



## Sequoia Hospital

Community Benefit Report 2013  
Community Benefit Implementation Plan 2014



A message from Glenna Vaskelis, President/CEO and Arthur J. Faro, Board Chair of Sequoia Hospital.

When we talk about health care today, the words *budget*, *cut*, and *restraint* get used a lot. It is impersonal and it is a way to look at health care by the numbers rather than by the patient. One word that has somehow lost its meaning is also the word we believe in most of all – the word *care*. At Sequoia Hospital we strive to reintroduce humankindness to an industry focused on finance. The Affordable Care Act created the National Prevention Council and called for the development of a National Prevention Strategy to realize the benefits of prevention for the health of all Americans. The overarching goals of the plan are to empower people, ensure healthy and safe community environments, promote clinical and community preventive services, and eliminate health disparities.

The Dignity Health system goals reflect those of health reform, namely expanding access, redesigning the delivery system, and utilizing limited resources in better, more coordinated ways so that quality can be continuously improved and patients and communities are healthier. These goals will be achieved through thoughtful *care*, whether it is demonstrated in the hospital or through the programs and services we offer in the community.

At Sequoia Hospital we share a commitment to optimize the health of our community. In fiscal year 2013 Sequoia Hospital provided \$52,920,426 in financial assistance, community benefit and unreimbursed patient care. Because we care, how we contribute to the quality of life and the environment in our communities has always been and will continue to be a key measure of our success.

In accordance with policy, the Sequoia Hospital Board of Directors has reviewed and approved the annual Community Benefit Report and Implementation Plan at their November 6, 2013 meeting.

Glenna L. Vaskelis  
President  
Sequoia Hospital  
Sr. VP, Operations, Bay Area, Dignity Health

Arthur J. Faro  
Board Chair  
Sequoia Hospital Board of Directors

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# EXECUTIVE SUMMARY

Sequoia Hospital, founded in 1950, is located at 170 Alameda de las Pulgas, Redwood City, CA. It affiliated with Dignity Health, formerly Catholic Healthcare West (CHW)<sup>1</sup> in 1996 under a management agreement and became wholly owned by Dignity Health in January 2008. The facility has 189 licensed beds and the Average Daily Census is 63 (not including our 11 nursery beds). Our hospital is celebrating the future by rebuilding a state-of-the art medical campus including a new 148,000 sq.ft. pavilion with expanded emergency services and larger, private patient rooms. Sequoia has a staff of 924 employees and professional relationships with more than 536 local physicians. Major hospital services include a Heart and Vascular Institute, Birth Center, and Emergency Services.

During FY 2013, Sequoia Hospital's Community Benefit Plan focused on programs and initiatives serving both broad and vulnerable communities with disproportionate unmet health related needs (DUHN) within our primary service area. Priority areas are Chronic Disease Prevention and Management, Healthy Aging in Place, Child/Youth Healthy Development and Community Building.

Sequoia's Adult Screening, Health Education and Vaccines program, which includes monthly blood pressure checks by a registered nurse at seven senior and community centers, addresses the need for Chronic Disease Prevention and Management. Screenings include one-on-one education and physician referrals for those with abnormal blood pressure. Seasonal flu, pneumococcal and Tdap vaccine clinics are conducted in the community, focusing on high risk populations. Other services include diabetes and cholesterol screenings and education about chronic disease prevention and management (cardiovascular disease, heart attack, stroke, obesity, diabetes). In FY2013, in collaboration with the Belmont Library we have developed a "Maturing Gracefully" monthly lecture series. This series has been well received with an average of 35 attendees each month. Attendees provide in-pur on topics of interest and Sequoia Hospital staff, physicians and our community partners provide the presentations.

Sequoia has chosen two ambulatory sensitive conditions, diabetes and congestive heart failure, to address with Long Term Improvement Plans (LTIP).The Live Well with Diabetes Program includes a five-week, community-based diabetes management and prevention course which addresses the increasing prevalence of diabetes, especially among low-income and Latino community members. The evidence/informed-based class is the result of collaboration between Sequoia Hospital and three community agencies. In FY2013, 8 classes taught in English and Spanish by trained diabetes health promoters reached 52 community members. During follow-up phone interviews six months after completion of the class, 40 students contacted reported having hospital a 7.2% rate of hospital admission or emergency room visits for diabetes. A curriculum for Living with Congestive Heart Failure classes was developed by Sequoia Hospital's registered nurses, pharmacist and registered dietitian to provide a coordinated continuum of care with the education provided to our in-patients. The two session class is facilitated by Sequoia Hospital's Health & Wellness Center Community Health Nurse with a pharmacist and a registered dietitian. Our major challenge has continued to be the recruitment of participants. This program will be eliminated as an LTIP, but will continue as part of our Sequoia Community Care..across the Continuum initiative.

Healthy Aging in Place for older adults is addressed by the Sequoia Community Care...across the Continuum (formerly known as Sequoia Hospital Homecoming Program), Fall Prevention classes and active participation on the San Mateo County Fall Prevention Task Force, which Sequoia formed in 2003. The Sequoia Community Care program aims to provide effective approaches to better support "at-risk" community members to understand and manage their health conditions, access the vast array of community services that can help prevent an expensive health crisis (e.g. hospitalization and/or institutionalized care), and transition safely home when hospitalization does occur. This program is supported by the Dignity Health/Sequoia Hospital Community Grants Program. During July 2012–June 2013, 108 referrals were made to SCC. Services were accepted by 58 patients. Our success is measured by a low 6.5% readmission rate within 30 days, along with high satisfaction reported by those served.

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<sup>1</sup> For more information on the name change, please visit [www.dignityhealth.org](http://www.dignityhealth.org)

Our priority of Child/Youth Healthy Development begins with our support of families during pregnancy and continues with our strong Lactation Education and Support Programs and our New Parent's Support groups. New parents have named the support group "The Village" and it extends far beyond the walls of Sequoia Hospital.

Our Make Time for Fitness School Programs, membership on school district Wellness Committees and county-wide work with Get Healthy San Mateo County Task Force allow us to touch the lives of young children and families in the most high need areas of Redwood City, as well as across the broader community. The Make Time for Fitness Program is a fun and educational, multi-faceted program which reinforces the theme of "Eat Healthy, Stay Active, Be Tobacco Free." Sequoia Hospital Health & Wellness conducted vaccination clinics at Redwood City Schools (a DUHN neighborhood) to serve 73 minors and helped the school district achieve 100% compliance with the state mandated immunization requirements for 7th and 8th grade students. At the request of the Sequoia Union High School District (SUHSD) school nurses and wellness coordinator, Sequoia Hospital's Pulmonary Rehabilitation Department has started an asthma education and management program. In Spring 2013, Sequoia staff collaborated with SUHSD to provide CPR training to all 9<sup>th</sup> grade students in the SUHSD.

Sequoia Hospital is effectively able to carry out these community benefit activities with our institutional assets, resources and competencies. Equally important are our strong collaborative relationships with community partners who share resources and demonstrate ongoing commitment to our shared goals. Sequoia Hospital brings a broad, community-wide perspective to community benefit work as a champion for the health of the entire community.

Sequoia Hospital's Community Benefit Implementation Plan for FY2014 will continue to support and enhance initiatives which address needs identified in the 2013 Community Health Needs Assessment.

The total dollars quantified for Community Benefit in FY2013 is \$52,920,426

# MISSION STATEMENT

## **Our Mission**

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- delivering compassionate, high-quality, affordable health services;
- serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- partnering with others in the community to improve the quality of life.

# **ORGANIZATIONAL COMMITMENT**

## **Sequoia Hospital's Organizational Commitment**

The development and execution of the Community Benefit Implementation Plan is a priority of the Sequoia Hospital annual strategic plan. Sequoia Hospital's Board of Directors is responsible for approving the Community Benefit Implementation Plan and oversees its development and implementation through the Hospital's Community Advisory Committee (CAC).

The CAC consists of 20 community members representing a wide array of interests and perspectives. The CAC includes three members of the Sequoia Hospital Board of Directors to ensure linkage between the Hospital Board and the CAC. CAC members serve up to two terms of three years each, represent diverse sectors of the community and serve as a catalyst for relationship building and partnering with organizations, businesses, and individuals in the community. (Please see Attachment B for the 2012 & 2013 Roster of Sequoia Hospital CAC members).

The Hospital president appointed the vice president of Community Relations, president of the Sequoia Hospital Foundation, and vice president of Physician and Business Development who have administrative responsibility for the Community Benefit Implementation Plan to serve as senior staff to the CAC.

A multidisciplinary team of staff works collaboratively to integrate and implement the Community Benefit Plan. In addition to the individuals mentioned above, the team includes the director of the Sequoia Hospital Health & Wellness Center, the department responsible for implementing community outreach and education programs. The Health & Wellness coordinator is responsible for data collection, reporting and analysis. The chaplain manager of Spiritual Care and Mission Integration ensures coordination of the Community Benefit Implementation Plan with the Hospital's mission. The budgeting process for Sequoia Hospital's Community Benefit activities is part of the Hospital's annual budget planning led by Sequoia's chief financial officer.

The Sequoia Hospital Health & Wellness staff is responsible for program content and design and for decisions on continuation or termination of programs. The Health & Wellness Center staff brings a broad spectrum of experience and clinical expertise to their work. They include public health practitioners, registered nurses, international board certified lactation consultants, certified childbirth educators, CPR instructors and occupational therapists. Staff from departments of Sequoia Hospital, including the Diabetes Treatment Center, Rehabilitation Services, Sleep Center, Pharmacy, Pulmonary Rehabilitation, Spiritual Care, and Nutrition Services serve as advisors and respond to requests to participate in implementing community benefit programs.

Advisory to the Health & Wellness staff are members of the Community Advisory Committee (CAC). The CAC is responsible for approving the proposed Community Benefit priorities and providing broad-level oversight to staff on program content, design, targeting, monitoring and evaluation, as well as program continuation or termination. The CAC meets quarterly and members serve to provide review and oversight for major initiatives and key community benefit programs.

Members of the CAC serve on the Local Review Committee for the annual Dignity Health/Sequoia Hospital Community Grants Program. They ensure that the grants program supports the continuum of care in the community offered by other not-for-profit organizations and aligns with Sequoia's strategic plan and community benefit initiatives.

Quarterly CAC meetings include presentations addressing current community benefit initiatives; highlights and program outcomes from community grants recipients; current community issues for older adults, youth and employers from expert community leaders; Sequoia's strategic plan and building updates. The 2013 CHNA was presented to the CAC and after discussion the members submitted program ideas that have informed the FY2014 Implementation Plan. In October 2013 the CAC will provide approval of the FY2013 Community Benefit Report and FY2014 Implementation Plan.

## **NON-QUANTIFIABLE BENEFITS**

Beyond the dollars spent and numbers served, an equally valuable component of Sequoia Hospital's Community Benefit work is difficult to quantify in our ongoing reporting mechanisms. The creation of collaborations with community-based organizations, leadership in local networks and advocacy initiatives, local capacity-building initiatives, and efforts to sustain the environment are integral to Sequoia's Community Benefit activities.

This past fiscal year, Sequoia Hospital staff continued to play key leadership roles in important local initiatives. Examples of this service and leadership include:

- The director of Sequoia Hospital Health & Wellness Center (H&W) co-chaired the Healthy Community Collaborative of San Mateo County, which conducted the 2013 triennial Community Health Needs Assessment as well as other important county-wide, health-related initiatives. She also participated on School Wellness Committees for the San Carlos, Redwood City, and Sequoia Union High School Districts. She was a member of the Advisory Council of Get Healthy San Mateo County (GHSMC) and San Mateo County Active Access Initiative Collaborative.
- Sequoia's Lactation Center Nurse Coordinator served on the San Mateo County Breastfeeding Advisory Committee. The Advisory Committee works on the GHSMC Access & Promotion Strategy to increase the percentage of mothers who exclusively breastfeed their babies beyond the first six months of life.
- Director of H&W served on Sequoia Healthcare District's Community Grants Review Committee and the CEO of the Sequoia Healthcare District served on the Dignity Health/Sequoia Hospital Community Grants Local Review Committee which has enhanced the grant programs of both organizations serving the Sequoia Healthcare District community. Also served on the grant review panel for First Five of San Mateo County.
- Sequoia Hospital President serves on the Board of the Hospital Consortium of San Mateo County (past chair), which supports and advocates for many important health initiatives in the community, including a stroke awareness campaign. Sequoia Hospital contributed a total of \$40,000 to the Hospital Consortium this past year. The hospital president, along with other members of Sequoia Hospital's leadership team, support many of our community's not-for-profit organizations by serving on boards, attending fundraising events and participating in initiatives led by the organizations. These not-for-profit organizations include Pathways Home Health, Hospice & Private Duty, Second Harvest Food Bank, StarVista, Shelter Network, Sequoia YMCA, HIP Housing, San Carlos Adult Community Center and others. The hospital president has served on the Board of the Redwood City/San Mateo County Chamber of Commerce for 17 years and was chair in 2009.

Sequoia Hospital's effort to minimize our negative impact on the environment was an additional way we expressed our commitment to Community Benefit. In 2012, Sequoia received the national Environmental Leadership Circle Award for the fourth year from Practice GreenHealth, the premier award recognizing health care organizations for outstanding programs to reduce a facility's environmental footprint. Award winners must meet the criteria for the mercury-free award, recycle at least 25% of their total waste, implement numerous other innovative pollution prevention programs, and be leaders in their community.

We further minimized our hospital's impact on the environment by our Valet Service switching from gas to electric vehicles.

Sequoia Hospital's generosity extends beyond our local community to developing countries in other parts of the world. In FY2013, Sequoia donated over 1500 pounds of unused medical equipment to MedShare International. We also donate our used toner cartridges to an elementary school, which they recycle and receive funds to provide educational supplies, special education funding, parent education, the art docent program, and transportation for class field trips.

## COMMUNITY

San Mateo County (SMC), located on the San Francisco Peninsula is made up of 20 cities and towns, bordered by the City and County of San Francisco on the north, the San Francisco Bay on the east, Santa Clara County (Silicon Valley) on the south, and the Pacific Ocean on the west. Residents are offered a mix of urban development, redwood forests and one of the best-reserved coastlines in the world.

SMC's population was 719,476 in 2010 and is expected to increase 10.4% from 2010-2050. Older adults will make up nearly 30% of the population by the year 2030. SMC is among the richest counties in ethnic diversity. Over the next several decades, the White population is expected to decrease (nearly 50%), while Hispanic and Asian/Pacific Islander populations are expected to increase dramatically. By the year 2050, the ethnic makeup of the county is projected to be 38% Hispanic, 32% Asian/Pacific Islander, 22% White, 5% African-American and 4% other/multi-race.

Average salaries, adjusted for inflation, are currently well above the California average. The cost of living is higher in SMC than almost anywhere else in the nation. A single parent with two children must earn approximately \$78,000 annually to meet the family's basic needs. SMC rental and child-care costs exceed the state's average. A total of 18.9% of SMC adults live below 200% of the Federal Poverty Level.

Dignity Health hospitals define the "community" as the primary geographic area served by the hospital, representing 80% of hospital in-patient discharges. The primary service area definition is used for hospital strategic planning. This chart displays Sequoia Hospital's primary service area.

ZIP Code	ZIP City Name	St	Inpatients Count	Inpatients %	ZIP Name	ZIP City	St	Count	Inpatients %
94061	Redwood City	CA	805	11.10%	94402	San Mateo	CA	119	1.64%
94070	San Carlos	CA	796	10.97%	94401	San Mateo	CA	115	1.59%
94062	Redwood City	CA	687	9.47%	94010	Burlingame	CA	109	1.50%
94002	Belmont	CA	442	6.09%	94019	Half Moon Bay	CA	99	1.36%
94063	Redwood City	CA	418	5.76%	94027	Atherton	CA	81	1.12%
94025	Menlo Park	CA	405	5.58%	94306	Palo Alto	CA	74	1.02%
94404	San Mateo	CA	300	4.14%	94301	Palo Alto	CA	62	.85%
94403	San Mateo	CA	281	3.87%	94024	Portola Valley	CA	56	..77%
94065	Redwood City	CA	210	2.90%	94304	Palo Alto	CA	17	.23%
94303	Palo Alto	CA	164	2.26%					

Sequoia Hospital's Primary Service Area is comprised of suburban communities: **Population:** 511,685; **Diversity:** White Non-Hispanic (50.3%); Black Non-Hispanic (2.4%); Hispanic (24.1%); Asian & Pacific Islander (19.2%); American Indian/Alaska Native (0.1%); Other 3.9%; **Median Household Income:** \$145,066.00 (Zip code 94063: \$54,895.00; 94303: \$77,909.00); **Uninsured:** 7.3%; **Unemployment:** 6.7%; **No HS Diploma:** 10.3%; **Renters:** 40.0%; **CNI Score:** 2.8 (mid-need); **Medicaid Patients:** **Medicaid/Medi-Cal/AHCCCS Patients** (9.0%); **Medicare** (13.08%); **Commercial** (70.46%).

Sequoia Hospital also utilizes the Community Need Index (CNI), a tool developed by Dignity Health to measure community need in a geographic market, analyzes the degree to which a community faces barriers to healthcare access. The factors analyzed in the CNI are income, education, language/culture, insurance and housing. Using statistical modeling, the combination of these factors results in a score ranking from one (less needy) to five (most needy). The median CNI score for Sequoia Hospital's primary service area is 2.8 (mid need). The communities in Sequoia Hospital's primary service area that are identified with the 2<sup>nd</sup> highest need (CNI 4) are zip codes 94063 Redwood City a close geographic boundary area and zip code 94303 East Palo Alto. (See Attachment A for Sequoia's CNI map and scores by zip code.)

Other hospitals within the community that are able to respond to the health needs of the community are Mills-Peninsula Medical Center; Lucile Salter Packard Children's Hospital at Stanford; Stanford Hospital; Kaiser Permanente Hospitals in Redwood City and Santa Clara; San Mateo Medical Center, El Camino Medical Center.

San Mateo County is not designated as a Medically Underserved Area (MUA) or Medically Underserved Population (MUP)

## COMMUNITY BENEFIT PLANNING PROCESS

## A. Community Health Needs Assessment Process

Sequoia Hospital participated in a community wide assessment process with the Healthy Community Collaborative (HCC) of San Mateo County (SMC) to conduct the 2013 (seventh) edition of **Community Health Needs Assessment: Health & Quality of Life in San Mateo County (CHNA)**. Sequoia Hospital has been a member of the HCC since it was convened in 1994. HCC member organizations participating in the 2013 Community Assessment were Stanford Hospital & Clinics; Peninsula Health Care District; SMC Human Service Agency; Seton Medical Center; Sequoia Hospital; Health Plan of San Mateo; SMC Health Department; Mills-Peninsula Health Services; San Mateo Medical Center; Lucile Packard Children's Hospital at Stanford; Hospital Consortium of SMC and Kaiser Permanente, San Mateo area.

In conducting the 2013 CHNA the goals of the HCC were twofold:

- ✓ To produce a functional, comprehensive community health needs assessment that can be used for strategic planning of community programs and as a guideline for policy and advocacy efforts; and
- ✓ To promote collaborative efforts in the community and develop collaborative projects based on the data, community input, identified service gaps and group consensus.

The SMC CHNA survey was designed in 1995 to gather information from the population which is not readily available elsewhere, particularly items which do not naturally lend themselves to database collection. In this assessment, community health includes indicators relating to the quality of life, environmental and social factors that influence health. Many questions in this survey were also administered in our 1998, 2001, 2004, and/or 2008 community assessments. This has allowed for trending of indicators based on longitudinal data and consideration of trends outside the realm of health care.

As with previous assessments, primary research was gathered through a telephone survey of adults in SMC conducted by Professional Research Consultants, Inc. (PRC) on behalf of the HCC. PRC called a random sample of 1,000 adults. In addition, PRC called oversamples of 300 Coastside residents, 189 North Fair Oaks residents, 85 Black residents, and 150 low-income households. Secondary data collection, analysis and integration was conducted by Donovan Jones, Independent Consultant. The HCC has been fortunate to have the consistent and dedicated oversight provided by Scott Morrow, MD, MPH, MBA, FACPM, Health Officer, San Mateo County Health System. Dr. Morrow also serves as Co-Chair of the HCC.

The 2013 Community Assessment affirms that SMC compares favorably to our state and the nation on many health and quality of life measures. For a majority of SMC residents, our community is viewed as a wonderful place to live, work, raise a family and lead a healthy life. However, the report shows that certain segments of the population in SMC still do not experience good health and high quality of life. It also shows that some less than optimal health and quality of life issues are more prevalent in SMC than in other parts of the state and country. Many of the health issues presented are complex and interrelated and require changes in public policy, the environment and the health care system. A key recommendation of the 2013 CHNA is that public policies should prioritize health. The healthy choice should be the easy choice for everyone in SMC

The following health needs were identified from the primary and secondary data and are all health issues affecting uninsured persons, low-income and minority groups of SMC.

Health Need/Condition	Indicators of Need
Obesity	Percentage of people who are obese is rising
Cardiovascular disease, heart attack and stroke	Percentage of people who exhibit more than one risk factor for cardiovascular disease is not decreasing
Substance use (ATOD)	Youth drug arrests and binge drinking are rising
Poor oral health	High self-reported lack of access to dental care in youth, and percentage of people who lack dental insurance is rising
Violence	Perception of violence and lack of neighborhood safety is a concern, particularly gang and domestic violence
Infectious disease	Tuberculosis is increasing
Diabetes	Percentage of people with diabetes is continually rising
Poor Mental health	Poor mental health indicators are staying the same or rising, i.e., depression and suicide rates
Cancer	Breast, cervical, colorectal, prostate are not meeting Healthy People 2020 Benchmarks

Births	C-sections are rising and some ethnicities receive inadequate pre-natal care
Asthma & respiratory conditions	Asthma prevalence is worsening
STDs, including HIV-Aids	HIV screening is low among some populations; STDs are on the rise

The 2013 Community Health Needs Assessment of the San Mateo County Community (full report and all previous reports) is available at <http://smchealth.org/node/115>; [www.plsinfo.org/healthysmc/](http://www.plsinfo.org/healthysmc/); [www.hospitalconsort.org](http://www.hospitalconsort.org); Executive Summaries have been distributed to Sequoia Hospital leadership, Hospital and Foundation Board members, and our partners who participate in community benefit programs with Sequoia Hospital. The 2013 CHNA and Sequoia Hospital's FY2014 Implementation Plan will be posted on the [www.sequoiahospital.org](http://www.sequoiahospital.org) upon approval by the Sequoia Hospital Board.

### B. Assets Assessment

The HCC is creating an SMC Assets and Opportunities Matrix that includes members outreach efforts and investments. During the next year we will be determining the best way to complement each others outreach and community benefit endeavors in response to the 2013 CHNA results and focus group findings. We believe that together we can have a collective impact in our community. (Attachment D)

### C. Developing Sequoia Hospital's Implementation Plan (Community Benefit Report and Implementation Plan)

In January 2013, the HCC convened a focus group, facilitated by ASR (Applied Survey Research) consisting of 20 members of county coalitions, community based organizations and community leaders representing the communities the hospitals serve. The 12 top health needs (See Table Above) and two sets of cross-cutting drivers (Access and Prevention & Healthy Communities) from the newly released 2013 CHNA were presented. Participants provided additional drivers for these health needs, identified assets available to address these health needs, and identified additional health needs that they felt were of note. A prioritization process was explained to participants and observers. Each of the top health needs (including Cognitive issues they added and excluding the cross-cutting drivers, would be ranked across four dimensions on a scale of 1 (no/low) to 3 (great/high). The dimensions were:

- ✓ Clear disparities or inequities exist
- ✓ Presents a prevention/early intervention opportunity
- ✓ Impacts quality of life
- ✓ Is a priority

Each participant was given an electronic voting device. Their votes were averaged for each of the dimensions, and an overall average score was generated for each health need. The table below lists all of the health needs by their overall score, from greatest to least.

Health Need/Condition	Overall Average Score	Health Need/Condition	Overall Average Score
Diabetes	2.69	Cancer	2.44
Obesity	2.60	Births	2.42
Poor mental health, suicide	2.59	Cognitive issues (Alzheimer's, autistic spectrum)	2.30
Poor oral health	2.57	STDs/HIV-AIDS	2.29
Cardiovascular disease, heart attack, stroke (cerebrovascular disease)	2.56	Asthma & Respiratory Conditions	2.21
Substance abuse (ATOD)	2.56	Infectious disease**	2.10
Violence*	2.56		

\*Includes child abuse, domestic violence, elder abuse, gangs, and bullying.

\*\* Includes TB, Hepatitis B/C, pertussis, influenza, etc.

The 2013 CHNA was presented to the Sequoia Hospital CAC by ST Mayer, Director of Health Policy and Planning, San Mateo County Health Department and member of the HCC. After a rich discussion, members advised top priorities to be considered in Sequoia's 2014 Community Benefit Plan. Additionally, in sub-committee advisory meetings, members of the CAC reviewed current programs and advised that these programs and major initiatives remain relevant, are effectively addressing the health needs identified in the

2013 CHNA and should continue with enhancement. A second meeting of the CAC followed with a review of Sequoia Hospital's major community benefit initiatives and program examples. New members actively participated in providing in-put.

**Sequoia Hospital's priority areas and key programs that will address health issues in FY2014:**

**1. Preventing and/or Managing Health Conditions:**

- Blood Pressure, Diabetes and Cholesterol Screenings and Education at seven Senior and Community Centers
- Adult Immunization Clinics for Influenza, Pneumonia, Tetanus, Diphtheria, Pertussus, Shingles
- Spanish language Live Well with Diabetes Classes
- Smoking Cessation Classes
- Eating for Health: Nutrition advisory for community based organization's meal programs in underserved communities.
- Living with Congestive Heart Failure Program
- Explore use of a Depression Screening in Sequoia's programs
- Explore and consider a Wellness Policy for Sequoia Hospital
- Explore nutritional counseling services focusing on preventative adult weight/health management

**2. Healthy Aging in Place:**

- Sequoia Community Care...across the Continuum (SCC) (formerly named Sequoia Hospital Homecoming Program (SHHP).
- Dignity Health/Sequoia Hospital Community Grants Program for non-profit organizations
- Sequoia Hospital's Fall Prevention Classes and San Mateo County Fall Prevention Task Force
- Matter of Balance classes (English and Spanish)
- Tai Chi/Fall Prevention at Twin Pines Adult Community Center
- Maturing Gracefully monthly lecture series at Belmont Library

**3. Child/Youth Healthy Development:**

- Lactation Education Center; WIC Partnership for Lactation Consultations
- New Parents Support Group and Fourth Trimester and Beyond
- Make Time for Fitness Program-School Partnerships with emphasis on Community Schools in Redwood City School District
- Tdap vaccine clinics for school age children
- Sequoia Union High School District: Programs for addressing asthma, diabetes, CPR training for teachers and 9<sup>th</sup> grade students, management of concussions and participation of high school students in Sequoia's programs for younger children.
- Sequoia Hospital Youth Volunteers/Mentoring

**4. Community Health Improvement:**

- Sequoia Hospital & Wellness Center:
  - education and support groups; health information and referral; and free space for non-profit groups focusing on community health.

**5. Improving Access to Healthcare:**

- Financial Assistance for uninsured/underinsured and low income residents
- Health Professionals Education
- Emergency Department Physician Services for Indigent Patients

**6. Community Building:**

- Redwood City/San Mateo County Chamber of Commerce Education Committee
- Get Healthy San Mateo County Task Force Advisory Council
- School Wellness committees: San Carlos, Redwood City, Sequoia Union High School District
- Healthy Community Collaborative of San Mateo County (HCC) Co-Chair
- San Mateo County Paratransit Coordinating Council member

- Peninsula Family YMCA Healthy Living Committee member
- Cañada College Human Services Advisory Board
- SFSU/ Cañada College Nursing Program
- San Mateo County Breastfeeding Advisory Committee
- San Mateo County Active Access Initiative Collaborative
- Sequoia Healthcare District Community Grants Review Committee member
- Redwood City 2020 Community Partner

Programs will be evaluated throughout the year utilizing in-put from our community advisors, partners, newly published data and our own program outcome measures data. This dynamic approach will allow us to respond to identified needs by revising program strategies and adding enhancements on a regular basis. The information provided by the 2013 Community Assessment validated that our current major initiatives remain relevant and our programs will continue to address identified unmet health-related needs of our community.

It is our intention that programs that we sponsor for both the Broad and Vulnerable Community will contribute to containing the growth of community health care costs. Prevention is a driver of our programs. The CNI, Community Assessments, and relationships with community service organizations help us identify vulnerable populations with disproportionate unmet health needs (DUHN) that have a high prevalence or severity for a particular health concern that we can address with a program or activity.

Sequoia Hospital will not be directly focusing on mental health, oral health, violence or STD's/HIV-AIDS identified in the 2013 CHNA because they are beyond the scope of our facility and are being addressed by other community based organizations. However, during FY2014 we will be convening groups of experts in these areas to educate Sequoia on their services so that we will be able to make appropriate and safe referrals and identify opportunities for partnership and inclusion in our community benefit initiatives.

#### **D. Planning for the Uninsured/Underinsured Patient Population**

Sequoia Hospital provides care regardless of the patient's ability to pay. In 2005, the Hospital implemented the Dignity Health Patient Financial Assistance Policy, which was updated in 2008, 2011 and 2012 and is summarized below. A copy of the Summary of Patient Financial Assistance Policy can be found in Attachment C.

Training sessions are held for all personnel in admitting, case management, patient financial services and cashier's office to educate individuals in these departments about proper procedures for implementing the policy and informing patients of their payment options and obligations. Signs describing the "Patient Eligibility Assistance Program" and the "Notice of Community Service Obligation" are prominently displayed in the admitting and case management consultation areas. Additional training is provided whenever updates or changes are made to the policy or its implementation. To notify the general public, Dignity Health has announced the policy widely in local newspapers. Sequoia Hospital provides access to the policy on its website ([www.SequoiaHospital.org](http://www.SequoiaHospital.org)). Information about the policy is also posted at every point of registration in the Hospital and at the Health & Wellness Center. Staff in the Patient Financial Services department advises patients of the policy and how to apply.

For those patients who are not eligible for government programs, Dignity Health wants to support these individuals by educating them about commercial exchanges, and possible government subsidies. Corporate is providing a health care exchange brochure in English and Spanish which will be widely available throughout the hospital. The brochure directs individuals to a new Dignity Health enrollment website and 24 hour phone support, both available in English and Spanish.

# PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

Below are the major initiatives and key community based programs operated or substantially supported by Sequoia Hospital in FY2013. Programs intended to be operated in FY2014 are noted by \*. Programs were developed in response to the 2008 & 2011 Community Health Needs Assessments and are guided by the following five core principles:

- Disproportionate Unmet Health-Related Needs  
Seek to accommodate the needs of communities with disproportionate unmet health-related needs
- Primary Prevention  
Address the underlying causes of persistent health problem.
- Seamless Continuum of Care  
Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities
- Build Community Capacity  
Target charitable resources to mobilize and build the capacity of existing community assets.
- Collaborative Governance  
Engage diverse community stakeholders in the selection, design, implementation and evaluation of program activities

## **Initiative 1: Chronic Disease Prevention and Management**

*While many of the health issues presented are complex and interrelated and require changes in public policy, the environment and the health care system, there are many things an individual can do to be healthier.*

- Blood Pressure Screening at Senior/Community Centers and Health & Wellness\*
- Cholesterol Screenings\*
- Diabetes Screenings\*
- Adult Immunizations: Flu, Pneumococcal, Tdap, Hep B, Shingles\*
- Smoking Cessation Classes\*
- Live Well with Diabetes\*
- Living with Congestive Heart Failure Program\*
- Eating for Health: Nutrition advisory for CBO's meal programs in underserved communities\*

## **Initiative 2: Healthy Aging in Place**

*As the fastest-growing population segment, the health and social needs of older adults require increasing attention.*

- Fall Prevention Classes\*/Matter of Balance\*
- Sequoia Hospital Homecoming Program
- "Maturing Gracefully" monthly lecture series at Belmont Library\*
- Sequoia Community Care...across the Continuum\*
- Dignity Health/Sequoia Hospital Community Grants Program\*
  - Peninsula Family Service (Case Management)
  - Samaritan House Free Clinic Redwood City (Transitional Care Coaching)
  - Peninsula Volunteers (Meals on Wheels)
  - Peninsula Jewish Community Center (Get Up & Go Transportation)
  - Seniors at Home (Home Care)

### **Initiative 3: Child/Youth Healthy Development**

*Our children are not doing much better than adults in exhibiting healthy behaviors. This will severely impact their future health.*

- Lactation Education Center: Consultations, Family Room, Calm-Line\*
- WIC Partnership for staff education and patient consultations\*
- New Parents Support Groups\*
- Make Time for Fitness\*
- Walking Courses at schools \*
- Sequoia Hospital Youth Volunteers/Mentoring\*
- CPR Training for 9<sup>th</sup> Grade Students in Sequoia Union High School District\*
- Asthma management education at Sequoia Union High School District\*
- Tdap in Redwood City middle schools to achieve 100% compliance with state law\*

### **Initiative 4: Community Building Activities\***

*Sequoia Hospital is committed to building a healthier community through working collaboratively with community partners, providing leadership as a convener, capacity builder and participating in community-wide health planning.*

- Redwood City/San Mateo County Chamber of Commerce Education Committee\*
- San Mateo County Fall Prevention Task Force Steering Committee\*
- Get Healthy San Mateo County Task Force Advisory Council\*
- Member of School Wellness Committees: San Carlos, Redwood City, Sequoia Union High School District\*
- Healthy Community Collaborative of San Mateo County (HCC) Co-chair\*
- San Mateo County Paratransit Coordinating Council\*
- Peninsula Family YMCA Healthy Living Committee\*
- Cañada College Human Services Advisory Board\*
- San Mateo County Breastfeeding Advisory Committee\*
- San Mateo County Active Access Initiative Collaborative\*
- Sequoia Healthcare District Community Grants Review Committee\*
- Redwood City 2020 Community Partner\*

### **Community Benefit Activities Beyond the Core Programs**

Beyond Sequoia's core Community Benefit Initiatives and Community Grants Program, the Hospital implements many other ongoing Community Benefit activities that address critical health needs in our community.

The Hospital provides patients at Samaritan House free clinic with lab, radiology, mammography and other outpatient services at no cost. In FY2013, Sequoia provided \$230,208.79 in free services for 1372 patients. Without Sequoia's support these services would not be available to the clinic's patients. In addition, the Sequoia Hospital Diabetes Treatment Center provides free one-on-one consultations and blood glucose meter instruction for patients who are unable to pay for these services. The Diabetes Treatment Center sends a Certified Diabetes Educator to Samaritan House Free Clinic in Redwood City for 2 hours per week to provide one on one diabetes counseling.

Sequoia Hospital's Health & Wellness Center, located in a free-standing building in downtown Redwood City, is an invaluable asset to our community. Most of Sequoia's community health programs and community benefit staff operate out of the center, which offers a comfortable and welcoming environment to all who enter. The center is open to the public and also offers the use of three conference rooms free of charge to community groups such as Hepatitis C Support Group, Mid-Peninsula Parents of Multiples Support Group, Smoking Cessation Program, Food Addicts in Recovery Anonymous, Pacific Chapter of the Neuropathy Association, Pain Management Apprenticeship Support Group, American Cancer Society's Look Good...

Feel Better Program, Pathways Grief Support Group, Nursing Mothers Counsel, LaLeche League and Hope House. The Health & Wellness Center's free meeting space served 2352 community members this past year.

A crucial service provided by the Health & Wellness Center nurtures healthy families by offering breastfeeding support for new parents. The Community Lactation Services Team is made up of six International Board Certified Lactation Consultants who are also registered nurses. They staff a community advice line called the Lactation "Calm Line" which responds to thousands of calls each year. Community Lactation Services provided 4,026 individuals with more than \$219,019 in breastfeeding support services. Lactation staff also facilitate the New Parents Support Group offered at the Health & Wellness Center. This past year 782 new parents participated in this free group which provides an important source of information and emotional support after the birth of a baby. The parents refer to this as "their village" which impacts their lives beyond the walls of Sequoia Hospital's Health & Wellness Center.

Sequoia Hospital recognizes the importance of offering hands-on training opportunities for our future health professionals and dedicates a significant amount of staff time for this purpose. During FY2013, Sequoia staff mentored students in the following areas: central supply; clinical chaplaincy, wound care, lab science, phlebotomy, paramedic, pharmacy, physical therapy, physicians assistants, radiation oncology, radiology, Health and Wellness, nursing and respiratory therapy. In total, more than 19,963 hours valued at \$1,605,568 was dedicated to the direct training of 148 across these health professions.

These activities are just a few of the ongoing projects that bring considerable value to our local community, as they further Sequoia's commitment to Community Benefit. FY 2014 promises to offer more opportunities to explore Community Benefit programming that aligns with Sequoia's priority areas.

These key programs are continuously monitored for performance and quality with ongoing improvements made to facilitate their success. Sequoia Hospital's Community Advisory Committee (CAC), Executive Leadership, the Community Board and Dignity Health receive quarterly updates on program performance and news.

The following pages include Program Digests for key programs that address Initiatives listed above:

- Make Time for Fitness
- Sequoia Hospital Homecoming Program/Sequoia Community Care...across the Continuum
- Fall Prevention
- Live Well with Diabetes
- Adult Screenings, Health Education & Vaccines

## **PROGRAM DIGEST**

<b>Make Time for Fitness</b>	
<b>Hospital CB Priority Areas</b>	<input type="checkbox"/> Chronic Disease Prevention & Management <input type="checkbox"/> Healthy Aging in Place <input checked="" type="checkbox"/> Child/Youth Healthy Development <input checked="" type="checkbox"/> Community Building
<b>Program Emphasis</b>	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	<p>According to the 2008 Community Needs Assessment: "Excess weight and inactivity during childhood leads to higher risk of cardiovascular disease, type 2 diabetes, hypertension, stroke, certain types of cancer, as well as mental, emotional, and social stress later in life."</p> <p>Key Finding 2011: Our children are not doing much better than adults in exhibiting healthy behaviors. This will severely impact their future health.</p> <p>2013: 7<sup>th</sup> grade physical fitness has been declining for the past five years. In San Mateo County, there is a notable difference among students by gender and by race and ethnic group, with boys and Black and Latino students demonstrating the lowest prevalence of physical fitness. "We have created a society where far too many children are obese."</p> <p>In 2011-12, enrollment in Redwood City School District's (RCSD) 16 schools was 9,273 K-8<sup>th</sup> grade students:</p> <ul style="list-style-type: none"> <li>• 80% minority students</li> <li>• 72% are Hispanic/Latino</li> <li>• 46% are English Language Learners</li> <li>• 65% qualify for free or reduced price meals (this rate was 47% in 2000).</li> </ul> <p>Community schools (Fair Oaks, Hoover, Kennedy, and Taft) have student and family populations among the highest need in the district and Sequoia Hospital's primary service area.</p> <p>According to the spring 2012 Physical Fitness Test results reported for 5<sup>th</sup> and 7<sup>th</sup> grade students in RCSD by the California Department of Education, only 21.4% of 5th grade and 23.6% of 7th grade scored in the Healthy Fitness Zone (HFZ) for six out of six fitness areas. The HFZ is the level of fitness sufficient for good health. Standards measured by this test represent a level of fitness that offers protection against disease associated with physical inactivity.</p> <ul style="list-style-type: none"> <li>• In tests of aerobic capacity (1 mile run): 58.5% of 5th grade and 60.1% of 7th grade were in HFZ.</li> <li>• In Body Composition: 49.6% of 5th grade and 51.3% of 7th grade were in HFZ.</li> </ul> <p>Of concern is percentage of students in Needs Improvement-High Risk zones:</p> <ul style="list-style-type: none"> <li>• Aerobic capacity: 8.9% of 5th grade and 10.6% of 7th grade students</li> <li>• Body Composition (indicates student at risk for metabolic syndrome and indicator of current or future health risks): 36.1% of 5th grade and 34.3% of 7th grade were in High Risk zones.</li> </ul> <p>In 2009-10, California Healthy Kids Survey (CHKS) 52% of RCSD 5th grade students (496 students: 52% female and 48% male), ages 10 and 11 years old, reported:</p> <ul style="list-style-type: none"> <li>• lifetime use of alcohol: 28% reported taking 1 or 2 sips of alcohol; 61% reported drinking was very bad for a persons health; 35% reported it was a little bad</li> <li>• lifetime and current use of cigarettes: 3% had smoked part of a cigarette (1-2 puffs) and 3% within past month; 90% reported cigarettes as very bad for a person's health</li> </ul> <p>According to the San Mateo County Asthma Profile, Lifetime Asthma Prevalence (California Health Interview Survey-CHIS) 2009: the percentage of children 5-17 years diagnosed in San Mateo County diagnosed with asthma by a health provider was 20.9%.</p>

	which is higher than the 16.2% of children 5-17 years in CA.
<b>Program Description</b>	<p>Make Time for Fitness (MTF) encourages healthy eating, physical activity, anti-bullying and avoidance of tobacco among elementary school students. Sequoia Hospital implements MTF in partnership with the Redwood City School District and Wellness Committee partners.</p> <p>The core feature of the program is special walking courses installed by Sequoia at every elementary school in Redwood City. Each bright orange walking course is measured and marked with signs indicating the number of laps needed to complete a mile. The signs also provide messages about the value of physical activity and encourage students to walk an additional lap each day. The courses are utilized for Physical Education during school hours and are open for before- and after-school community programs and can be used by neighborhood families and older adults during evenings and on weekends.</p> <p>As part of MTF, fourth grade students complete workbooks with learning activities about key health messages and teachers are given Fit Fun guides to help them incorporate fun physical activities throughout the school day. The workbook meets the CA English Language Arts Content Standards. In addition, the entire student body at each school joins in periodic lunch time events and some classes chart their progress toward physical activity goals.</p> <p>The program culminates in the Make Time for Fitness Day at Red Morton Park in Redwood City—a fun and educational fieldtrip for all fourth grade students in the district.</p>
<b>FY 2013</b>	
<b>Goal FY 2013</b>	Empower school-aged children and their families in Redwood City and neighboring communities to recognize and adopt behaviors for lifelong good health. Utilize the existing environment of school campuses to promote physical activity and work with partners to provide nutrition and physical activity programs at schools.
<b>2013 Objective Measure/Indicator of Success</b>	<p>Serve on School Wellness Committees in San Carlos, Redwood City, Sequoia Union High School Districts and Get Healthy San Mateo County Task Force Advisory Council.</p> <p>Lead implementation of the annual Make Time for Fitness in Red Morton Park Fieldtrip for all Redwood City School District 4th grade students in May 2013.</p> <p>Create an evaluation tool to measure the success of MTF activities in the Redwood City School District:</p> <p>Respond to requests from RCSD schools for educational programs and support of events utilizing MTF Walking Courses.</p> <p>Provide a SF Player Visit/Spanish Radio Announcer for Kennedy Middle School program on teamwork and leadership at start of the school year in September 2012.</p> <p>Engage Sequoia Union High School District (SUHSD) teachers and students to participate as activity leaders at the MTF in Red Morton Park event.</p>
<b>Baseline</b>	<p>The students and families in the Redwood City community schools have disproportionate unmet health needs.</p> <p>There is strong support of the RCSD and SUHSD Wellness efforts from community partners. The Sequoia Healthcare District has supported each district to develop the Healthy Schools Initiative model. RCSD and SUHSD now have Wellness Coordinators in place who provide strategic planning and support for implementation of programs. This structure promises to be an asset for supporting Sequoia Hospital's interest in impacting the health and future of children and families in these school districts.</p>
<b>Intervention Strategy for Achieving Goal</b>	<p>Utilize Sequoia Hospital's bilingual student nurses to provide health education for RCSD students and parents at community schools.</p> <p>Engage Sequoia's Live Well with Diabetes Health Promoters in teaching classes for</p>

	<p>groups within the RCSD North Fair Oaks community.</p> <p>Identify key activities for MTF fieldtrip and educational program. Input will be given by RCSD Wellness Committee members, teacher and student evaluations from 2012.</p> <p>Improve communication with parents of 4<sup>th</sup> graders regarding the MTF program in order to encourage reinforcement of health messages at home after the event.</p> <p>Use expertise of community partners to review content of the MTF Activity Book.</p> <p>Director of Health &amp; Wellness will serve on Wellness Committees in SUHSD, RCSD, and San Carlos, and provide linkages to appropriate Sequoia Hospital staff to address identified needs.</p> <p>In September 2012, identify appropriate activities which utilize Sequoia Hospital competencies and resources and fit with the strategic plans created by the RCSD Wellness Coordinator and Wellness Committee for the 2012-13 school year.</p> <p>Meet with the SUHSD wellness coordinator regularly to identify the assessed needs of high school students which could be addressed by Sequoia Hospital.</p> <p>July 2012, areas for discussion will include diabetes education for students, CPR training for 9th grade students and high school staff and management of concussions. Identify ways to build on relationships that Sequoia Hospital staff and programs have developed with RCSD children and families and continue these during their high school years in the SUHSD.</p>
<p><b>Result FY 2013</b></p>	<p>Director of Health &amp; Wellness Center served on wellness committees for San Carlos, Redwood City Elementary and Sequoia Union High School Districts and Get Healthy San Mateo County Task Force Advisory Board.</p> <p>Nutrition curriculum presented by student nurses was implemented in collaboration with Power Play! at Garfield, Hoover, Taft and Fair Oaks Community Schools.</p> <p>Fourth grade teachers reported: "It has made a difference. My students are starting to look at labels of things they are eating and drinking. I noticed students are choosing more fruits and veggies during lunch".</p> <p>In September 2012, a SF Giant Player and Giant's Spanish Radio Broadcaster presented a program on team work and leadership to students and teachers at Kennedy Middle School as a positive kick off for the school year.</p> <p>Wellness Committee members met and reviewed the MTF Activity Books for 4th grade. The subject of alcohol use was considered, but not added for this year.</p> <p>A survey was conducted by the RCSD Wellness Coordinator to determine the use of the Make Time for Fitness Walking Courses at each school. Use continues in ways that are unique to each campus. The RCSD Facilities Dept has done an excellent job of maintaining all of the courses.</p> <p>Health education presentations were provided for RCSD parent groups during FY2013. Professionals from Sequoia Hospital, student nurses and Diabetes Health Promoters addressed topics including Diabetes, Nutrition and Vaccinations.</p> <p>The RCSD Nutrition Department provided A-Z Salad Bars at all schools in the RCSD. The UC Cooperative Extension, Power Play! Champions for Change staff did a lunch time activity in the cafeterias and gave stickers when a student was "Caught" eating fruits and veggies. Activities provided by our community partners complement the MTF curriculum.</p> <p>The Make Time for Fitness Fieldtrip for 1,068 4th grade students from 14 RCSD schools was held May 23, 2013. The theme was "Eat Healthy, Stay Active, Be Tobacco Free". Interactive learning stations included Farmers Market, Water First, Friendship Fitness, Fit Fun Yoga and Tobacco-Free Me. Use of Red Morton Park and staff support was provided by the Redwood City Parks, Recreation and Community Services.</p> <p>Safe Routes to School provided each student with a refillable water bottle to use at the</p>

	<p>lunch and take home. All students from schools located within 1.5 miles of Red Morton Park walked to and from the event this year. Buses were provided for those schools located beyond this range.</p> <p>SUHSD students from Carlmont, Woodside and Sequoia participated as leaders. The Sheriffs Activity League participated at the Tobacco Free-Me and water stations. Sodexo Education provided a nutritious lunch for all students, teachers and volunteers.</p> <p>"This event is a result of a strong partnership between the Redwood City School District and its community and is part of a growing effort to improve student health and fitness. Without partners, the district would not have the resources to put on an event like this that makes learning about fitness so much fun." RCSD Administrative Office</p> <p>Evaluations from teachers, community groups and leaders were excellent. Student learning was evaluated by a written evaluation asking what the student learned at each station. Thirteen out of fourteen schools and a total of 628 students participated in the evaluation. The responses reflected an effective learning experience along with a fun fieldtrip.</p> <p>"We began working with Sequoia Hospital and the Giants more than 10 years ago to improve student fitness and now the partnership is a vital part of our effort to improve the health and fitness of our students," said Jan Christensen, Superintendent, RCSD.</p>
<b>Hospital's Contribution / Program Expense</b>	<p>Activities with RCSD: \$4,328  Make Time for Fitness/Red Morton Park: \$25,816  Childhood Obesity Task Force: \$2,363  Wellness Policy Committee: \$2,808</p> <p><b>Total: \$35,315</b></p>
<b>FY 2014</b>	
<b>Goal 2014</b>	Empower school-aged children and their families in Redwood City and neighboring communities to recognize and adopt behaviors for lifelong good health.
<b>2014 Objective Measure/Indicator of Success</b>	<p>During FY2014, Sequoia staff will lead the planning and implementation of Make Time for Fitness Program and annual MTF in Red Morton Park Fieldtrip for RCSD 4th grade district-wide in May 2014.</p> <p>Respond to requests from RCSD schools for educational programs and support of events utilizing MTF Walking Courses. Utilize Sequoia Hospital's relationships with Student Nurses and Diabetes Health Educators for health education.</p> <p>In September 2013, plan and schedule a SF Player and Giant's Spanish Radio Announcer for a program on teamwork and leadership for 5-8 grade students at Clifford School. A Water First message will be included.</p> <p>In September 2013, Sequoia Hospital will present the Make Time for Fitness Program as a Best Practice at the annual BanPac Conference. Our collaborative work with community organizations is being honored as a Champion for Change and the Make Time for Fitness Program is being considered for replication in other Bay Area school districts.</p>
<b>Baseline</b>	There is strong support of the RCSD and SUHSD Wellness efforts from community partners. The Sequoia Healthcare District has supported each district to develop the Healthy Schools Initiative model. RCSD and SUHSD now have Wellness Coordinators in place who provide strategic planning and support for implementation of programs. This structure promises to be an asset for supporting Sequoia Hospital's interest in impacting the health and future of children and families in these school districts.
<b>Intervention Strategy for Achieving Goal</b>	<p>Director of Health &amp; Wellness will serve on Wellness Committees in SUHSD, RCSD, and San Carlos, and provide linkages to appropriate Sequoia Hospital staff to address identified needs.</p> <p>Utilize community partnerships to plan and implement MTF Spring Program for RCSD 4th grade. Issues to be considered are review of the MTF workbook, addition of topic of alcohol and inhalants, expanding the role of SUHSD students in the delivery of the MTF program.</p> <p>In September 2013, identify appropriate activities which utilize Sequoia Hospital</p>

	<p>competencies and resources and fit with the strategic plans created by the Wellness Coordinator and Wellness Committee for the 2013-14 school year.</p> <p>Meet with the SUHSD wellness coordinator regularly to identify the assessed needs of high school students which can be addressed by Sequoia Hospital. July 2013, areas for discussion include asthma and diabetes education, CPR Training for 9th grade students and staff and a pilot program at Woodside High School for management of concussions.</p> <p>Sequoia Hospital Pulmonary Rehabilitation Department will continue Asthma Education and Management Program in the SUHSD with an emphasis on student and family education. Opportunities to make this available in the RCSD will be considered.</p>
<b>Community Benefit Category</b>	<p>A1: Community Health Education F7: Community Building Activities</p>

<b>Sequoia Community Care ... across the Continuum (SCC)</b> <i>(formerly known as Sequoia Hospital Homecoming Program (SHHP))</i>	
<b>Hospital CB Priority Areas</b>	<input type="checkbox"/> Chronic Disease Prevention & Management <input checked="" type="checkbox"/> Healthy Aging in Place <input type="checkbox"/> Child/Youth Healthy Development <input type="checkbox"/> Community Building
<b>Program Emphasis</b>	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention

	<p>X Seamless Continuum of Care  X Build Community Capacity  X Collaborative Governance</p>
<p><b>Link to Community Needs Assessment</b></p>	<p>According to the 2013 Community Health Needs Assessment:</p> <p><b>Population Growth &amp; Makeup</b>  The proportion of adults aged 60 and older is expected to roughly double over the next four decades. As of the 2000 census adults aged 60 and older in San Mateo County, represented 16.4% of the county's total population. By the year 2040, it is projected that the number of adults 60+ will increase to 28.7% of the county's total population.</p> <p><b>Low-Income Seniors</b>  Many area seniors live on low incomes. Of the households surveyed in 2013, 16.0% of seniors reported household incomes below 200% of the federal poverty level.</p> <p><b>Seniors Living Alone</b>  In the 2013 San Mateo County Health &amp; Quality of Life Survey, 36.6% of responding seniors (aged 65 and older) lived alone. (North Fair Oaks, 94063, 40.3%)</p> <p><b>Chronic Conditions</b>  San Mateo County seniors (aged 65 and older) experience much higher prevalence of many chronic conditions than found among adults younger than 65. We see a statistically significant trend in higher prevalence of diabetes, asthma and chronic lung disease among San Mateo County seniors since 1998.</p> <p><b>Mental Health</b>  11.5% of seniors have someone for emotional support "little" or "none" of the time. 32.5% residents of North Fair Oaks (94063) have sought professional help for a mental issue.</p> <p><b>Activity Limitations</b>  4.6% of seniors report some type of impairment which requires help with their personal needs, and 9.2% (North Fair Oaks, 94063, 9.5%) report an activity limitation requiring help with their routine needs.</p> <p>Seniors report an average of 3.0 days in the preceding month on which pain has made it difficult for them to do their usual activities, such as self care, work or recreation (74.3% reported no days).</p>
<p><b>Program Description</b></p>	<p>The <b>Sequoia Community Care</b> program aims to provide effective approaches to better support "at-risk" community members to understand and manage their health conditions, access the vast array of community services that can help prevent an expensive health crisis (e.g. hospitalization and/or institutionalized care), and transition safely home when hospitalization does occur.</p> <p>As designed, <b>Sequoia Community Care (SCC)</b> is a referral-based program with "at risk" candidates identified by case managers and social workers at Sequoia Hospital utilizing the Risk for Readmission tool that is embedded in the Adult Admission Form as well as Primary Care physicians throughout the community. Our goal is to provide a personalized connection with these individuals to assist them in learning how to make the most of their own resources and those resources available within our community so their health is maintained and they don't relapse for preventable reasons.</p> <p>Resources include</p> <ul style="list-style-type: none"> <li>• a home visit by a transitional care specialist to help coordinate services for a successful transition</li> <li>• home-delivered nutritious meals and wellness checks every weekday for four weeks*</li> <li>• transportation for older adults to medical and allied health appointments*</li> <li>• home care services to help with activities of daily living*</li> <li>• individualized transitional care coaching to help clients stabilize at home, such</li> </ul>

	<p>as</p> <ul style="list-style-type: none"> <li>○ help with understanding medications</li> <li>○ tips to communicate effectively with your health care team</li> <li>○ establishing a personal health record for better continuity of care</li> <li>○ learning "Red Flag" signs and symptoms to report to your physician</li> </ul> <p>For the purposes of this program "at risk" individuals are those who are age fifty and above, live in Atherton, Belmont, Menlo Park, Portola Valley, Redwood City, San Carlos, Southern San Mateo or Woodside AND meet at least one of the following:</p> <ul style="list-style-type: none"> <li>• Live at home with limited or no community support</li> <li>• Require assistance with medication management</li> <li>• Require assistance with activities of daily living</li> <li>• Have three or more chronic conditions</li> <li>• Take six or more medications</li> <li>• Have had multiple hospital admissions</li> </ul> <p><b>SCC</b> program design incorporates the following foundational features:</p> <ul style="list-style-type: none"> <li>• Early identification of "at risk" community residents (intervene before a health crisis)</li> <li>• Centralized intake, assessment, and quality oversight</li> <li>• Medical and social integration through acute, post-acute, and community- based partnerships</li> <li>• Expansion of service offerings</li> <li>• Multiple access points allowing referrals from physicians</li> <li>• Electronic connectivity among community service providers and with the patient's physician</li> <li>• Community outreach</li> </ul> <p>*upon referral</p>
<b>FY 2013</b>	
<b>Goal FY 2013</b>	SHHP is intended to promote the successful recuperation of older adults after they return home from the hospital through a coordinated, collaborative effort between Sequoia Hospital Social Workers/Discharge Planners and community agencies with unique capacities to deliver the SHHP strategy. SHHP will be expanded to provide more referrals for Emergency Room patients and from local physician's offices.
<b>2013 Objective Measure/Indicator of Success</b>	<p>SHHP client re-admission rates within 30 days of initial hospital discharge will be tracked and will remain below 10%.</p> <p>Formal client evaluations of SHHP services will be conducted and reported in FY2013. Goal will be a 50% return.</p> <p>SHHP collaborative partners will meet quarterly to share successes and challenges and to make adjustments to the program.</p> <p>Dignity Health/Sequoia Hospital Community Grants Program will provide funding support for SHHP. Grants will be awarded in January 2013.</p> <p>SHHP referrals and number served will be increased to 100 clients.</p> <p>The SHHP program will be introduced to local physician offices and appropriate referrals will be accepted.</p>
<b>Baseline</b>	There are no transitional care programs or formal collaborative efforts to promote cross referrals between community agencies serving vulnerable older adults in our community.
<b>Intervention Strategy for Achieving Goal</b>	<p>Sequoia Hospital will create a Navigator position for SHHP to increase numbers of referrals throughout Sequoia Hospital in-patients and out-patients and begin communication with local physicians.</p> <p>Dignity Health /Sequoia Hospital Community Grants Program funding will match Sequoia</p>

	<p>Healthcare District Grant dollars for SHHP.</p> <p>Consider additional SHHP community partners to provide home care/private duty services.</p> <p>SHHP partners meet quarterly. Topics will include a presentation on the transition coaching model, a review of data collection and reporting criteria for SHHP stats and Client Evaluation.</p> <p>Develop a strategy for communicating with SHHP client's referring physicians.</p> <p>Understand when, who and why SHHP clients are readmitted to Sequoia Hospital before 30 days following discharge and compare with data for Sequoia Hospital patients who are not participants in SHHP.</p> <p>SHHP partner organizations and Sequoia Hospital staff serve on a Sequoia Community Continuing Care Program committee utilizing Sequoia Healthcare District "incubator funding" to consider a program which will be outside the walls of Sequoia Hospital and serve residents of the Sequoia Healthcare District. An IT system to provide connectivity among providers will be considered.</p> <p>Identify Transportation and Fall Prevention resources to be additions to SHHP services.</p> <p>Consider the role of home health/ home care services and communication with the primary care physician as they relate to SHHP.</p> <p>Client evaluations will be conducted and results utilized for program enhancements or modifications.</p> <p>Sustainability of program beyond Dignity Health/Sequoia Hospital Grant Funding will be addressed. The collaborative partners along with Sequoia Hospital staff will examine the potential of this program to be part of a larger comprehensive community continuing care program.</p>
<p><b>Result FY 2013</b></p>	<p>In 2012, using what we had learned from the SHHP project as our starting point and with "incubator funding" from the Sequoia Healthcare District, the process of more fully exploring the design and development of a centralized and integrated system began and ultimately the Sequoia Community Care program was created.</p> <p>During FY2013, SCC received 108 referrals and 58 patients accepted and received services.</p> <p>SCC client hospital readmission rates for FY2013 were 6.5%.</p> <p>Formal client evaluations of SHHP services were conducted and reported in FY2013 and summarized in report prepared by ASR. 33% return rate achieved.</p> <p>In January 2013, five organizations were funded by Dignity Health/Sequoia Hospital Community Grants Program to participate in SCC and contribute to promoting Healthy Aging in Place for older adults in our community. Our community partners are Peninsula Family Service, Peninsula Volunteers, Inc., Samaritan House, Jewish Family and Children's Services, and Peninsula Jewish Community Center.</p> <p>A homecare service line opened and was available for client referral and assessment as of January 2013.</p> <p>SCC partners met and communicated regularly as needed to serve clients.</p> <p>Developed a monthly HUB newsletter to keep all partners and collaborators aware of current status and future state of SCC.</p> <p>Notification was sent to primary care physicians if and when their patient accepted/declined services. A 30-day post-transitional summary for those who accepted</p>

	<p>services was sent to primary care physician.</p> <p>Partners who are no longer funded by Dignity Health/Sequoia Hospital Community Grants Program did not attend SCC partner meetings, but continued to provide services that aligned with their organizations.</p>
<b>Hospital's Contribution / Program Expense</b>	<p>Dignity Health/Sequoia Hospital Grants Program Funds: \$110,000  Sequoia Hospital Healthcare District (SHHP): \$61,628  Sequoia Hospital Healthcare District (SCC): \$310,078  Health &amp; Wellness/Social Services (SHHP): \$41,489  Health &amp; Wellness/Social Services (SCC): \$50,705</p> <p><b>Total: \$573,900</b></p>
<b>FY 2014</b>	
<b>Goal 2014</b>	<p>SCC is intended to promote the successful recuperation of older adults after they return home from the hospital through a coordinated, collaborative effort between Sequoia Hospital Social Workers/Discharge Planners and community agencies with unique capacities to deliver the SCC strategy. SCC will be expanded to provide more referrals for Emergency Room patients and from local physician's offices and Skilled Nursing Facilities.</p>
<b>2014 Objective Measure/Indicator of Success</b>	<p>SCC client re-admission rates within 30 days of initial hospital discharge will be tracked and will remain below 10%.</p> <p>Formal client evaluations of SCC services will be conducted and reported in FY2014. Goal will be a 50% return.</p> <p>SCC collaborative partners will meet monthly to share successes and challenges and to make adjustments to the program.</p> <p>Dignity Health/Sequoia Hospital Community Grants Program will provide funding support for SCC. Grants will be awarded in January 2014.</p> <p>The CAC recommended that the SCC collaborate with CBO's that addressed memory care and care giving and invited them to apply for Sequoia Hospital/Dignity Health Grant Program.</p> <p>SCC referrals and number served will be increased to 125 clients.</p> <p>The SCC program will be introduced to local physician offices, Skilled Nursing facilities and appropriate referrals will be accepted.</p>
<b>Baseline</b>	<p>There are no transitional care programs or formal collaborative efforts to promote cross referrals between community agencies serving vulnerable older adults in our community.</p>
<b>Intervention Strategy for Achieving Goal</b>	<p>A three year pilot project is underway during which we will be establishing <b>SCC</b> outcome data and sustainability funding. Sequoia Hospital Health and Wellness Center has been launched as the "<i>hub</i>" through which the program components of <b>SCC</b> are being organized. This includes program leadership and accountability, standardization and consistency around intake, referral, and care plan development, delivery of services, quality control, outcome tracking and the management of electronic connectivity among service providers.</p> <p>Several essential components must be addressed to ensure program success.</p> <ul style="list-style-type: none"> <li>An information technology (IT) solution must be identified, purchased, and implemented to allow for efficient communication and organization among community agency providers as well as crucial communication with Home Health Agencies, Skilled Nursing Facilities and Primary Care Physicians. A concerted effort will be made to identify clients of Ravenswood and Samaritan House in order to better coordinate care with the client's health home base. A consulting firm has been hired to identify an appropriate technology vendor and technology funding sources are being explored.</li> </ul>

	<ul style="list-style-type: none"> <li>• A full-time Community-based Case Manager must be hired to assume leadership and accountability for coordinating the services for the beneficiaries that are enrolled in the Sequoia Community Care program. Currently this role is being filled on a part-time basis by staff of the Health &amp; Wellness Department.</li> <li>• Promote inter-department communication. The Health and Wellness Center Community Health Supervisor Nurse will attend monthly Sequoia Hospital Case Management's multi-disciplinary meetings. The Director of Sequoia Hospital Case Management will serve on the IT Vendor Identification Committee Team and members of the SCC will serve on the Readmission Task Force.</li> <li>• The in-patient Discharge Summary will identify patients at risk for falls and the SCC will provide Fall Prevention education and class information following discharge.</li> <li>• Explore the use of a Depression Screening so that we will be able to make appropriate and safe referrals and identify opportunities for partnership.</li> <li>• Sequoia Hospital and the Sequoia Hospital Foundation are actively seeking other funding sources to assure that the program is fully funded and operational during the pilot period. Thorough tracking and documentation during this period will enable the gathering of data necessary to ensure sustained funding for the Sequoia Community Care program following the pilot period.</li> </ul>
<b>Community Benefit Category</b>	H3: Health Care Support Services

<b>Fall Prevention</b>	
<b>Hospital CB Priority Areas</b>	<input type="checkbox"/> Chronic Disease Prevention & Management <input checked="" type="checkbox"/> Healthy Aging in Place <input type="checkbox"/> Child/Youth Healthy Development <input checked="" type="checkbox"/> Community Building
<b>Program Emphasis</b>	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	<p>Falls are a key issue leading to hospitalization, loss of independence and death among seniors. The population of San Mateo County residents who are 65 years of age and older will increase by 72% by 2030 and the over 85 year old age group will increase 2.5 times the current numbers. This oldest group has a 2 fold chance of falling due to frail conditions.</p> <p>In 2012, San Mateo County hospitals admitted and hospitalized 1,532 residents 65 years and older for falls.</p> <p>1990-2010 falls in San Mateo County accounted for the third largest proportion of deaths due to unintentional injury (motor vehicle accidents #1 and poisonings #2). In 2012, there were 77 deaths reported due to falls. The vast majority of deaths due to unintentional falls occurred among people 65 years and older with increasing rates in those above 75 and 85 years old respectively.</p> <p>According to 2012 OSHPD data, 200 individuals over age 65 years were transported to Sequoia Hospital for a fall. This includes number treated and released and admitted. There were 13 deaths reported due to falls.</p>
<b>Program Description</b>	<p>The Sequoia Hospital's Fall Prevention Program for the community includes a free, three-week course at the Health &amp; Wellness Center. The course curriculum is based on best practices in fall prevention and addresses the many factors affecting falls. Each course is taught by trained health professionals and includes simple exercise to improve strength and balance.</p> <p>The San Mateo County Fall Prevention Task Force, which brings together 50 organizations to create and disseminate fall prevention resources was created by Sequoia Hospital's Health &amp; Wellness staff in 2003. The Task Force outreach and education focuses on primary prevention by encouraging older adults to address causes of falls through the use of evidenced-based interventions. The director of Health &amp; Wellness serves on the Task Force Steering and Membership Committees. Active participation in the San Mateo County Fall Prevention Task Force is an effective way for Sequoia Hospital to contribute to addressing fall prevention throughout our primary service area.</p>
<b>FY 2013</b>	
<b>Goal FY 2013</b>	Decrease the rate of falls among older adults in the community by increasing awareness of and action to address the factors that cause falls.
<b>2013 Objective Measure/Indicator of Success</b>	<p>Support the San Mateo County Fall Prevention Task Force with in-kind and financial resources to reach the broad and vulnerable communities.</p> <p>Conduct four fall prevention class series for 10-12 participants/series. At 3 months post class, make follow-up calls to participants to collect self-reported data on sustained behavior changes and incidence of falls.</p>
<b>Baseline</b>	"Falls are a key issue leading to hospitalization, loss of independence and death among seniors. More resources should be directed toward this preventable condition". 2011 Community Assessment Key Finding.

<p><b>Intervention Strategy for Achieving Goal</b></p>	<p><b>San Mateo County Fall Prevention Task Force Strategies:</b>  Director of Health &amp; Wellness will continue active participation on Steering and Membership Committees of Task Force. Sequoia's fall prevention class instructors will be encouraged to attend task force meetings and trainings.</p> <p>Participate in county-wide Fall Prevention Week Campaign in September 2012. Survey fall prevention awareness at health screenings for older adults at senior centers and health fairs throughout SMC. Utilize the National Council on Aging Survey for Older Adults to measure changes across time, behaviors and attitudes regarding falls.</p> <p>Invite San Mateo County Fall Prevention Task Force to apply for Dignity Health/Sequoia Hospital Community Grants 2012 Program.</p> <p><b>Sequoia Hospital Strategies</b>  Conduct Fall Prevention Classes at Health &amp; Wellness and provide community lectures on fall prevention.</p> <p>Fall Prevention educational materials in English and Spanish will be distributed to: Sequoia Hospital Homecoming Program (SHHP) clients. Patients who experience a fall and access treatment at the Emergency Department. Patients of ancillary departments.</p> <p>Director of Health &amp; Wellness Center will serve on Sequoia Hospital's Falls and Restraint Committee to enhance the continuum of care between those served at the hospital and the broad community.</p> <p>Collaborate with Stanford Medical Center to bring an evidence-based, nationally recognized program, Matter of Balance, to southern San Mateo County in both English and Spanish languages.</p>
<p><b>Result FY 2013</b></p>	<p>During FY2013, three fall prevention courses were conducted for a total of 30 community members. 75% of course participants reported at least two sustained behavior changes based on follow-up phone interviews conducted three months after course completion.</p> <p>100 Sequoia Hospital Homecoming Program (SHHP) clients received fall prevention information created by the San Mateo County Fall Prevention Task Force.</p> <p>The San Mateo County Fall Prevention Task Force applied but was not awarded a Dignity Health/Sequoia Hospital Community Grant in 2013. Sequoia Hospital will support the Task Force with operational funds in addition to in-kind contributions in FY2014.</p> <p>All ancillary departments at Sequoia Hospital had materials in English and Spanish for patients identified with risk for falls. Materials were created and provided collaboratively by the San Mateo County Fall Prevention Task Force and Sequoia Hospital Health &amp; Wellness Center.</p> <p>Sequoia Hospital director of Health &amp; Wellness, fall prevention instructors, rehab therapists were active participants in the San Mateo County Fall Prevention Task Force. Space for fall prevention task force and sub-committee meetings was provided by the Health &amp; Wellness Center.</p> <p>Fall Prevention class schedule and information was provided monthly to Sequoia Hospital physicians via the Professional Bulletin. This vehicle was not successful in increasing referrals from physicians to Sequoia's fall prevention classes.</p> <p>In collaboration with Stanford Medical Center, 10 individuals received instructor training to provide the evidence based Matter of Balance curriculum. Sequoia trainees included an OT, RN, Spanish speaking staff from Fair Oaks Adult Activity Center and Sequoia Hospital volunteers who are planning careers in nursing. In June 2013, one 8-class series was conducted at Little House, Menlo Park with 13 participants. Participant Class Evaluations were excellent. A Spanish language class is being planned for the Fair Oaks Intergenerational Center in FY2014.</p>

	Administered 88 National Council on Aging Surveys for Older Adults at our partner senior centers. The Fall Prevention Task Force found that the #one concern of 1600 older adults surveyed in SMC was accidents in the home.
<b>Hospital's Contribution / Program Expense</b>	Sequoia Hospital's Fall Prevention Course: \$9,671 Staff time dedicated to San Mateo County Fall Prevention Task Force: \$6,876 <b>Total: \$16,547</b>
<b>FY 2014</b>	
<b>Goal 2014</b>	Decrease the rate of falls among older adults in the community by increasing awareness of and action to address the factors that cause falls.
<b>2014 Objective Measure/Indicator of Success</b>	<p>Conduct four fall prevention classes at Health &amp; Wellness Center. Conduct follow-up calls to participants at three months post class to collect self-reported data on sustained behavior changes and incidence of falls.</p> <p>Create a referral path from hospital to home for in-patients identified as being at risk for falls utilizing the Sequoia Hospital electronic medical record discharge summary. Patients will receive fall prevention education and resource information at discharge and those who are referred to the Sequoia Community Care...across the Continuum will be identified for further support.</p> <p>Collect hospital data on admissions for falls and visits to the emergency room for falls without admission to the hospital. Provide educational resources to be distributed by the Emergency Department.</p> <p>Collaborate with Belmont Park and Recreation Department to support Tai Chi classes at Twin Pines Adult Center that incorporate Fall Prevention education beginning in January 2014.</p> <p>Conduct six Matter of Balance courses at sites in southern San Mateo County in collaboration with Stanford Medical Center. Two of the courses will be taught in Spanish.</p> <p>Support the San Mateo County Fall Prevention Task Force with in-kind and financial resources in order to provide advocacy for community health improvement.</p>
<b>Baseline</b>	"Falls are a key issue leading to hospitalization, loss of independence and death among seniors. More resources should be directed toward this preventable condition". 2011 Community Assessment Key Finding.
<b>Intervention Strategy for Achieving Goal</b>	<p>Sequoia staff will attend Fall Prevention Task Force meetings, serve on sub-committees, represent Task Force in the community, provide space for meetings and trainings at the Health &amp; Wellness Center.</p> <p>Provide fall prevention information to Sequoia physicians in professional staff newsletter.</p> <p>Provide fall prevention educational and referral materials in English and Spanish to Sequoia Hospital's emergency and ancillary departments.</p> <p>Director of Health &amp; Wellness Center will serve on Sequoia Hospital's Falls and Restraint Committee to enhance the continuum of care between those served at the hospital and the broad community.</p> <p>Collaborate with Stanford Medical Center to train additional instructors for the evidence-based, nationally recognized program, Matter of Balance, to be conducted in English and Spanish for older adults residing in southern San Mateo County.</p> <p>Coordinate with the Sequoia Community Care program to offer fall prevention classes to clients and caregivers.</p> <p>Meet with staff at Twin Pines Adult Center to plan Tai Chi/Fall Prevention classes.</p>

	<p>Financial and in-kind support will be provided.</p> <p>Participate in Fall Prevention Awareness Week September 22-28, 2013. Represent the San Mateo County at the Board of Supervisor's meeting to receive a proclamation for the week. The theme is <i>Preventing Falls-One Step at a Time</i>. This will encourage all residents to work with family members and health care providers to identify and address the risk factors that could cause a fall-related injury.</p> <p>Work with Sequoia Hospital IT Department to establish referral pathway between in-patient discharges and Sequoia Community Care HUB and identify the process to collect data on falls.</p>
<p><b>Community Benefit Category</b></p>	<p>A1: Community Health Education</p>

<b>Live Well with Diabetes</b>	
<b>Hospital CB Priority Areas</b>	<input checked="" type="checkbox"/> Chronic Disease Prevention & Management <input type="checkbox"/> Healthy Aging in Place <input type="checkbox"/> Child/Youth Healthy Development <input type="checkbox"/> Community Building
<b>Program Emphasis</b>	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	<p>The rate of diabetes among members of the community is up 2.5 times over the past 10 years. The greatest increases have been in Whites, in females and in those over 65 years of age. The 2013 San Mateo County Health &amp; Quality of Life Survey CHNA finds that 10.0% of the adult population has diabetes (excluding diabetes experienced only during pregnancy). This represents approximately 57,130 adults residing in San Mateo County. The rate of diabetes in southern San Mateo County is 9.3%. These percentages are significantly higher than those previously reported.</p>
<b>Program Description</b>	<p>The Live Well with Diabetes program includes a five-session diabetes management and prevention course for people who are at high risk for diabetes or who have pre-diabetes or diabetes, and also their caregivers. The classes provide culturally competent nutrition, physical activity and diabetes management education. The majority of courses are taught in Spanish by trained Diabetes Health Promoters (DHP's) most of whom were recruited through Cañada College's Promoter Education and Employment Project (PEEP). The program is implemented through collaboration between four agencies: Cañada College, Peninsula Family Service, Samaritan House Free Clinic in Redwood City and Sequoia Hospital Health &amp; Wellness Center and the Diabetes Treatment Center at Sequoia Hospital.</p>
<b>FY 2013</b>	
<b>Goal FY 2013</b>	To help prevent and reduce the incidence of diabetes and prevent complications of diabetes among people living in the underserved Latino community of southern San Mateo County.
<b>2013 Objective Measure/Indicator of Success</b>	<p>By June 30, 2013, three DHP's will lead a minimum of ten Live Well with Diabetes courses reaching 120 community members in the Fair Oaks area of Redwood City (94063).</p> <p>At the completion of a course series, Live Well with Diabetes participants will demonstrate a 25% increase in knowledge about diabetes prevention and management (based on pre- and post-tests).</p> <p>50% of course participants will be contacted for 6 month follow-up calls.</p> <p>80% of Live Well with Diabetes course participants will report at least two sustained behavior changes (based on follow-up phone interviews conducted six months after course completion).</p> <p>Avoidance of hospital admissions and emergency department visits for diabetes among Live Well with Diabetes course participants will be demonstrated (based on self reported data during the follow-up phone interview six months after course completion).</p>
<b>Baseline</b>	One diabetes education program exists in the community, but it has narrow eligibility requirements. The prevalence of diabetes among San Mateo County residents continues to increase.
<b>Intervention Strategy for Achieving Goal</b>	<p>Recruitment for Live Well with Diabetes Classes will utilize contacts from Cañada College programs, Samaritan House Clinics, Redwood City School District and Fair Oaks Intergenerational Adult Activity Center.</p> <p>DHPs will maintain relationship with Cañada College CO-OP Program and explore ways</p>

	<p>to collaborate with Cañada College.</p> <p>Quarterly diabetes support groups will be conducted at Fair Oaks Intergenerational Activity Center.</p> <p>The Live Well with Diabetes Steering Committee meets or communicates quarterly.</p> <p>Implement strategies recommended by the Steering Committee for increasing the number of responses to the 6 month follow-up calls to collect self-reported data (collecting email addresses, instructor of class making calls, call from office phone vs. cell) .</p> <p>Encourage attendance at LWD classes by offering a drawing for a Glucometer in the final class. Glucometers will be provided by Sequoia Hospital Diabetes Treatment Center.</p>
<b>Result FY 2013</b>	<p>Diabetes Health Promoters conducted 8 courses serving 52 participants. This part of LWD is addressed with a Long Term Improvement Plan (LTIP).</p> <p>Course participants demonstrated a 27% increase in knowledge about diabetes prevention and management (based on pre and post tests given in class).</p> <p>77% (40 students) were reached by a follow-up phone call 6 months after completion of the course.</p> <p>90% (32 students) reported two sustained behavior changes in the 6 month call.</p> <p>A 7.2% rate for hospital admissions or emergency room visits for diabetes was self-reported by students contacted by 6 month follow-up phone calls.</p> <p>Quarterly diabetes support groups were conducted at the Fair Oaks Adult Activity Center by a DHP. Attendance has increased to an average of 10 participants per group.</p> <p>Beyond Live Well with Diabetes classes, DHPs participated in community health fairs, gave presentations for classes at Cañada College, provided classes for parents with students in the Redwood City School District.</p> <p>Sequoia Hospital Diabetes Treatment Center CDE reviewed and revised the Live Well with Diabetes curriculum and provided refresher trainings for DHPs. The DHP's reviewed materials and made suggestions based on their cultural competency and teaching experience.</p> <p>Collaboration with the Redwood City School District Community Schools has been challenging because of insufficient marketing of class to parents.</p>
<b>Hospital's Contribution / Program Expense</b>	Total: \$11,588
<b>FY 2014</b>	
<b>Goal 2014</b>	To help prevent and reduce the incidence of diabetes and prevent complications of diabetes among people living in the underserved Latino community of southern San Mateo County.
<b>2014 Objective Measure/Indicator of Success</b>	<p>By June 30, 2014, three DHP's will lead a minimum of ten Live Well with Diabetes courses reaching 120 community members in the Fair Oaks area of Redwood City (94063).</p> <p>At the completion of a course series, Live Well with Diabetes course participants will demonstrate a 30% increase in knowledge about diabetes prevention and management (based on pre-and post-tests).</p> <p>75% of course participants will be contacted for follow-up calls from their class instructor.</p> <p>90% of Live Well with Diabetes course participants will report at least two sustained</p>

	<p>behavior changes (based on follow-up phone interviews conducted three months after course completion).</p> <p>The rate of avoidance of hospital admissions and emergency department visits for diabetes among Live Well with Diabetes course participants will be under 10% (based on self reported data during the follow-up phone interview six months after course completion).</p> <p>Data for additional community activities conducted by DHP's will be tracked and reported in FY2014.</p>
<b>Baseline</b>	<p>One diabetes education program exists in the community, but it has narrow eligibility requirements. The prevalence of diabetes among San Mateo County residents continues to increase.</p>
<b>Intervention Strategy for Achieving Goal</b>	<p>Recruit for Live Well with Diabetes Classes utilizing contacts from Cañada College programs, Samaritan House Clinics, Redwood City School District, Sequoia Union High School Adult School and Fair Oaks Adult Activity Center. Explore ways of increasing referrals of Samaritan House patients and consider conducting more classes at the Samaritan House Clinic site.</p> <p>Encourage DHPs to conduct classes for parent groups within the Redwood City School District North Fair Oaks area. Members of the steering committee will offer support in the scheduling. Utilize relationships with Canada College and CBET.</p> <p>DHPs maintain relationship with Cañada College CO-OP Program and explore ways to collaborate with Cañada College.</p> <p>Quarterly diabetes support groups will be conducted at Fair Oaks Adult Activity Center. Dates will be coordinated with the Sequoia Hospital quarterly Diabetes Screenings held at the center.</p> <p>The Live Well with Diabetes Steering Committee will meet quarterly.</p> <p>Funding opportunities to ensure sustainability of program will be identified.</p> <p>The Steering Committee will re-evaluate their recommendation of providing Glucometers as an incentive for class attendance since many participants do not have diabetes, instruction on meter use is not being provided to a recipient and the test strips are expensive.</p> <p>Continue to develop the skills of the Diabetes Health Promoters (DHPs) in the areas of nutrition, physical activity and diabetes management with additional training provided by a member of the Sequoia Hospital Diabetes Treatment Center staff in Fall 2013.</p> <p>A plan for DPH continuing education utilizing the American Association of Diabetes Educators self-paced, 6-module free online program, <i>Fundamentals of Diabetes Care</i>, will be considered by the steering committee in Fall 2013.</p> <p>A class observation followed by consultation with each DHP will be made during FY2014 to evaluate the revised curriculum.</p> <p>All Live Well with Diabetes class Pre-Post Tests and Evaluations will be reviewed by a representative of the Sequoia Hospital Diabetes Treatment Center serving on the Steering Committee. Feedback will be shared with the instructor.</p>
<b>Community Benefit Category</b>	A1: Community Health Education

<b>Adult Screening, Health Education &amp; Vaccine Program</b>	
<b>Hospital CB Priority Areas</b>	<input checked="" type="checkbox"/> Chronic Disease Prevention & Management <input type="checkbox"/> Healthy Aging in Place <input type="checkbox"/> Child/Youth Healthy Development <input type="checkbox"/> Community Building
<b>Program Emphasis</b>	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	<p>According to the 2013 Community Needs Assessment: 85.4% of the San Mateo County (SMC) adults exhibit at least one cardiovascular risk factor (i.e. smoking, no regular physical activity, high blood pressure, high cholesterol, or being overweight).</p> <p>Persons more likely to exhibit cardiovascular risk factors include men, adults aged 40+, those living below the 200% poverty threshold and Black respondents.</p> <p>High blood pressure is known as the silent killer and remains a major risk factor for coronary heart disease, stroke, and heart failure. High blood pressure is most prevalent in San Mateo County among seniors (58.7% among those aged 65 and older), adults living below the 200% threshold (32.9%), Whites (31.4%), Blacks (38.9%).</p> <p>A total of 30.4% of San Mateo County adults say they have been told more than once by a healthcare professional that they have high blood cholesterol. High blood cholesterol affects more than 4 in 10 residents aged 40+ in San Mateo County.</p> <p>Most San Mateo County respondents (53.9%) do not participate in regular, vigorous physical activity. The prevalence of inactivity in San Mateo County is notably higher among: Women (58.5%); Persons aged 65 and older (73.4%); Persons with a high school education or less (60.9%) Those with households with annual incomes &lt;400% poverty (&gt;62%)</p> <p>Based on reported heights and weights, 55.4% of San Mateo County respondents are overweight. Men (62.8%) Women (47.9%) Ages 40-64 (62.1%) Whites (56.4%) Hispanics (61.5%) Additionally, 21.7% of San Mateo County adults were found to be obese, having a body mass index of 30 or higher. The obesity prevalence increases with age and decreases with education and income levels. The prevalence is highest among Blacks and Hispanics.</p>
<b>Program Description</b>	<p>The Adult Screening, Health Education and Vaccine Program is conducted monthly at eight sites in the community and at the Sequoia Hospital Health &amp; Wellness Center in downtown Redwood City. Community locations are: Mid-Peninsula Housing-Menlo Park, Twin Pines Adult Activity Center-Belmont; San Carlos Adult Activity Center; Veteran's Memorial Adult Center and Vet's Adaptive PE Program -Redwood City; Little House-Menlo Park; Fair Oaks Adult Activity Center-Redwood City and the Belmont Library.</p> <p>Services include free screenings for blood pressure and diabetes, monitoring screening results, one-on-one education, referrals to physicians for abnormal results, providing health education lectures and health articles for newsletters.</p> <p>Sequoia Hospital's Health &amp; Wellness Center offers bimonthly low or no cost health screening days that are open to all community members. Screenings are for high cholesterol, hypertension, diabetes and obesity, and include counseling and routine monitoring. Vaccines include seasonal flu and pneumococcal vaccine clinics and immunizations for Tdap and Shingles.</p> <p>Our focus is on meeting the needs of high-risk populations by collaborating with community partners at convenient sites where individuals live, gather and are comfortable.</p>
<b>FY 2013</b>	
<b>Goal FY 2013</b>	To prevent cardiovascular disease and stroke by identifying individuals with hypertension

	<p>or those at high risk for hypertension. Prevent diabetes by identifying individuals in the pre-diabetic phase. To improve health literacy and address health disparities in the DUHN community.</p>
<p><b>2013 Objective Measure/Indicator of Success</b></p>	<p>Provide monthly blood pressure screenings and education at six community centers for 220 participants per quarter.</p> <p>Provide quarterly diabetes screenings and education at three adult community centers.</p> <p>Provide low-cost health screenings and classes to a minimum of 60 individuals at the Health &amp; Wellness Center.</p> <p>Provide low-cost immunizations for flu, pneumococcal and Tdap for 125 adults per quarter.</p>
<p><b>Baseline</b></p>	<p>Monthly screenings give individuals a way to monitor their blood pressure and glucose to promote healthy aging in place. Conducting programs at centers for older adults, where blood pressure and diabetes screening services are not offered, provides access for a vulnerable population.</p>
<p><b>Intervention Strategy for Achieving Goal</b></p>	<p>In July 2012, Health &amp; Wellness Staff will meet with each Senior/ Community Center director to evaluate screening program, review center's annual screening results and discuss plans to collaborate and enhance services provided by Sequoia Hospital Health &amp; Wellness Center.</p> <p>Offer low or no cost screenings for high cholesterol, hypertension and diabetes, as well as counseling and routine monitoring at Sequoia Hospital Health &amp; Wellness Center and at senior/community center sites.</p> <p>Health &amp; Wellness Community Health Supervisor will write and submit "A Conversation with a Community Nurse" health article for center newsletters. Topics addressed identified health education needs of the population at each center.</p> <p>Conduct Flu and Pneumococcal Vaccine Clinics for the San Mateo County Health System at Sequoia Hospital Health &amp; Wellness Center beginning in October 2012.</p> <p>Provide Tdap vaccinations for adults at the Sequoia Hospital Health &amp; Wellness Center on bimonthly screening days. Coordinate a Tdap Clinic with RCSD in September 2013.</p> <p>Provide Stroke Awareness Information and Medication Cards and monitor their use at monthly blood pressure screenings.</p> <p>Add adult shingles (Zostavax) vaccine to be offered on community screening days at the Health &amp; Wellness Center.</p> <p>Expand monthly Blood Pressure Screening Clinic Program to serve the Mid-Peninsula Housing at Belle Haven area of Menlo Park (DUHN).</p> <p>Create a monthly Health Lecture for older adults in partnership with the Belmont Library leadership and Friends of the Library. Attendees will participate in recommending topics.</p> <p>Utilize the competencies of Sequoia Hospital clinicians and experts from our community partners to educate community members in lectures, screenings, newsletters and one-on-one consultations.</p>
<p><b>Result FY 2013</b></p>	<p>Monthly blood pressure screenings were provided at seven centers in the community.</p>

	<p>Results of 806 Blood Pressure Screenings:</p> <ul style="list-style-type: none"> <li>• 178 older adults (22.1%) were hypertensive</li> <li>• 91 older adults (11.3%) were referred to a physician</li> <li>• 203 older adults (25.2%) were counseled by an RN on cardiovascular risk reduction behaviors.</li> <li>• 10 (1.2%) had irregular or low heart rates and were advised to report to MD</li> </ul> <p>Quarterly Diabetes Screenings:</p> <ul style="list-style-type: none"> <li>• Twin Pines Adult Community Center: 28 screened; 13 (46.4%) elevated</li> <li>• Fair Oaks Adult Activity Center: 45 screened; 22 (48.9%) elevated</li> <li>• Veteran's Adaptive PE: 38 Screened; 8 (21.1%) elevated</li> <li>•</li> </ul> <p>The participants at Fair Oaks are 90% Spanish speaking. The key to participation and effective counseling at Fair Oaks is attributed to having a Wellness Navigator provided by their Center for Spanish translation.</p> <p>The Sequoia Hospital Health &amp; Wellness Center provided:</p> <ul style="list-style-type: none"> <li>• Low-cost health screenings for 66 adults</li> <li>• County Flu Vaccine Clinic for 150 adults</li> <li>• Adult Immunizations (Tdap, Pneumococcal, Flu, Shingles) for 96 adults</li> </ul> <p>Starting in November 2012, provided monthly educational health lectures for the Belmont Library "Maturing Gracefully" series. Topics included Coping with the Holidays, Advance Directives and POLST, Nutrition for Cardiovascular Health, Healthy Meal Planning, Fall Prevention, Osteoporosis, Sleep, Memory Disorders.</p>
<b>Hospital's Contribution / Program Expense</b>	<p>Expenses: \$40,747 Offsetting income: \$2,586</p> <p><b>Total Community Net Benefit: \$38,161</b></p>
<b>FY 2014</b>	
<b>Goal 2014</b>	To contribute to the cardiovascular health of identified target populations in the community to enable individuals to manage risk factors and improve their overall well-being.
<b>2014 Objective Measure/Indicator of Success</b>	<p>Provide monthly blood pressure screenings and education at seven community centers for 820 participants. Expand service to employees of City of Belmont, as part of their newly adopted Employee Wellness Program.</p> <p>Provide quarterly diabetes screenings and education at five adult community centers.</p> <p>Provide low-cost health screenings and classes to a minimum of 60 individuals at the Health &amp; Wellness Center.</p> <p>Provide low-cost immunizations for flu, pneumococcal, shingles and Tdap for 250 adults and 150 youth.</p> <p>Conduct a monthly educational health lecture series at the Belmont Library titled "Maturing Gracefully" and maintain attendance of 35-40 participants.</p>
<b>Baseline</b>	Monthly screenings give individuals a way to monitor their blood pressure and glucose to promote healthy aging in place. Conducting programs at centers for older adults, where blood pressure and diabetes screening services are not offered, provides access for a vulnerable population.
<b>Intervention Strategy for Achieving Goal</b>	<p>Meet with each Senior/ Community Center director to evaluate screening program, review center's annual screening results and discuss plans to collaborate and enhance services provided by Sequoia Hospital Health &amp; Wellness Center.</p> <p>Offer low or no cost screenings for high cholesterol, hypertension and diabetes, as well as counseling and routine monitoring at Sequoia Hospital Health &amp; Wellness Center and at</p>

	<p>senior/community center sites.</p> <p>Health &amp; Wellness Community Health Supervisor will write and regularly submit "A Conversation with a Community Nurse" health article for center newsletters. Topics will address identified health education needs of population at each center.</p> <p>Conduct Flu and Pneumococcal Vaccine Clinics for the San Mateo County Health System at Sequoia Hospital Health &amp; Wellness Center beginning in October 2013.</p> <p>Provide Tdap and Shingles vaccinations for adults at the Sequoia Hospital Health &amp; Wellness Center on bimonthly screening days.</p> <p>Provide Stroke Awareness Information and Medication Cards and monitor their use at monthly blood pressure screenings. Submit an article on Stroke Awareness for Center/Community Newsletters.</p> <p>Connect via social media those in San Mateo County who use the internet (96%+) to access and obtain medical education on common chronic conditions such as CHF and Diabetes to educational programs provided by Sequoia Hospital.</p> <p>Engage the staff of the Sequoia Hospital Diabetes Treatment Center to provide a newsletter article, to present a lecture for Maturing Gracefully and to consider participation in identified community diabetes screenings.</p> <p>Explore the use of a Depression Screening so that we will be able to make appropriate and safe referrals and identify opportunities for partnership.</p>
<b>Community Benefit Category</b>	A2: Community Based Clinical Services

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending December 31, 2016, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.

## COMMUNITY BENEFIT AND ECONOMIC VALUE

In Fiscal Year 2013, Sequoia Hospital provided \$52,920,426 in unsponsored care and programs for the benefit of our community. The following table offers a summary of the expenses and persons served by Sequoia's Community Benefit programs for this past fiscal year.

9/6/2013  
 240 Sequoia Hospital  
 Complete Summary - Classified Including Non Community Benefit (Medicare)  
 For period from 7/1/2012 through 6/30/2013

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses	Revenues
<u>Benefits for Vulnerable</u>						
Financial Assistance	1,442	1,043,409	0	1,043,409	0.5	0.4
Medicaid	5,838	20,978,132	7,291,852	13,686,280	6.1	5.9
<u>Community Services</u>						
Community Benefit Operations	2	78,672	0	78,672	0.0	0.0
Community Health Improvement Services	800	782,157	0	782,157	0.3	0.3
Financial and In-Kind Contributions	10	233,169	0	233,169	0.1	0.1
Subsidized Health Services	1	22,236	0	22,236	0.0	0.0
<b>Totals for Community Services</b>	<b>703</b>	<b>1,116,234</b>	<b>0</b>	<b>1,116,234</b>	<b>0.5</b>	<b>0.5</b>
	<b>7,983</b>					
<b>Totals for Vulnerable</b>		<b>23,137,775</b>	<b>7,291,852</b>	<b>15,845,923</b>	<b>7.1</b>	<b>6.8</b>
<u>Benefits for Broader Community</u>						
<u>Community Services</u>						
Community Building Activities	59	208,459	0	208,459	0.1	0.1
Community Health Improvement Services	11,504	313,444	18,838	294,606	0.1	0.1
Financial and In-Kind Contributions	2,352	178,701	0	178,701	0.1	0.1
Health Professions Education	148	1,757,100	151,532	1,605,568	0.7	0.7
<b>Totals for Community Services</b>	<b>14,063</b>	<b>2,455,704</b>	<b>170,368</b>	<b>2,285,336</b>	<b>1.0</b>	<b>1.0</b>
	<b>14,063</b>					
<b>Totals for Broader Community</b>		<b>2,455,704</b>	<b>170,368</b>	<b>2,285,336</b>	<b>1.0</b>	<b>1.0</b>
<b>Totals - Community Benefit</b>	<b>22,046</b>	<b>25,593,479</b>	<b>7,462,220</b>	<b>18,131,259</b>	<b>8.1</b>	<b>7.8</b>
<b>Unpaid Cost of Medicare</b>	<b>30,241</b>	<b>93,898,639</b>	<b>59,109,472</b>	<b>34,789,167</b>	<b>15.5</b>	<b>14.9</b>
<b>Totals with Medicare</b>	<b>52,287</b>	<b>119,492,118</b>	<b>66,571,692</b>	<b>52,920,426</b>	<b>23.6</b>	<b>22.6</b>
<b>Grand Totals</b>	<b>52,287</b>	<b>119,492,118</b>	<b>66,571,692</b>	<b>52,920,426</b>	<b>23.6</b>	<b>22.6</b>

The above costs are actual costs calculated using cost account methodology.

## TELLING THE STORY

To effectively tell the story of Sequoia Hospital's excellent Community Benefit work, a plan is in place for sharing this report as broadly as possible. Sequoia Hospital and the CAC plan to do the following in the coming months:

The Community Benefit Report FY2013 and Implementation Plan for FY2014 will be posted and featured on the Sequoia Hospital Website <http://www.SequoiaHospital.org>. This will be done following Board approval.

The "Sequoia Insider," a weekly employee newsletter, is utilized for internal communication. An announcement of the report and link to the website will be included. In addition, the newsletter highlights Community Benefit activities throughout the year.

Sequoia uses social media platforms, such as Facebook and YouTube, to promote and distribute this important information externally to our broader community.

The metrics of the Community Benefit key programs will be included in the Annual Mission Integration report to be distributed to selected hospital and Dignity Health committees.

The 2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County has been posted on the Sequoia Hospital website. Hard copies of the full assessment are available at the Administration Office at Sequoia Hospital and at Sequoia Hospital Health & Wellness Center at 749 Brewster Avenue, Redwood City, CA.

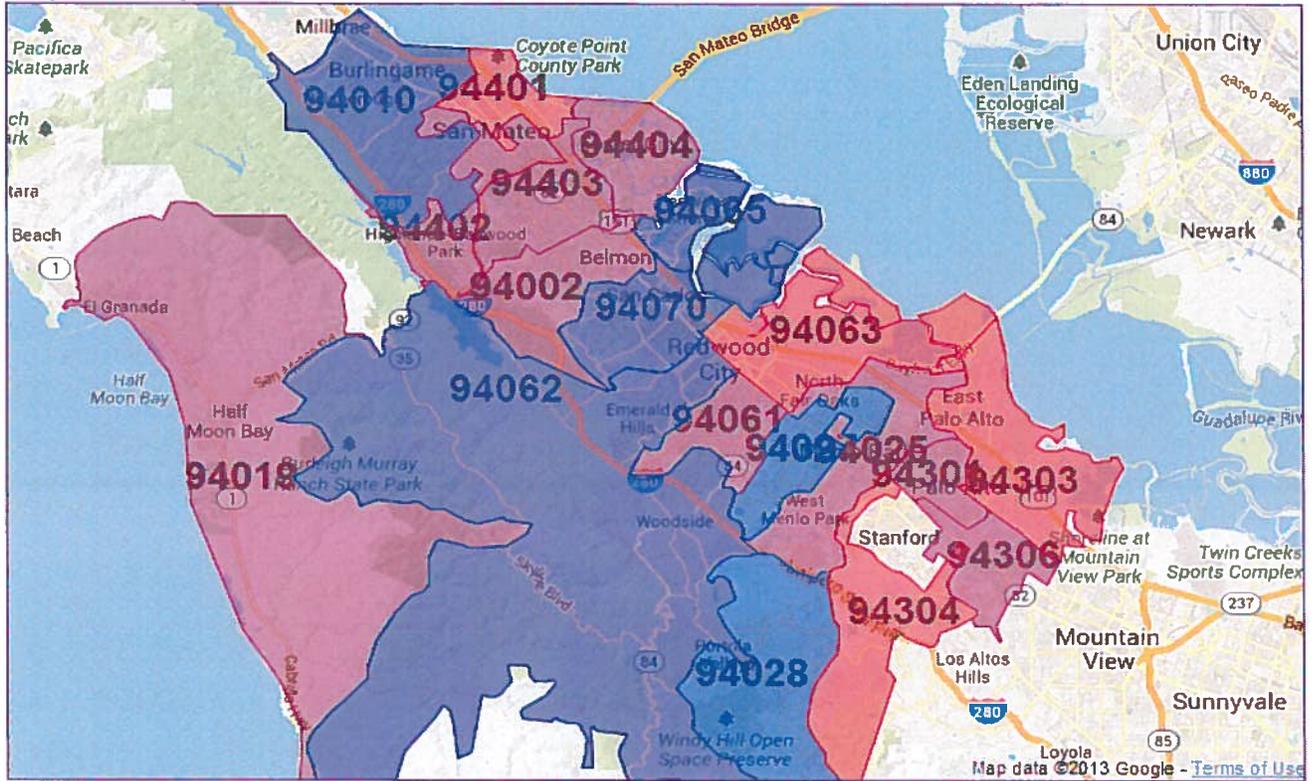
Hard copies of the Executive Summary of the 2013 CHNA have been distributed to CAC, Hospital Board members, Sequoia Hospital Foundation Board members, community partners, Sequoia Hospital leadership.

The 2013 CHNA reports that 92% of San Mateo County residents are 92.6% of North Fair Oaks (94063) residents have a computer in their homes. Additionally 76.6% of San Mateo County residents and 83.4% of North Fair Oaks residents used the internet to access healthcare information in the past year.

Sequoia Hospital will explore ways to utilize the internet to assist residents in accessing reliable health education resources.

## Attachment A

# Sequoia Hospital



Lowest Need ■ 1 - 1.7 Lowest ■ 1.8 - 2.5 2nd Lowest ■ 2.6 - 3.3 Mid ■ 3.4 - 4.1 2nd Highest ■ 4.2 - 5 Highest

Zip Code	CNI Score	Population	City	County	State
94002	2.6	25440	Belmont	San Mateo	California
94010	2.4	40422	Hillsborough	San Mateo	California
94019	3	20213	El Granada	San Mateo	California
94025	3	40817	Menlo Park	San Mateo	California
94027	1.6	7866	Atherton	San Mateo	California
94028	1.4	7037	Portola Valley	San Mateo	California
94061	3.2	34522	Redwood City	San Mateo	California
94062	2.2	26976	San Mateo County	San Mateo	California
94063	4	32431	Redwood City	San Mateo	California
94065	2.4	11768	Redwood City	San Mateo	California
94070	2.2	28382	San Carlos	San Mateo	California
94301	2.6	16029	Palo Alto	Santa Clara	California
94303	4	94303	Palo Alto	San Mateo	California
94304	3.4	94304	Palo Alto	Santa Clara	California
94306	2.8	94306	Palo Alto	Santa Clara	California
94401	3.6	34191	San Mateo	San Mateo	California
94402	2.6	23365	Highlands-Baywood Park	San Mateo	California
94403	2.8	38283	San Mateo	San Mateo	California
94404	2.6	32228	Foster City	San Mateo	California

**CNI Score Median: 2.8**

## COMMUNITY ADVISORY

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\* Indicates those members who also serve on Sequoia Hospital Board of Directors.

**Attachment B**

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**Attachment C****DIGNITY HEALTH**  
**SUMMARY OF PATIENT PAYMENT ASSISTANCE POLICY**

(June 2012)

### **Policy Overview:**

**Dignity Health is committed to providing payment assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Payment assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health's procedures for obtaining payment assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.**

#### **Eligibility for Patient Payment Assistance:**

- Eligibility for payment assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of payment assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

#### **Determination of Financial Need:**

- Financial need will be determined through an individual assessment that may include:
  - a. an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
  - b. the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
  - c. a reasonable effort by the Dignity Health facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
- It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for payment assistance becomes known.
- Dignity Health's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be processed promptly, and the Dignity Health facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

#### **Patient Payment Assistance Guidelines:**

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the termination as follows:

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;
- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;
- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Dignity Health facility.

Dignity Health's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as income for these purposes.

#### Communication of the Payment Assistance Program to Patients and the Public:

- Information about patient payment assistance available from Dignity Health, including a contact number, shall be disseminated by the Dignity Health facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the Dignity Health facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the Dignity Health facility.
- Any member of the Dignity Health facility staff or medical staff may make referral of patients for payment assistance. The patient or a family member, a close friend or associate of the patient may also make a request for payment assistance.

#### Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient payment assistance will be included within the Social Accountability Budget of the Dignity Health facility. Dignity Health facilities will report patient payment assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient payment assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

#### Relationship to Collection Policies:

- Dignity Health system management shall develop policies and procedures for internal and external collection practices by Dignity Health facilities that take into account the extent to which the patient qualifies for payment assistance, a patient's good faith effort to apply for a governmental program or for payment assistance from Dignity Health, and a patient's good faith effort to comply with his or her payment agreements with the Dignity Health facility.
- For patients who qualify for payment assistance and who are cooperating in good faith to resolve their hospital bills, Dignity Health facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

IN IMPLEMENTING THIS POLICY, DIGNITY HEALTH MANAGEMENT AND DIGNITY HEALTH FACILITIES SHALL COMPLY WITH ALL FEDERAL, STATE AND LOCAL LAWS, RULES AND REGULATIONS THAT MAY APPLY TO ACTIVITIES CONDUCTED PURSUANT TO THIS POLICY.

**Attachment D**

**Sequoia Hospital Top Health Needs and Community Assets-August 2013**

<b>Health Need</b>	<b>Sequoia Hospitals' Investments/Assets</b>	<b>Sequoia Hospital Community Partner Investments/ Assets</b>
<p><b>Cross-cutting drivers of all or many health needs/conditions</b>                      Sequoia Hospital has charity care and ED open to all as a benefit to the community.</p>	<p><b>Sequoia Hospital</b></p> <ul style="list-style-type: none"> <li>• Samaritan House Free Clinic Redwood City: provide mammography, lab, radiology and other out-patient services.</li> <li>• Enrollment Assistance for government funded programs.</li> <li>• Med Share equipment donations.</li> <li>• Maple Street Shelter food donations.</li> <li>• Free Taxi Vouchers for Sequoia discharged patients and out-patients who lack financial and transportation resources.</li> <li>• Serve on San Mateo County Paratransit Coordinating Council to provide oversight to Redi-wheels program.</li> <li>• Health Professionals Education: Sequoia contributes to the long-term health of our community by providing student training in Central Supply, Wound Care, Phlebotomy; Lab Science; Nursing; Paramedics; Clinical Chiropractic; Pharmacy; Physical Therapy; Health and Wellness; Physician Assistants; Radiation Oncology; Radiology; Respiratory Therapy.</li> <li>• Financial Assistance (Charity Care): free or discounted health care provided to persons who cannot afford to pay and who meet criteria for Dignity Health Patient Financial Assistance Policy.</li> <li>• Un-reimbursed costs of public health programs for low-income persons, such as Medi-Cal and Medicare.</li> <li>• Sequoia pays on-call physicians to serve indigent patients in the Emergency Department.</li> </ul>	<ul style="list-style-type: none"> <li>• Bay Area Red Cross</li> <li>• Chambers of Commerce</li> <li>• Children's Health Initiative – Healthy Kids</li> <li>• HIP Housing</li> <li>• Legal Aide Society of San Mateo</li> <li>• Mercy Housing Corp.</li> <li>• Peninsula Library System</li> <li>• Ravenswood Family Health Center</li> <li>• RotaCare Bay Area, Inc.</li> <li>• Samaritan House</li> <li>• San Mateo Co. Health Services</li> <li>• San Mateo Co. Human Services</li> <li>• InnVision Shelter Network</li> <li>• Health Plan of San Mateo</li> <li>• Sequoia Healthcare District</li> </ul>
<p><b>Diabetes</b></p>	<p><b>Sequoia Hospital</b></p> <ul style="list-style-type: none"> <li>• Diabetes Treatment Center and Health &amp; Wellness Center:</li> <li>• Community lectures and workshops.</li> <li>• Glucose Screening Clinics and counseling</li> <li>• Health &amp; Wellness Center</li> <li>• Senior and Community Centers.</li> <li>• Support Group/Individual counseling.</li> <li>• Free meter instruction clinic at Samaritan House Free Clinic RWC.</li> <li>• Bilingual LIVE WELL with DIABETES Classes.</li> </ul>	<ul style="list-style-type: none"> <li>• Get Healthy San Mateo County</li> <li>• Local Parks and Recreation Departments</li> <li>• Food Addicts Anonymous</li> <li>• Pre-to-3 Program</li> <li>• Project HEAL :Health Environment Agriculture Learning</li> <li>• San Mateo County Streets Alive! Parks Alive!</li> <li>• School Districts</li> <li>• YMCA</li> <li>• WIC Food and Nutrition Services</li> <li>• El Concilio of San Mateo County</li> </ul>
<p><b>Obesity</b></p>	<p><b>Sequoia Hospital</b></p> <ul style="list-style-type: none"> <li>• Diabetes Weight Management Program.</li> <li>• Collaboration with Fair Oaks Adult Activity Center Breakfast Program.</li> </ul>	<ul style="list-style-type: none"> <li>• BANPAC (Bay Area Nutrition and Physical Activity Collaborative)</li> <li>• Fair Oaks Intergenerational Center Breakfast</li> </ul>

Health Need	Sequoia Hospitals' Investments/Assets	Sequoia Hospital Community Partner Investments/ Assets
	<ul style="list-style-type: none"> <li>• Collaboration with St. Anthony's Padua Dining Room.</li> <li>• Collaboration with Casa de Redwood dinner program</li> <li>• Make Time for Fitness Walking Courses at all RCSD campuses; Red Morton Park (RWC); Burton Park, San Carlos, Central School, Belmont</li> <li>• Make Time for Fitness for RCSD 4<sup>th</sup> grade (Eat Healthy, Stay Active, Be Tobacco Free)</li> <li>• Member: RCSD Wellness Committee; SUHSD Wellness Advisory Committee; Get Healthy Steering committee.</li> <li>• Lactation Education Center Breastfeeding Advice Community "calm line".</li> <li>• Individual nutrition counseling, Sequoia Hospital Nutrition Services</li> <li>• Health screening and counseling at Sequoia Hospital Health and Wellness Center</li> <li>• San Mateo County Breastfeeding Task Force</li> </ul>	<p>Program.</p> <ul style="list-style-type: none"> <li>• Get Healthy San Mateo County</li> <li>• Local Parks and Recreation Departments</li> <li>• Food Addicts Anonymous</li> <li>• Pre-to-3 Program</li> <li>• Project HEAL :Health Environment Agriculture Learning</li> <li>• SafeKids Coalition of Santa Clara and San Mateo Counties</li> <li>• San Mateo County Streets Alive! Parks Alive!</li> <li>• School Districts</li> <li>• YMCA</li> <li>• WIC Food and Nutrition Services</li> <li>• Safe Routes to School</li> <li>• Sequoia Healthcare District</li> </ul>
<b>Violence</b>	<p><b>Sequoia Hospital</b></p> <ul style="list-style-type: none"> <li>• Sequoia Union High School District Wellness Advisory Committee Member.</li> <li>• Redwood City School District Wellness Committee Member</li> <li>• Space and Program Support for Hope House Self-Defense Classes at Health &amp; Wellness Center.</li> </ul>	<ul style="list-style-type: none"> <li>• Freedom House</li> <li>• Rape Trauma Services</li> <li>• Fatherhood Collaborative and Cleo Eulau Center</li> <li>• Bay Area Legal Aide.</li> <li>• Ombudsman Services of San Mateo County</li> <li>• CORA – Community Overcoming Relationship Abuse</li> </ul>
<b>Substance Use (ATOD)</b>	<p><b>Sequoia Hospital</b></p> <ul style="list-style-type: none"> <li>• Meeting space for Alcoholics Anonymous Meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Alcoholics, Alanon Alateen Recovery programs</li> <li>• Catholic Charities</li> <li>• El Centro de Libertad</li> <li>• StarVista</li> <li>• Women's Recovery Association</li> </ul>

Health Need	Sequoia Hospitals' Investments/Assets	Sequoia Hospital Community Partner Investments/ Assets
<b>Cardiovascular disease, heart attack, &amp; stroke (cerebrovascular disease)</b>	<p><b>Sequoia Hospital</b></p> <ul style="list-style-type: none"> <li>• Congestive Heart Failure Classes</li> <li>• Stroke Center</li> <li>• Monthly Community Screenings for Blood Pressure: <ul style="list-style-type: none"> <li>• Fair Oaks Adult Activity Center (Redwood City)</li> <li>• Little House (Menlo Park)</li> <li>• San Carlos Adult Community Center</li> <li>• Twin Pines Senior Center (Belmont)</li> <li>• Veterans Memorial Senior Center</li> <li>• Adaptive Physical Education (Redwood City)</li> <li>• Mid-Peninsula Housing (Menlo Park)</li> </ul> </li> <li>• Individual Cardiovascular counseling</li> <li>• Cardiac Rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• American Heart Association</li> <li>• Community Centers</li> <li>• Get Healthy San Mateo County</li> <li>• Local Parks and Recreation</li> <li>• Peninsula Stroke Association</li> <li>• Food Addicts Anonymous</li> <li>• San Mateo County Streets Alive! Parks Alive!</li> <li>• School Districts</li> <li>• YMCA</li> <li>• Sequoia Healthcare District – Heart Safe Program</li> </ul>
<b>Poor oral health</b>	<p>Sequoia Hospital will not be directly focusing on oral health identified in the 2013 CHNA because it is beyond the scope of our facility and is being addressed by other community based organizations.</p>	<ul style="list-style-type: none"> <li>• Samaritan House</li> <li>• Ravenswood Family Health Center</li> </ul>
<b>Asthma &amp; respiratory conditions</b>	<p><b>Sequoia Hospital</b></p> <ul style="list-style-type: none"> <li>• Smoking Cessation Classes with Breathe California</li> <li>• Redwood City School District Tobacco Awareness with 4<sup>th</sup> grade students.</li> <li>• Asthma Education for coaches, nurses, aides in Sequoia Union High School District.</li> <li>• Breeze Newsletter</li> <li>• Better Breathers Support Group</li> <li>• Pulmonary Rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• American Lung Association</li> <li>• San Mateo County Tobacco Prevention Coalition</li> <li>• Sequoia Healthcare District</li> </ul>
<b>Poor mental health, ie, depression, suicide</b>	<p><b>Sequoia Hospital</b></p> <ul style="list-style-type: none"> <li>• Parenting and post-partum support groups.</li> <li>• Bereavement Programs with Pathways Hospice</li> <li>• Space for Food Addicts Anonymous groups at Health &amp; Wellness Center</li> </ul>	<ul style="list-style-type: none"> <li>• El Centro de Libertad</li> <li>• Peninsula Conflict Resolution</li> <li>• Rape Trauma Services.</li> <li>• Women's Recovery Services</li> </ul>
<b>Cancers</b>	<p><b>Sequoia Hospital</b></p> <ul style="list-style-type: none"> <li>• Womens Breast and Diagnostic Center</li> <li>• Look Good, Feel Better Classes</li> </ul>	<ul style="list-style-type: none"> <li>• American Cancer Society</li> <li>• Relay For Life</li> </ul>
<b>STDs, including HIV-AIDS</b>	<p>Sequoia Hospital will not be directly focusing on STD's/HIV-AIDS identified in the 2013 CHNA because it is beyond the scope of our facility and is being addressed by other community based organizations.</p>	<ul style="list-style-type: none"> <li>• Planned Parenthood</li> <li>• Teen Wellness Center – Sequoia Union High School District</li> </ul>
<b>Cognitive</b>	<p><b>Sequoia Hospital</b></p>	<ul style="list-style-type: none"> <li>• Alzheimer's Day Care Resource Center</li> </ul>

Health Need	Sequoia Hospitals' Investments/Assets	Sequoia Hospital Community Partner Investments/ Assets
Disorders, ie, Autism, Alzheimer's	<ul style="list-style-type: none"> <li>Community lectures and collaboration</li> </ul>	<ul style="list-style-type: none"> <li>Local Adult Day Care Centers</li> <li>Roesner House, Menlo Park</li> <li>Family Caregiver Alliance</li> </ul>
Poor birth outcomes (low birth weight/ infant mortality)	<p><b>Sequoia Hospital</b></p> <ul style="list-style-type: none"> <li>Prenatal classes</li> <li>Weekly parenting e-mails for expectant and new parents</li> </ul>	<ul style="list-style-type: none"> <li>Pre-to-3 Program</li> <li>San Mateo County Health Department</li> </ul>
Infectious Disease, ie, TB	<p><b>Sequoia Hospital</b></p> <ul style="list-style-type: none"> <li>Vaccination Clinics</li> </ul>	<ul style="list-style-type: none"> <li>San Mateo County Hep B Initiative</li> </ul>

**Listed in Report and by Focus Group but not prioritized by Focus Group:**

Health Need	Sequoia Hospital Investments/Assets	Sequoia Hospital Partner Investments/ Assets
Unintended injury (falls)	<p><b>Sequoia Hospital</b></p> <ul style="list-style-type: none"> <li>San Mateo County Fall Prevention Task Force in-kind and financial support.</li> <li>Fall Prevention Classes for Seniors</li> <li>Collaboration with Stanford for Matter of Balance Instructor Training and Classes for Southern San Mateo County.</li> <li>Pediatric CPR/Injury Prevention</li> <li>American Heart Association Training Center</li> <li>CPR Training in the Sequoia Union High School District 9<sup>th</sup> grade classes.</li> </ul>	<ul style="list-style-type: none"> <li>San Mateo County Fall Prevention Task Force</li> <li>Farewell to Falls – Stanford Hospital and Clinics</li> <li>Rebuilding Together Peninsula</li> <li>Center for Independence Individuals with Disabilities (CID)</li> </ul>
Hospital readmissions	<p><b>Sequoia Hospital</b></p> <ul style="list-style-type: none"> <li>Sequoia Community Care ... across the Continuum</li> <li>Medication Management</li> <li>Grant support to community based organizations for case management, coaching, meals, home repairs, transportation, home care</li> </ul>	<ul style="list-style-type: none"> <li>Peninsula Family Services</li> <li>Peninsula Volunteers Inc.</li> <li>Jewish Family and Children's Services</li> <li>Samaritan House</li> <li>Peninsula Jewish Community Center</li> </ul>
Chronic disease (both age-related and due to disabilities)	<p><b>Sequoia Hospital</b></p> <ul style="list-style-type: none"> <li>Live Well Workshops –Managing Chronic Disease –a collaboration with Sequoia Healthcare District.</li> <li>Support Groups for: <ul style="list-style-type: none"> <li>Food Allergy-SF Bay Area</li> <li>Hepatitis C</li> <li>Infertility Relaxation &amp; Guided Meditation</li> <li>Meniere's Disease</li> </ul> </li> </ul>	

Health Need	Sequoia Hospital Investments/Assets	Sequoia Hospital Partner Investments/ Assets
	<ul style="list-style-type: none"> <li>• Osteoporosis</li> <li>• For Those in Pain</li> <li>• Pacific Chapter, Neuropathy Association</li> </ul>	
Health of older adults	<p><b>Sequoia Hospital</b></p> <ul style="list-style-type: none"> <li>• Belmont Library, monthly Maturing Gracefully lecture series.</li> <li>• Peninsula Family YMCA Healthy Living Committee member</li> </ul>	<ul style="list-style-type: none"> <li>• Local Parks and Recreation Departments</li> </ul>