and children to age five who receive Medi-Cal services in San Mateo County	www.smchealth.org/pre3
Puente de la Costa Sur	Group fitness classes	www.mypuente.org
SafeKids Coalition of Santa Clara and San Mateo Counties	Programs to help parents and caregivers prevent childhood injuries	www.safekids.org/coalition/safe-kids-santa-clarasan-mateo
Samaritan House	Food pharmacy for diabetes patients; Diabetes Days (RWC); Free meter instruction clinic (RWC)	www.samaritanhousesanmateo.org
San Carlos Adult Community Center	Monthly blood glucose and blood pressure screenings, and counseling	www.cityofsancarlos.org/acc; www.smc-connect.org/locations/san-carlos-adult-community-center
San Mateo Police Activities League	Youth programs focusing on life skills, enrichment opportunities and intervention programs	www.sanmateopal.org
Sequoia Hospital	Diabetes Empowerment Education Program (available to community)	https://locations.dignityhealth.org/sequoia-hospital-redwood-city-ca
Stanford Health Care	Strong for Life group exercise program for older adults	https://stanfordhealthcare.org/medical-clinics/aging-adult-services/strong-for-life.html
Twin Pines Senior & Community Center (Belmont)	Monthly blood glucose and blood pressure screenings, and counseling	www.belmont.gov/Home/Components/FacilityDirectory/FacilityDirectory/4/334

Resource name	Summary description	Website
Veterans Memorial Senior Center (Redwood City)	Monthly blood glucose and blood pressure screenings, and counseling	www.redwoodcity.org/departments/parks-recreation-and-community-services/seniors
Via Heart Project	Peninsula Heart Safe Program	www.viaheartproject.org/programs
YMCA	Enhance Fitness with YMCA	www.ymca.net/enhancefitness

Mental Health & Wellbeing

Resource name	Summary description	Website
70 Strong	A free referral service for people 60 years old and older to stay active and connected	www.70strong.org
Acknowledge Alliance (formerly Cleo Eulau Center)	Builds school connectedness and positive relationships between students and educators	www.acknowledgealliance.org
Al-Anon	Support group for the family members and friends of people who have a drinking problem	www.al-anon.org
Alateen	Support group for younger family members and friends of people who have a drinking problem	www.al-anon.org/for-members/group-resources/alateen
Alcoholics Anonymous	12-step recovery program for people who have a drinking problem	www.aa.org
Asian American Recovery Services	Behavioral Health services for Asian American, Pacific Islander and other ethnically diverse communities	www.healthright360.org/agency/asian-american-recovery-services
Caminar	Bridges to Wellness program (integrated primary and behavioral health care services), and other programs	www.caminar.org/resources/2015/2/18/medication-clinic

Resource name	Summary description	Website
Catholic Charities	Service areas: aging support, children & youth, homelessness and housing, immigration	www.catholiccharitiessf.org
Coastside Adult Day Health Center	Adult Day Care, including health care, memory care, activities, support groups and transportation	www.coastsideadultdayhealth.org
Community Overcoming Relationship Abuse (CORA)	Family Centered Mental Health program	www.corasupport.org
Edgewood Center for Children & Families	Kinship Program – support for family members who step up when crises, abuse, illness, incarceration, or violence separates children from their parents	https://edgewood.org/kinship-support
El Centro de Libertad	Substance Use Intervention Program for adults and at-risk youth/probation youth	www.elcentrodelibertad.org
Freedom House	Provides a safe home and long-term aftercare for survivors of human trafficking	www.freedomhousesf.org
Friends for Youth	Whole Health for Youth Counseling Services, group and 1-to-1 mentoring for at-risk youth	www.friendsforyouth.org
Health Right 360 San Mateo	Provides a diverse array of programs and services in San Mateo County	www.healthright360.org/location/san-mateo-county
Healthy Schools Initiative and ATOD education programs in schools	Programs aimed at improving the physical and emotional health of students and families	Various; see http://sanmateo.networkofcare.org/mh/services/subcategory.aspx?tax=PH-2360.8000
LifeMoves	Family & Children's Support Project at shelters	www.lifemoves.org

Resource name	Summary description	Website
Lucile Packard Children's Hospital Stanford: Mental Health Dissemination and Innovation Initiative	Mental Health Dissemination and Innovation Initiative to combat the effects of early childhood trauma in San Mateo County communities with high violence rates (East Palo Alto and East Menlo Park)	www.stanfordchildrens.org
Lucile Packard Children's Hospital Stanford: Health Initiative to Improve the Social and Emotional Health of Youth	Health Initiative to Improve the Social and Emotional Health of Youth Pediatric Resident Advocacy mini‐grant to determine causes of drug abuse and re‐incarceration in incarcerated youth in San Mateo County	www.stanfordchildrens.org
Lucile Packard Children's Hospital Stanford: Community Health Education	Community Health Education classes offered on mindfulness and wellbeing (either free of charge or with scholarships available to low income community members)	www.stanfordchildrens.org
Mental Health Association of San Mateo County	Provides housing and support services, particularly for those affected by mental illness and/or HIV/AIDS	www.mhasmc.org
Mills-Peninsula	Anti‐Bullying Campaign with middle and high school teens	www.sutterhealth.org/mills
National Alliance on Mental Illness/San Mateo County	Education, advocacy and support for people with mental illness, and their families	www.namisanmateo.org
Niroga Institute	Dynamic Mindfulness program at DC high schools	www.niroga.org/training/dm
Notre Dame de Namur University, Art Therapy Psychology Department	Workshops for professional and student art therapists	www.ndnu.edu/education-and-leadership/graduate/art-therapy/workshops

Resource name	Summary description	Website
Peninsula Family Services	Senior Peer Counseling Program - weekly visits to older adults to help manage transitions and life changes such as health concerns, mobility issues, caregiver needs, and grief	www.peninsulafamilyservice.org/our-programs/older-adult-services/seniorpeercounseling
Project Safety Net/Heard Alliance	Funding collaborative focused on suicide prevention and the social and emotional health of youth in Palo Alto	www.psnpaloalto.com/ www.heardalliance.org/about-affiliation
Puente de la Costa Sur	Ballet folklorico	www.mypuente.org
Rape Trauma Services	Counseling, advocacy and education to facilitate healing and the prevention of violence, sexual assault and abuse	www.rapetraumaservices.org
Samaritan House	BH services at Safe Harbor Shelter in SSF	www.samaritanhousesanmateo.org
San Mateo County Health Department	Youth Mental Health First Aid Training	www.smchealth.org/general-information/youth-mental-health-first-aid
San Mateo County Health Office of Diversity & Equity	Advances health equity in behavioral health outcomes of marginalized communities throughout San Mateo County	www.smchealth.org/office-diversity-equity
School counseling services	Provide school-based mental health services	Various
Sitike Counseling Center	Community based counseling and education focused on alcohol and/or drug addiction, anger management and domestic violence	www.sitike.org
StarVista	Insights Program offering outpatient substance abuse and mental health treatment services for youth	www.internal.star-vista.org/whatwedo_services/counseling/youth/insights.html
The Latino Commission	Entre Familia Program	www.thelatinocommission.org

Resource name	Summary description	Website
Women's Recovery Association	Offers residential and outpatient treatment programs for women and their children who are having problems with alcohol or drugs and/or mental health issues	www.womensrecovery.org
YMCA	Project Cornerstone training on youth developmental assets	www.ymcasv.org/projectcornerstone

Oral Health

Resource name	Summary description	Website
Delta Dental provided through Healthy Kids HMO	Program for low-income children who do not qualify for Medi-Cal or other health insurance	www.hpsm.org/member/healthy-kids
Ravenswood Family Health Center	Children's dental services	www.ravenswoodfhc.org/index.php/services/family_dentistry
Samaritan House Free Clinic (San Mateo and Redwood City)	Primary and specialty medical, dental and vision care to low income and uninsured individuals	www.samaritanhousesanmateo.org/what-we-do/freeheathcareclinics
San Mateo County Oral Health Coalition	Focuses on improving the oral health status of San Mateo County's traditionally underserved and vulnerable populations	www.smchealth.org/oralcoalition
Sonrisas Dental Health	Dental clinic specializing in increasing access for older adults and disabled individuals	www.sonrisasdental.org

Appendix D. Health Need Profiles

COMMUNITY HEALTH NEED

Health Care Access & Delivery

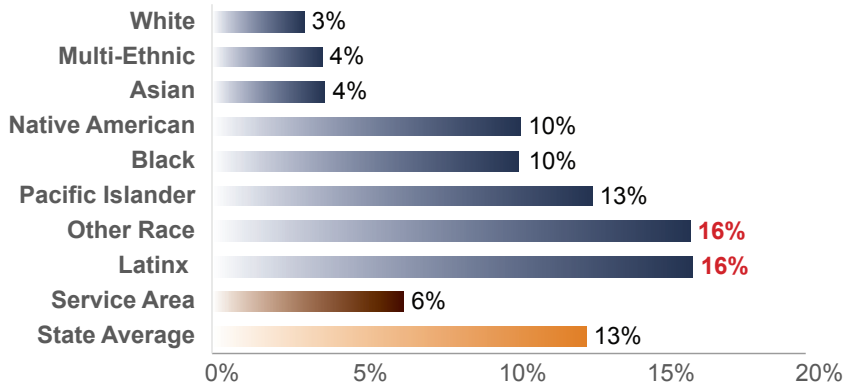
What's the issue?

Access to health care is important for everyone's well-being and quality of life.[1] "Access" generally means a patient has a sufficient number of health care providers available locally, reliable transportation to medical appointments, and adequate insurance (or can otherwise afford services and medications). "Delivery" refers to the timeliness, standards, transparency, and appropriateness with which providers render services. Too often, common medical conditions that could be controlled through preventive care and proper management, such as Type 2 diabetes, are instead exacerbated by barriers to access and/or delivery. This can lead to premature death.

What does the data show?

There are significant disparities in insurance coverage across ethnic groups in the KFH-Redwood City service area. The Latinx population has the highest proportion of uninsured individuals (compared with other ethnic groups); Pacific Islanders and residents of "Other"[2] races in the service area also fare the same or worse than the state average.

Ethnic Disparities: Uninsured Populations



Percentage of the total population without health insurance coverage. / SOURCE: American Community Survey, 2012–2016.

In the KFH-Redwood City service area, the rate of Federally Qualified Health Centers, which provide health care to vulnerable populations, is 1.2 per 100,000, which is 53% lower than the state average of 2.5.[3] Perhaps related to this, only 70% of residents in the service area made a recent primary care visit, below average versus the state.[4]

There are certain neighborhoods in the KFH-Redwood City service area where high proportions of residents have limited English proficiency. Speaking limited English can interfere with a patient's ability to

continued >>

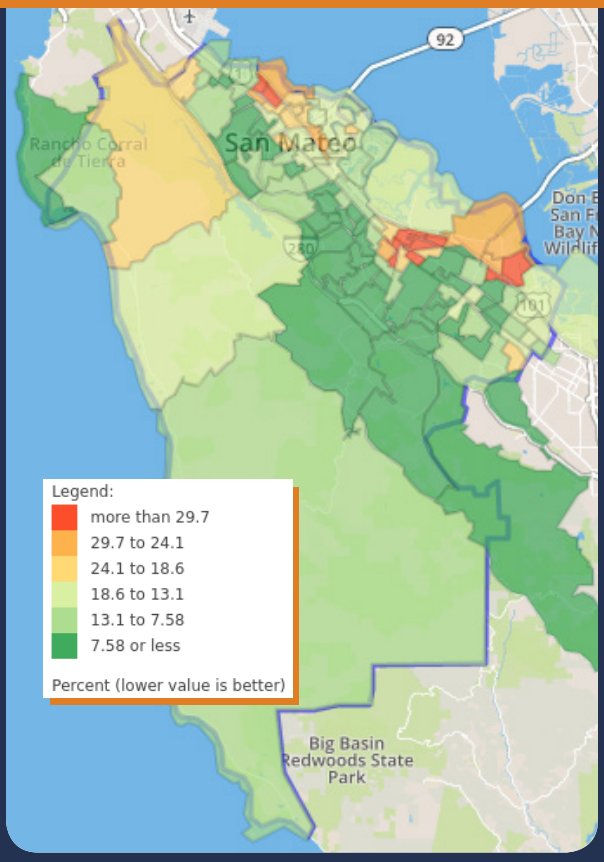
KEY DISCOVERY

1 in 5

Medicare patients in the KFH-Redwood City service area does not manage their diabetes well, which is below state average and suggests access and delivery issues with respect to preventive care.[6]

communicate effectively with health care providers. Orange and red areas in the map below highlight communities where the percentages of linguistically isolated households are higher than average.[5]

Limited English Proficiency



SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

What does the community say?

Residents and local experts in San Mateo County (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified health care access and delivery as a big concern. Although the area has ample providers available, the community said that health care is often unaffordable. Lower-income residents who do not receive insurance subsidies may lack the means to pay for medical care, even though the county's Affordable Care for Everyone (ACE) program is available to all. Low socioeconomic status residents are more likely than higher-income groups to have health care access issues, such as inability to afford medication, inadequate transportation to appointments, and lack of health screenings. Many participants said that undocumented immigrants are accessing health care less often due to fear of being identified and deported. Providers cited a drop in patient visits. Community members voiced the need for health care providers to spend more time listening to and empathizing with patients. They suggested that greater diversity and training among providers would help better serve vulnerable populations, especially patients of color and LGBTQ patients. Steps should be taken to reduce implicit bias among providers and to empower patients.

"We do have a lot of clients that ... don't have access to services ... because of the[ir] immigration status."

—SERVICE PROVIDER

SOURCES

[1]Office of Disease Prevention and Health Promotion. (2015). http://www.healthypeople.gov
[2]"Other" is a U.S. Census category for ethnicities not specifically called out in data sets.
[3]U.S. Centers for Medicare and Medicaid Services. (2016).
[4]UCLA Center for Health Policy Research, California Health Interview Survey. (2015–2016).
[5]Limited English Proficiency indicates the percentage of the population age 5 and older that is linguistically isolated (speaks a language other than English at home and speaks English less than "very well"). On average, statewide, nearly 22% of the population is linguistically isolated.
[6]Dartmouth Atlas of Healthcare. (2014).

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COMMUNITY HEALTH NEED

Behavioral Health

What's the issue?

Emotional and psychological well-being are important to every person's capacity to maintain healthy relationships and function in society.[1] "Well-being" generally means having positive emotions or moods, not feeling overwhelmed by negative emotions, and experiencing satisfaction and fulfillment in life. Roughly one in five adults in the U.S. is coping with a mental illness.[2] Common disorders such as depression and anxiety can affect self-care. Likewise, chronic diseases can negatively impact mental health.[3] So too can substance use. Substance use can lead or contribute to other social, physical, mental, and public health problems, including domestic violence, child abuse, suicide, car accidents, and HIV/AIDS.[4]

What does the data show?

Statistical data indicate that the KFH-Redwood City service area is faring better than average when it comes to substance use and related health conditions. Although nearly one in three service area residents self-report binge drinking, that ratio is still slightly lower than the California average. The percentage of smokers in the service area is about 50% lower than the state benchmark.

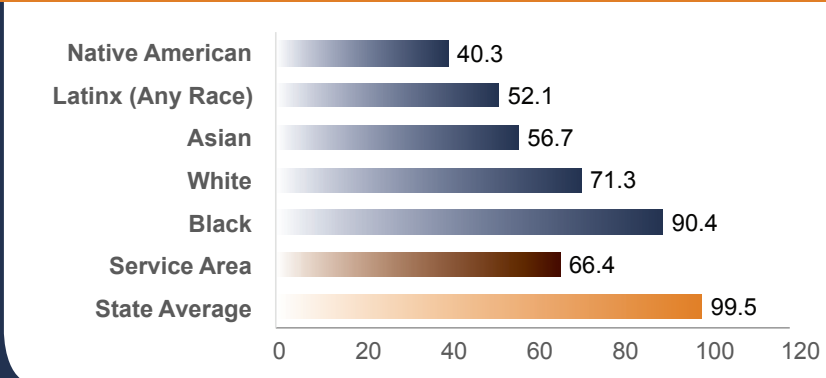
Smoking and Drinking

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Current or Former Smokers	14%	7%
Binge Drinkers	33%	33%

SOURCE: UCLA Center for Health Policy Research, California Health Interview Survey: Smoking, 2014; Drinking, 2015–2016.

However, ethnic disparities exist: Black residents are more likely to die of heart disease, a chronic condition associated with long-term substance use (including tobacco and alcohol use), than residents of other ethnic groups.

Ethnic Disparities: Heart Disease Deaths



Age-adjusted rates per 100,000 people. / SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, 2011–2015.

continued >>

KEY DISCOVERY

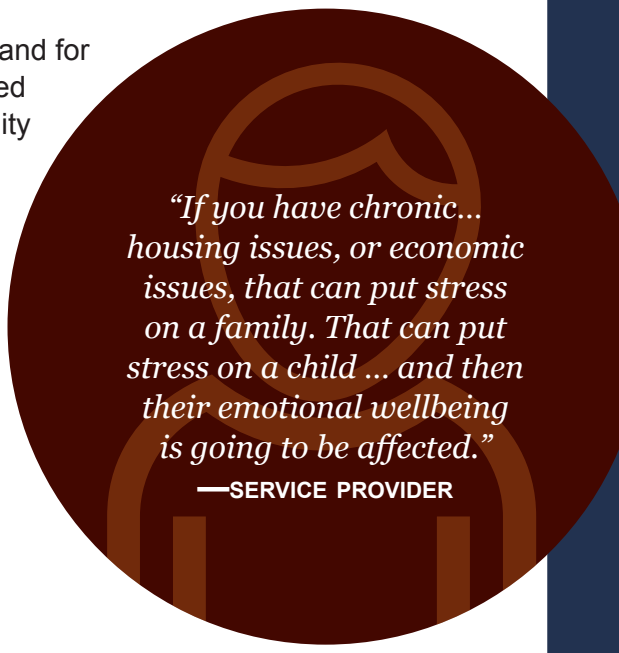
11 per 100,000

Approximate suicide rate of White residents, which is notably higher in KFH-Redwood City, where average suicide deaths in the service area are 7.7 overall.[4]

What does the community say?

Residents and local health experts in the KFH-Redwood City service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified behavioral health as a priority. Depression and stress were the most common issues raised. Focus group participants and key informants discussed the co-occurrence of poor mental health and substance use. Residents and representatives of various vulnerable groups (e.g., LGBTQ, Pacific Islanders, individuals experiencing homelessness) expressed a greater need for behavioral health care. Economic insecurity, including housing instability, surfaced as a driver of both issues.

The community cited a lack of providers/services for mental health and for alcohol and drug treatment as a major concern, and identified a need for co-location of physical and behavioral health services. Community members frequently pointed to stigma as a barrier to mental health care and substance use treatment, both in acknowledging the need for care (facing cultural taboos, either internalized or imposed by loved ones) and in seeking and receiving care (feeling shamed by providers delivering care). Mental health professionals talked about burnout due to the vicarious trauma experienced by staff. They also expressed concerns that general health clinicians may not have the knowledge or resources to address mental health.



SOURCES
[1]Office of Disease Prevention and Health Promotion. (2018). *Mental Health and Mental Disorders.*
[2]Centers for Disease Control and Prevention. (2018). *Learn About Mental Health.*
[3]Lando, J. & Williams, S. (2006). *A Logic Model for the Integration of Mental Health Into Chronic Disease Prevention and Health Promotion* in Preventing Chronic Disease, 2006 Apr; 3(2): A61.
[4]World Health Organization. (2018). *Management of Substance Abuse.*
[5]Centers for Disease Control and Prevention, National Vital Statistics System. (2011–2015).

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Cancer

What's the issue?

Cancer, in all of its forms, is the second-leading cause of death in the U.S.[1] High-quality screening can reduce cancer rates. Yet health disparities related to cancer contribute to higher death rates for low-income residents and ethnic minorities than other people. Delivery issues in cancer screening and follow-up care exacerbate the problem. Poverty and the lack of health insurance and screening are strongly related.[2] Although personal, behavioral, and environmental factors are significant (for example, a smoker is exposed to known carcinogens), the most important risk factors for cancer are not having health insurance and being of low socioeconomic status.[3]

What does the data show?

The KFH-Redwood City service area's incidence rates of breast and prostate cancer are both about 10% above the California averages. The higher rates exist despite better lifestyle choices made by residents: For example, the number of people who smoke is nearly 50% lower in the service area than statewide.[4] This suggests that other factors may contribute to cancer incidence here, such as an aging population; cancer risk increases with age, and the median age in San Mateo County has been rising over the past decade.[5, 6]

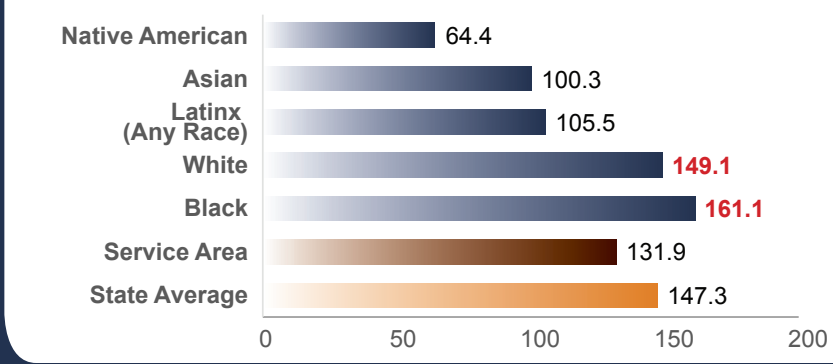
continued >>

Selected Cancer Incidence Rates

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Breast Cancer Incidence (females only)	120.7	**134.2**
Prostate Cancer Incidence (males only)	109.2	**118.8**

Age-adjusted rates per 100,000 people. / SOURCE: State Cancer Profiles, 2010–2014.

Ethnic Disparities: Cancer Mortality



Age-adjusted rates per 100,000 people. / SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, 2011–2015.

KEY DISCOVERY

+22%

The cancer mortality rate differential for Black residents over the KFH-Redwood City service area's average of 131.9 per 100,000 people.[8]

KFH-Redwood City service area residents who are Black or White are more likely to die from cancer than those who are Asian, Latinx, or Native American. Perhaps contributing to the higher death rate, Black women are less likely to get a breast cancer screening (i.e., mammogram) than their White peers.[7]

What does the community say?

Despite the statistical evidence of higher incidence rates and ethnic disparities in cancer mortality, which makes cancer an issue in the KFH-Redwood City service area, residents and local experts (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) did not identify cancer as a health need in the KFH-Redwood City service area. This may be because screening measures like mammograms take place more widely here than elsewhere in California,[7] and the cancer mortality rate in the service area is 10% lower than the state average, perhaps the result of prevention initiatives. Community members emphasized the importance of healthy habits, such as exercising regularly and eating a nutritious diet, in reducing cancer risk.

SOURCES

[1]Centers for Disease Control and Prevention (2017). *Leading Causes of Death.*
[2]Fiscella, K., et al. (2011). Eliminating Disparities in Cancer Screening and Follow-Up of Abnormal Results: What Will It Take? *Journal of Health Care for the Poor and Underserved*, 22(1): 83–100.
[3]National Cancer Institute. (2018). *Cancer Disparities.*
[4]UCLA Center for Health Policy Research, California Health Interview Survey. (2014).
[5]National Institutes of Health. (2014). *NIH Study Offers Insight Into Why Cancer Incidence Increases With Age*; see also: Xu, Z. & Taylor, J.A. (2014). "Genome-Wide Age-Related DNA Methylation Changes in Blood and Other Tissues Relate to Histone Modification, Expression, and Cancer," *Carcinogenesis*, *35*(2): 356–64.
[6]U.S. Census Bureau, American Community Survey. (2005–2009 through 2013–2017).
[7]Dartmouth Atlas of Healthcare. (2014).
[8]Centers for Disease Control and Prevention, National Vital Statistics System. (2011–2015).

"Cancer health disparities are further compounded by greater delays in diagnostic evaluation among minority patients ... and by suboptimal treatment among poor and minority patients diagnosed with cancer." [2]

—RESEARCHERS FISCELLA ET AL.

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COMMUNITY HEALTH NEEDS

Economic Security and Housing & Homelessness

What's the issue?

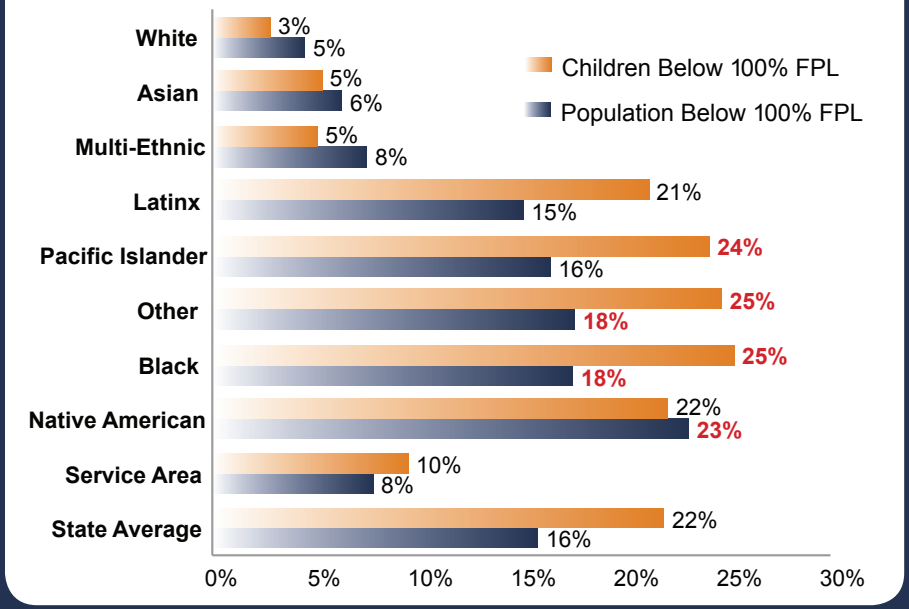
The context of people's lives determines their health, the World Health Organization notes. A secure social support system—families, friends, communities—plays a significant role in healthier populations.[1] Higher income and social status have each been linked to greater health. Research shows that access to economic security programs such as SNAP (formerly called food stamps) results in better long-term health outcomes.[2] Childhood poverty has lasting effects: Even when economic and social conditions later improve, childhood poverty still results in poorer health outcomes over time.[3] Housing is a factor in this. The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the well-being, educational achievement, and economic success of those who live inside it.[4] Poor health can lead to homelessness, and homelessness can lead to poor health.[5] People experiencing homelessness suffer from preventable illnesses at a greater rate, require longer hospital stays, and have a greater risk of premature death than their peers with housing security.[6]

What does the data show?

Income and educational attainment are strongly associated.[7] Communities where educational attainment is lower tend to face economic challenges. Economic insecurity and homelessness have a negative effect on mental and physical health. Lower-than-average incomes earned by many non-White residents in the KFH-Redwood

continued >>

Ethnic Disparities: Poverty



Percentage of the general population (red) and the child population (blue) that live in households with incomes below the Federal Poverty Level. / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

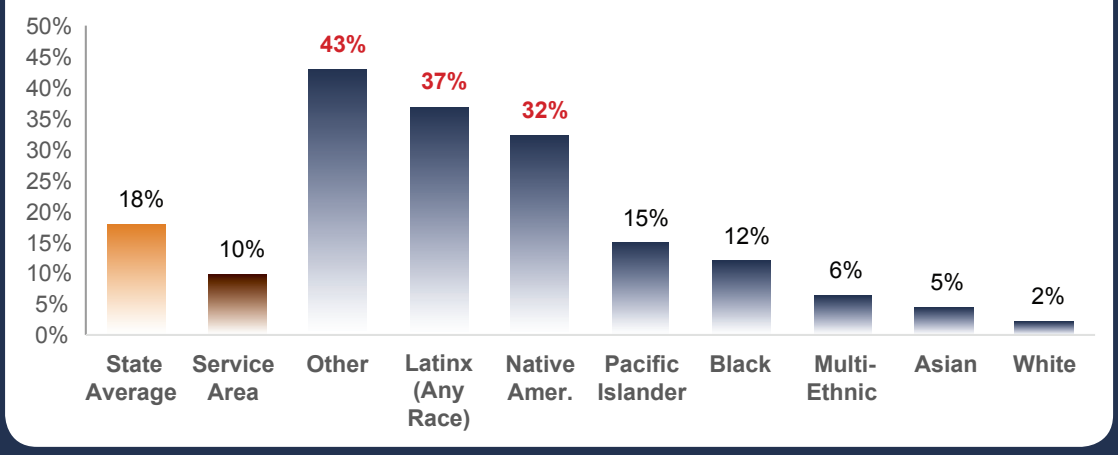
KEY DISCOVERY

1 in 4

children who are Black or Pacific Islander are living in poverty in the KFH-Redwood City service area.[8]

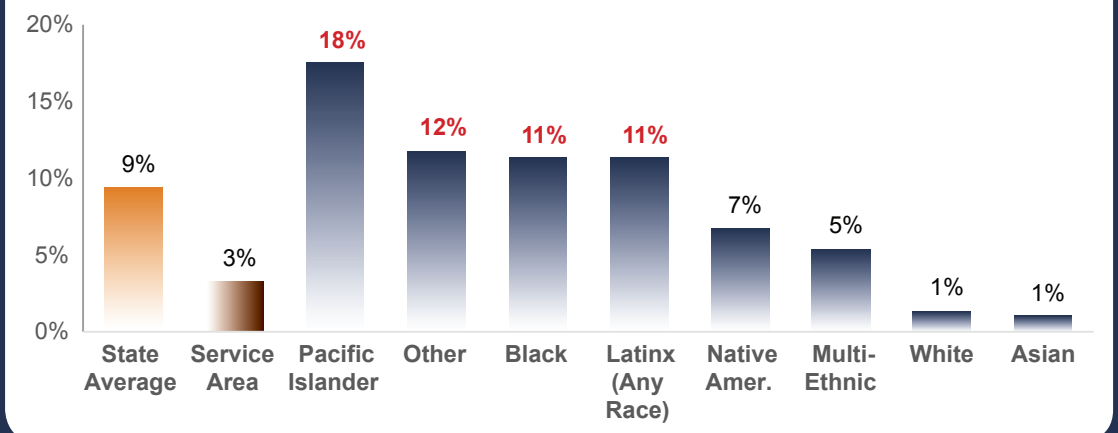
City service area make certain ethnic groups especially vulnerable,[8] and the disparities in the service area are stark.

Ethnic Disparities: Adults 25+ With No High School Diploma



SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

Ethnic Disparities: SNAP Participation



Estimated percentage of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits. / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

In the KFH-Redwood City service area, housing concerns are prevalent (see community section, below). Most statistical data on housing appear to meet benchmarks, but geographic data suggest that certain neighborhoods and communities disproportionately experience housing challenges. Poor housing quality can be associated with asthma. Statistical data suggest that asthma prevalence among adults is higher in the service area (16%) than the state average (15%).[9]

What does the community say?

Residents and local health experts in the KFH-Redwood City service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified housing and homelessness as a chief concern. They

continued >>

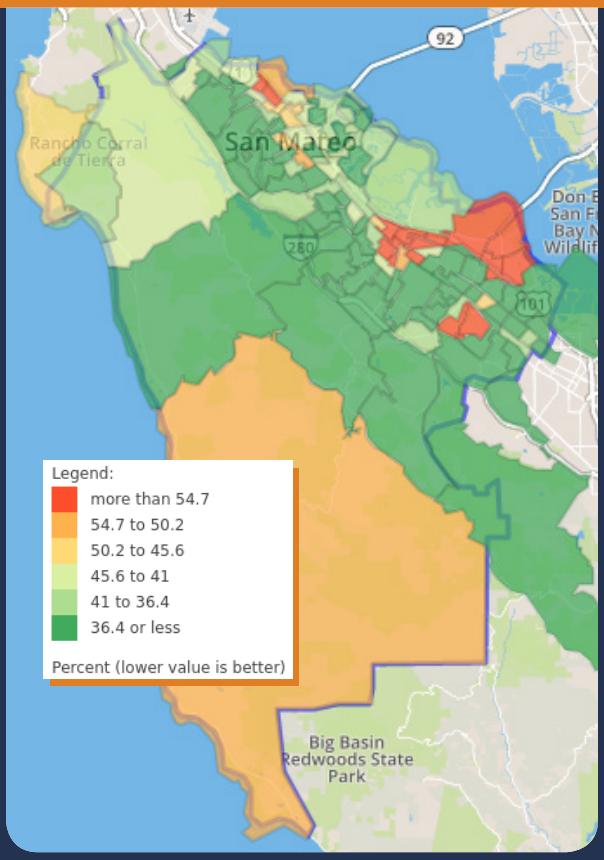
frequently discussed the relative lack of affordable housing—and the poor quality of what is available—in San Mateo County. Key informants in the Coastside area specifically addressed the issue of housing with inadequate plumbing/kitchen facilities and contaminated drinking water in some coastal neighborhoods.

The community also described stress about high rents and housing costs as another big concern; in many focus groups and interviews, housing was mentioned in conjunction with mental health. Further, community feedback surfaced the growing call for help with basic needs among those with middle incomes who do not qualify for most assistance programs.

"When everyone's sharing a single room, and there's not a lot of space, that's a tremendous[ly] difficult way for families to live."

—HEALTH EXPERT

Households With Housing Problems



Housing problems include at least one of the following: Housing unit lacks complete kitchen facilities; housing unit lacks complete plumbing facilities; housing unit is overcrowded (>1 person per room); or household is cost burdened (all housing costs represent over >30% of monthly income). / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

SOURCES

[1]World Health Organization (2018). *The Determinants of Health.*
[2]Center on Budget and Policy Priorities. (2018). *Economic Security, Health Programs Reduce Poverty and Hardship, With Long-Term Benefits.*
[3]Gupta, R.P., de Wit, M.L., & McKeown, D. (2007). The Impact of Poverty on the Current and Future Health Status of Children. *Pediatric Child Health.* 12(8): 667–672.
[4]Pew Trusts/Partnership for America's Economic Success. (2008). *The Hidden Costs of the Housing Crisis.* See also: The California Endowment (2015). *Zip Code or Genetic Code: Which Is a Better Predictor of Health?*
[5]National Health Care for the Homeless Council (2011). *Care for the Homeless: Comprehensive Services to Meet Complex Needs.*
[6]O'Connell, J.J. (2005). *Premature Mortality in Homeless Populations: A Review of the Literature.* Nashville, TN: National Health Care for the Homeless Council.
[7]U.S. Census Bureau, American Community Survey. (2012–2016).
[8]Vilorio, D. (2016). Education Matters. *Career Outlook.* U.S. Bureau of Labor Statistics. March 2016.
[9]UCLA Center for Health Policy Research, California Health Interview Survey, 2014.

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Environment

What's the issue?

A healthy environment is critical to everyone's physical health and quality of life. Nearly 25% of all deaths and diseases worldwide can be attributed to environmental issues such as air, water, food, and soil contamination, the U.S. Office of Disease Prevention and Health Promotion reports.[1, 2] Exposure to a poor environment can compound the problems of people whose health is already compromised.[2] Therefore, any effort to improve overall health must consider environmental factors that may increase the likelihood of illness and disease. This includes climate change, which is projected to have an increasing impact on air quality, the spread of infectious diseases, and the severity of fires, floods, droughts, and other natural disasters.[3]

What does the data show?

In the KFH-Redwood City service area, several environmental hazards are cause for concern. Drinking water violations in the service area's community water systems were flagged as an issue.[4] The KFH-Redwood City service area's road network density (miles of streets per square mile of land), a contributor to air pollution, is 155% of the state average; particulates from traffic can contribute to asthma. Additionally, 62% percent more housing units in the service area than statewide are at risk of flooding. Homelessness that may occur as a result of natural disasters, like floods, can significantly impact health.[5]

Some neighborhoods are more vulnerable to floods than others. In the KFH-Redwood City service area, the parts of Burlingame, Redwood City, and East Palo Alto that are most prone to flooding are also some of the places with the lowest median income in the service area.[6] Research shows that low-income residents are more likely than middle-income residents to live in high flood-hazard zones, probably because housing is more affordable in those areas.[7]

Pollution and Environmental Hazards

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Asthma Prevalence among Adults	15%	16%
Flood Vulnerability Index	3.7	6.0
Road Network Density (road miles per square mile)	2.0	5.1

SOURCE: Asthma, UCLA Center for Health Policy Research, California Health Interview Survey, 2014; Flood vulnerability, Federal Emergency Management Agency, National Flood Hazard Layer, 2011; Road density, Environmental Protection Agency, Smart Location Database, 2011.

What does the community say?

Residents and local experts in the KFH-Redwood City service area (who recently participated in a community health needs

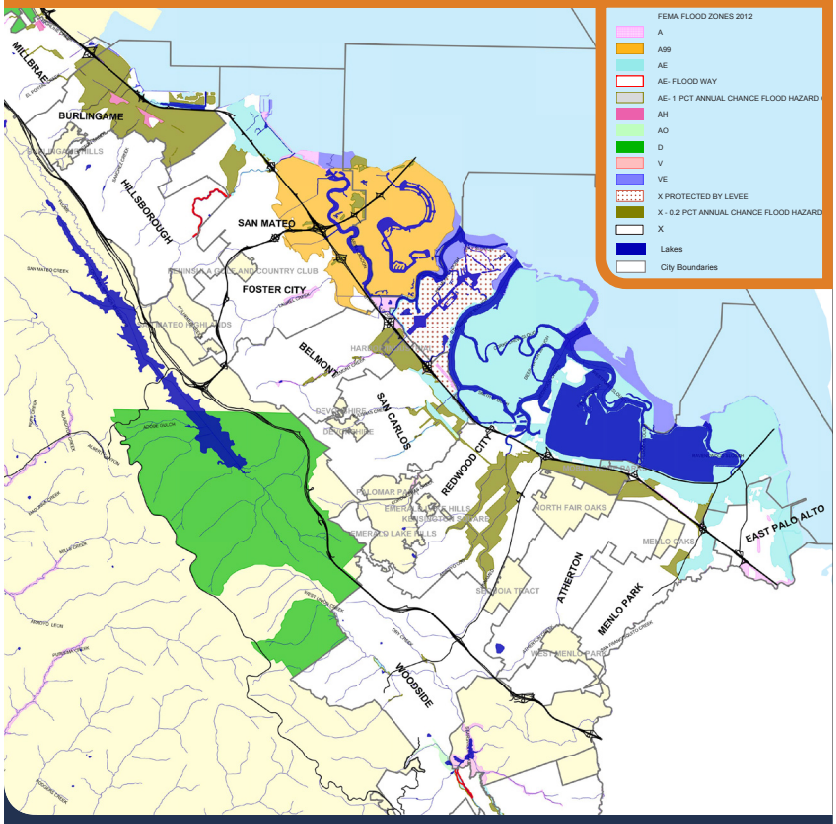
continued >>

KEY DISCOVERY

62%

more housing units within the special flood hazard area (SFHA) are at risk in the service area than the state average.

Flood Vulnerability With Zone Definitions[8]



SOURCE: County of San Mateo, Planning and Building Department, 2012.

assessment [CHNA] sponsored by Kaiser Permanente) identified air quality as a concern. Community members cited long commutes and traffic congestion, perhaps due to the fact that many people have been priced out of the local housing market and live farther away from their jobs. CHNA participants connected the long commutes with increased stress and poor health outcomes. Experts identified contaminated drinking water, which contributes to infectious diseases, reproductive issues, and neurological conditions,[9] as an issue in some coastal areas. They also called out the lack of streetlights and sidewalks in some neighborhoods, which can limit pedestrian access. Some community members were also concerned by climate change.

"They have been fighting for years to get it uncontaminated, but the water at the school is not drinkable [due to] a high level of nitrates. ... Kids can't drink the water here [on the Coastside]."

—COMMUNITY EXPERT

SOURCES

[1]Office of Disease Prevention and Health Promotion. (2018). Environmental Health.
[2]Morris, G. & Saunders, P. (2017). The Environment in Health and Well-Being, *Oxford Research Encyclopedias*.
[3]U.S. Global Change Research Program. (2018). Fourth National Climate Assessment.
[4]University of Wisconsin's County Health Rankings, using data from the Environmental Protection Agency's Safe Drinking Water Information System. (2015).
[5]National Health Care for the Homeless Council. (2011). *Care for the Homeless: Comprehensive Services to Meet Complex Needs.*
[6]U.S. Census, American Community Survey. (2012–2016).
[7]Sarmiento, C., & Miller, T. E. (2006). Inequities in Flood Management Protection Outcomes. University of Minnesota Paper No. 379-2016-21673, American Agricultural Economic Association Meetings, 2006. High-income individuals are also more likely than middle-income individuals to live in flood zones, likely due to the "esthetic attributes of living next to water"; however, Sarmiento and Miller point out that they are also much more likely to be able to afford flood insurance.
[8]Zone definitions:
Zones V (salmon) & VE (light purple): Special Flood Hazard Area subject to coastal high hazard flooding; Zones A–AO (light pink, dark pink, aqua blue, light green, white with red border) & A99 (orange): Special Flood Hazard Area with base flood elevations provided and/or sheet flow, ponding, or shallow flooding; Zone AE (gray): 1% annual chance flood hazard contained in channel; Zone X (olive green): 0.2% annual chance flood hazard; Zone X (white, white with red dots): Minimal to moderate flood hazard; Zone D (bright green): Undetermined but possible flood hazard, Federal Emergency Management Agency (1998). *Managing Floodplain Development Through the NFIP, Appendix D.*
[9]Centers for Disease Control and Prevention (2014). *Water-Related Diseases and Contaminants in Public Water Systems.*

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Healthy Eating & Active Living

What's the issue?

Nearly two in five adults and one in five children in the U.S. are obese.[1] Being obese or overweight raises the risk for diabetes, hypertension, stroke, and cardiovascular disease—some of the leading causes of preventable death.[2] Obesity also can contribute to poor mental health (anxiety, depression, low self-esteem), stigma, and social isolation.[1,3] Risk factors of obesity include an unhealthy diet, a sedentary lifestyle, underlying medical issues, family models, and social and economic factors.[3] Obesity often co-exists with food insecurity (a lack of available financial resources for food at the household level)[4,5] because "both are consequences of economic and social disadvantage."[6]

Getting regular exercise can help reduce the risk of obesity and Type 2 diabetes, as well as cardiovascular disease, some cancers, and other physical issues. It also can help strengthen bones and muscles, prevent falls for older adults, and promote a longer life.[7,8] Similarly, maintaining a healthy diet can help prevent high cholesterol and high blood pressure and lower the risks of obesity, osteoporosis, and dental cavities.[9] For children and adolescents, a nutritious diet contributes to growth, bone development, and cognitive function.[10] Yet most people do not follow the recommended food and exercise guidelines.

What does the data show?

Concerns in the KFH-Redwood City service area focused on disparities in food security and obesity. The rates of obesity among Black and Latinx adults[11] and Latinx and Pacific Islander youth in the KFH-Redwood City service area are higher than average.

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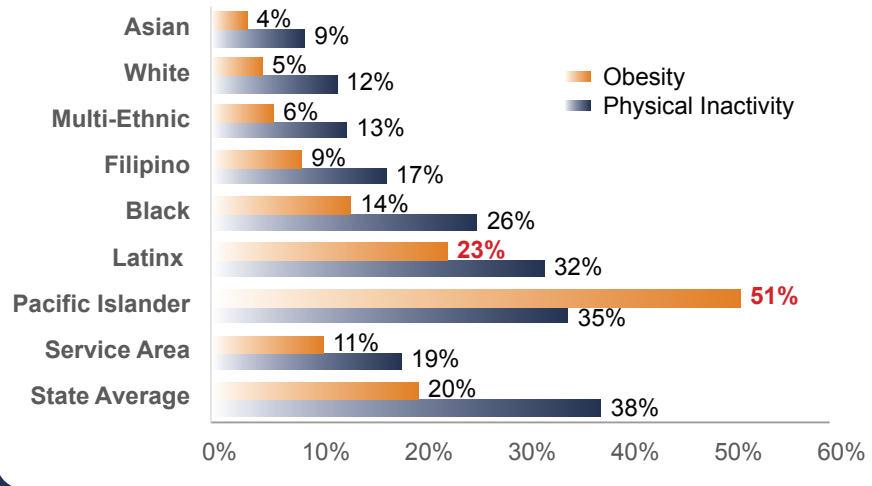
Ethnic Disparities: Youth Fitness and Obesity



Percentage of youth ages 10–17. / SOURCES: California Department of Education, FitnessGram Physical Fitness Testing, 2016–2017.

KEY DISCOVERY

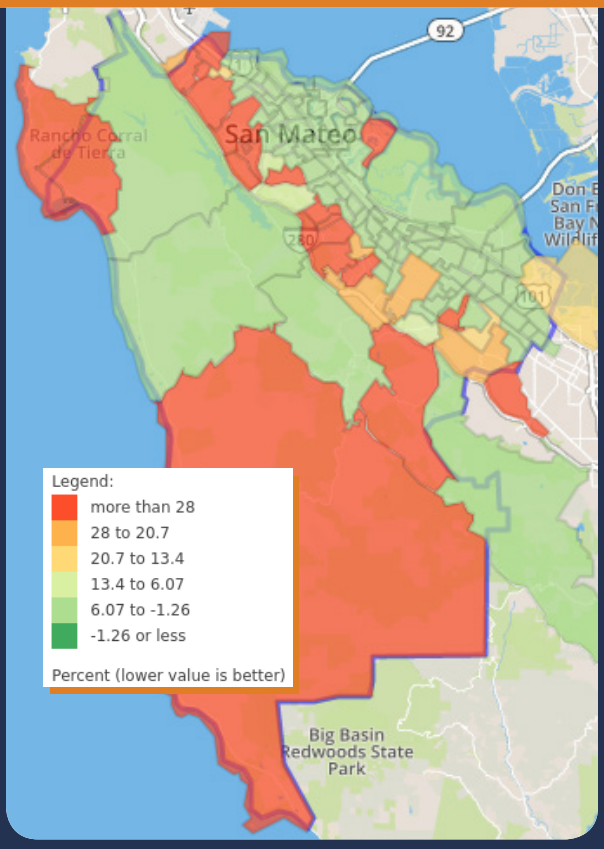
51%

Obesity rate among Pacific Islander youth in the KFH-Redwood City service area is more than 10 times higher than that of White youth.

Low-income households that are eligible for federal entitlement programs may receive benefits from the Supplemental Nutrition Assistance Program (SNAP). However, only about 3% of households in the KFH-Redwood City service area are estimated to be receiving SNAP.[12]

Communities experiencing food insecurity often also have less access to healthy food. The map shows as a percent of population how census tracts in the KFH-Redwood City service area compare with the state average of 13.4% low access (i.e., high relative distance) to supermarkets and large grocery stores.

Low Access to Healthy Food Stores



SOURCE: U.S. Department of Agriculture, Food Access Research Atlas, 2014.

What does the community say?

Residents and local health experts in the KFH-Redwood City service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) prioritized healthy eating and active living. The community expressed concern about obesity among youth, including fitness and diet. Experts mentioned the rising number of children being diagnosed with diabetes, as well as diabetes among people experiencing homelessness. Residents emphasized that diet and exercise habits are strongly affected by family models, access to recreation, and the food environment. They cited many barriers to eating well and being physically active, including cultural differences, stress, poverty, access to public transit (particularly for coastal residents and senior citizens), lack of time and space for both cooking and recreation, and unhealthy food being served in schools and other institutions.

"Healthy food in and of itself is complicated. ...It's part culture, it's part access, it's part cost, and it is part having the actual cooking utensils in your home to cook and knowing what to do with them."

—COMMUNITY EXPERT

SOURCES

[1]Centers for Disease Control and Prevention. (2018). *Overweight and Obesity.*
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[4]Feeding America. (2018). *What Is Food Insecurity?*
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[7]The Mayo Clinic. (2016). *Exercise: 7 Benefits of Regular Physical Activity.*
[8]Harvard Health Publishing/Harvard Medical School. (2013). *Balance Training Seems to Prevent Falls, Injuries in Seniors.*
[9]United States Department of Agriculture. (2016). *Why Is It Important to Eat Vegetables?*
[10]World Health Organization. (2018). *Early Child Development–Nutrition and the Early Years.*
[11]UCLA Center for Health Policy Research, California Health Interview Survey. (2014).
[12]Undocumented individuals (AKA not "lawfully present non-citizens") age 18 and over are not eligible for SNAP (U.S Department of Agriculture, Food and Nutrition Service, *SNAP Policy on Non-Citizen Eligibility*, 2017). Access to SNAP for individuals in mixed-immigration-status households is problematized by the fear of family separation and potential deportation that undocumented family members may have.

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COMMUNITY HEALTH NEED

Oral/Dental Health

What's the issue?

A healthy smile can indicate more than a good mood. Oral/dental health promotes overall well-being by allowing a person to taste, chew, swallow, and speak, as well as to express feelings and emotions through facial expressions.[1] Maintaining oral/dental health depends on routine self-care, such as brushing teeth with a fluoride-based toothpaste, flossing, and receiving professional dental treatment.[2] Unhealthy behaviors, such as poor dietary choices, substance use (nicotine, methamphetamines, other drugs), and inconsistent hygiene, can result in conditions from cavities to cancer.[3]

What does the data show?

The ratio of Federally Qualified Health Centers, which receive a higher reimbursement rate for dental services than others, to residents in the KFH-Redwood City service area is 1.2 per 100,000, less than half of the state's ratio of 2.5 per 100,000.[4] While there are seven FQHCs in the KFH-Redwood City service area, only one of them is located on the Coastside.[5]

The map on the next page shows the percentage of adults with poor dental health by census tract in the KFH-Redwood City service area. The service area average is 8.7%. Drinking water violations, which were flagged as an issue in the service area, may be a driver of poor oral health.[6] Contaminated water can be associated with a rise in sugar-sweetened beverage consumption.

What does the community say?

Residents and local health experts in the KFH-Redwood City service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified oral/dental health as a major need. A frequently cited concern was the inability to access high-quality dental services, whether due to a lack of dental insurance or a shortage of providers. Although 73% of KFH-Redwood City service area residents have insurance,[7] and despite boasting over 100 dentists per 100,000 people in the KFH-Redwood City service area,[8] patients with coverage say they struggle to find a dentist who accepts their policy. Local experts attributed this to Denti-Cal's low reimbursement rates and complicated billing procedures. They noted that only Federally Qualified Health Centers receive a higher reimbursement rate for dental services, but, as mentioned above, the ratio of FQHCs to residents in the service area is significantly worse than the state's.[4] The situation on the Coastside is even

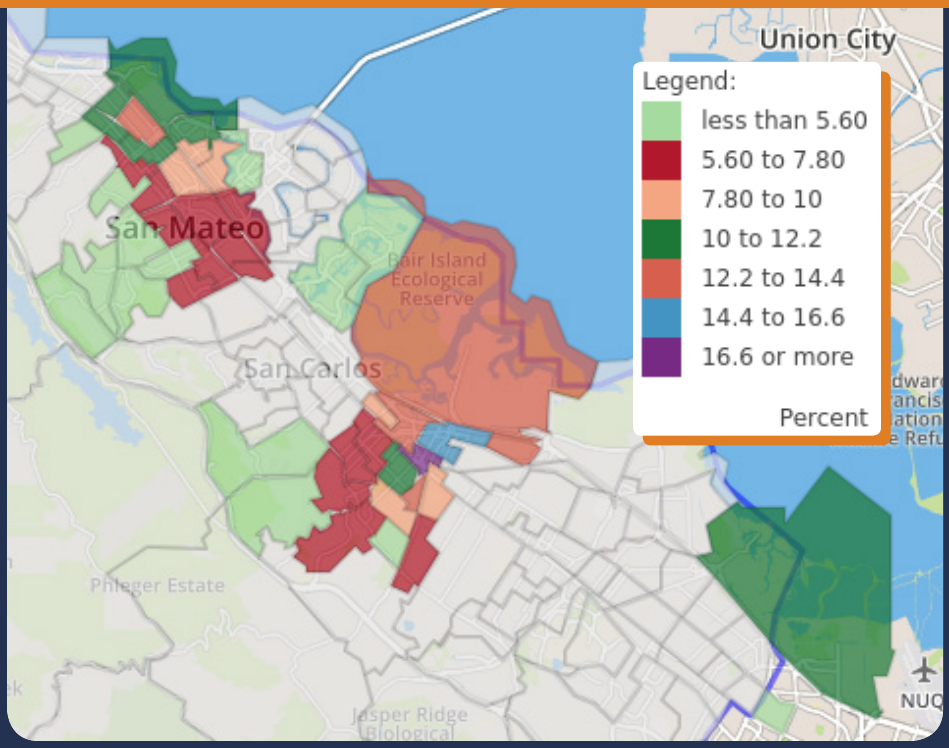
continued >>

KEY DISCOVERY

1 in 4

The number of people in the KFH-Redwood City service area who lack dental insurance isn't ideal—but it beats the statewide average of six in 10.[7]

Poor Dental Health



Percentage of adults who self-report having had all their permanent teeth removed due to tooth decay, gum disease, or infection. / SOURCE: Centers for Disease Control and Prevention, Behavioral Health Risk Factor Surveillance System, 500 Cities: Local Data for Better Health project, 2014.

worse: There, aside from one FQHC, there is just one private dental practice (and no individual dentists or pediatric dentists) accepting new Denti-Cal patients.[9] Additionally, Coastside key informants expressed concern about contaminated drinking water.

SOURCES

[1]National Institute of Dental and Craniofacial Research. (2000). *Oral Health in America: A Report of the Surgeon General.*
[2]Mayo Clinic. (2016). *Oral Health: Brush Up on Dental Care Basics.*
[3]Office of Disease Prevention and Health Promotion. (2018). *Oral Health.*
[4]Centers for Medicare and Medicaid Services, Providers of Service data file (2016); and U.S. Census Bureau Decennial Census (2010) population estimates.
[5]State of California, Medi-Cal Dental Program. (2018). *San Mateo County Federally Qualified Health Centers, Rural Health Centers, and Tribal Health Centers.*
[6]University of Wisconsin's County Health Rankings, using data from the Environmental Protection Agency's Safe Drinking Water Information System. (2015).
[7]UCLA Center for Health Policy Research, California Health Interview Survey. (2015–2016).
[8]U.S. Department of Health & Human Services, Area Health Resource File (2015–2016).
[9]State of California, Medi-Cal Dental Program. (2018). *Dentists Accepting New Patients by Specialty*; and *San Mateo County Federally Qualified Health Centers, Rural Health Centers, and Tribal Health Centers.*

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