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PUBLIC NOTICE

Board of Directors

STRATEGIC DIRECTION OVERSIGHT COMMITTEE

1819 Trousdale Dr. (Classroom)

July 23, 2024, 5:00 pm

AGENDA

1. Call to Order & Roll Call: Chair Cappel
2. Approval of Minutes: SDOC May 1, 2024 **Pg. 1-5**
3. 2024 Strategic Direction Committee Membership: Ana M. Pulido, CEO
 - a. Renewing Members
 1. Dr. Wade Aubry
 2. Nirmala Bandrapalli
 3. Daniel Quigg
 4. Ashley McDevitt
 - b. New Member Recommendation **Pg. 6**
 1. John Jurrow
4. Strategic Plan Update and Discussion: Ana M. Pulido, CEO and Fátima Rodríguez, SID
 - a. Logic Models for Vaccinations and Health Screenings **Pg. 7-44**
 - b. Draft Strategic Framework **Pg. 45-55**
5. Adjournment



**Strategic Direction Oversight Committee Minute
May 1, 2024**

1. Call to Order: Chair Cappel called the meeting to order at 5:03 p.m.

Roll Call: SDOC members present were Cappel, Pagliaro, Bandrapalli, Emmott, Quigg, Johnson, McDevitt, Aubry

Absent: Jackson

2. Approval of Minutes: SDOC January 16, 2024

3. 2024 Committee Charge Review: Ana M. Pulido

Vice-Chairman Pagliaro requested to revisit this agenda item at the upcoming meeting. He also asked CEO Pulido to contact all Strategic Directions Committee members whose terms are expiring this year and are eligible for reappointment to inquire if they wish to continue serving.

4. Strategic Plan Update: Ana M. Pulido, CEO and Fátima Rodriguez, Strategic Initiatives Director (SID)

Presentation Highlights

Agenda

Mandate: Develop strategic frameworks for core programs to serve as a foundation for the District's Strategic Plan.

Meeting Objective 1: Walkthrough the process of collaboration in developing logic models (health needs/inputs/outputs/outcomes)

Meeting Objective 2: Receive feedback on short-term health outcomes and metrics for two core programs.

Logic Model Development

- Confirm program priorities & intended impact
- Affirm with research and community health assessment findings

- Identify validated tools and metrics
- Examine data collection process
- Refine outcomes and metrics
- Pilot test instruments and data collection approach

HEALTH & FITNESS CENTER

Forever Fit: Wellness & Nutrition 12-Month Program

- Forever Fit is a comprehensive wellness and nutrition program designed to foster lasting health improvements and lifestyle changes among individuals with sedentary lifestyles and at risk of chronic conditions.
- The program aims to empower participants to achieve and maintain optimal health through exercise classes, nutrition discussions, and wellness education.

Health Needs

- In 2022, 10.4% of residents 18 years old and over in San Mateo County have diabetes, a drop of 2% since 2018. The condition occurs disproportionately in particular racial/ethnic groups, such as Pacific Islander (28.2%), Hispanic (10.9%), and Blacks (18.1%).
- 17.5% of adults 65 years and older have diabetes in San Mateo County vs. 8.5% of those under the age of 65 years.
- 60.4% of San Mateo County residents are considered overweight (BMI of 25-30), a 5% increase since 2013. 25.6% of the same population are considered obese (BMI of 30 or greater).

Health Outcomes

Participants will show continuous improvement in key health outcomes over time and through adherence to the program. Increased awareness in behavior change/habits to adopt healthier lifestyle choices (survey).

- Adoption of healthier habits and lifestyle choices related to nutrition, sleeping habits, and fitness routine (survey) Weight and/or fat loss and body composition changes (scale)
- Improved blood glucose levels to improve insulin sensitivity (tool, lab test Hba1c score)
- Improvements in cardiovascular endurance, muscle strength, and flexibility (physical tests)
- Improvement in mental health with a reduction in stress, anxiety, and depression (PHQ-9).

“Steady Steps” - 12-Week Fall Prevention Program

- Aims to lower the risk of falls among older persons through education, exercise, and environmental modifications.
- By addressing both physical and environmental variables, "Steady Steps" helps individuals preserve their independence and quality of life.

Health Outcomes (Short-term)

- Improved knowledge of key exercises to strengthen body (survey)
- Increased awareness and knowledge of fall hazards and prevention techniques (survey)
- Increased confidence and reduction of fear of falling to improve participation in activities (FESI, FRAT)
- Decreased fall risk (FRAT)

allcove™ SAN MATEO

- allcove™ is the first youth mental health drop-in center designed with, by, and for youth ages 12-25 looking for support with mild to moderate needs in San Mateo County.
- The Center offers mental health, physical health, substance use, family support, peer support, supported education and employment services, and a space for youth to hang out or study.

Health Outcomes (Short-term)

- Improvement in symptoms since first initial visit and/or what brought them in
- Increase in awareness of coping skills
- Reduction in self-harm/suicide impulses
- A decrease in depression among youth accessing services

Next Steps

- Incorporate SDOC feedback
- Share health outcomes and metrics for Vaccinations and Health Screening Programs as part of process to receive SDOC feedback
- Draft District-wide strategic framework

Q & A WITH ANA M. PULIDO AND FÁTIMA RODRÍGUEZ

What sample would be utilized to measure health outcomes of the Health & Fitness Center programs?

As part of the pilot program, the sample used to measure the health outcomes would consist of the current members of the Health & Fitness Center.

Is the Health & Fitness Center already measuring blood glucose levels and Hba1c scores, or is this something that will be implemented? Who will incur the cost of these tests?

The District is exploring partnerships with College of San Mateo and other agencies to perform glucose and Hba1c testing. We are looking to address the costs associated with implementing these tests.

Is there a specific curriculum that Director Bergstrom plans to use?

The program's foundation will involve a hybrid approach, drawing from the Centers for Disease Control & Prevention (CDC) curriculum and customized to align with the PHCD objectives.

How is the data gathered at the allcove™ centers configured with what clinical partners and their specific metrics are measuring? Is the information being integrated or viewed from a different perspective?

A challenge that has arisen is that the tool "datacove," utilized by allcove™ centers for data collection and report generation, is still in the implementation stage. allcove™ San Mateo is actively seeking ways to assess the initial impact of the center without being impeded by technological issues. Currently, datacove is unable to analyze health outcomes, which is a key focus area at allcove San Mateo.

Vice-Chairman Pagliaro expressed a desire for PHCD insurance to be reviewed, as delving into bloodwork would involve aspects of the medical field. Additionally, he recommended that staff at the Health & Fitness Center receive training on using the defibrillator to handle potential emergencies. Furthermore, he proposed scheduling a class to train volunteers interested in learning how to operate the defibrillator.

Dr. Aubry noted that while most Automated External Defibrillators (AEDs) do not require training to operate, some individuals may feel uncomfortable using them. He recommended

providing Basic Life Support or Basic CPR classes to familiarize staff and clients with the equipment. Medical professionals and EMTs would need Advanced Cardiac Life Support (ACLS) certification.

CEO Pulido noted that Director Bergstrom currently holds that certification and mentioned that all staff at the Health & Fitness Center will be obtaining their CPR Certification this summer.

Dr. Aubry noted that some aspects of these programs are similar to services provided at a Health Fair. Services provided at these events range from cholesterol checks and urine screenings to Hba1c tests. Research is required to determine the type of standard insurance the District would need to offer these services at the Health & Fitness Center. The primary liability concern that could arise is if a patient has a significantly abnormal test result and it is not communicated to them; thereby potentially leading to liability for the District.

Ms. McDevitt highlighted another important issue that requires attention, which is the storage of participants' information at the PHCD. This information now falls under protected health information (PHI), extending beyond the demographic data typically collected by the District.

Ms. Bandrapalli recommended collaborating with the San Mateo Commission on Aging, known for their outstanding efforts in promoting senior independence, self-sufficiency, and overall physical and mental well-being, to support the implementation of the "Steady Steps" program.

5. Adjournment: 6:00 pm

FOUNDATION BOARD

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John Jurow, a dedicated leader in healthcare, serves as the CEO of the San Mateo County Health Foundation. Born and raised in Burlingame, California, John's deep roots in San Mateo County have shaped his unwavering commitment to the community. His Grandfather, Mother and Father were all physicians at Peninsula Hospital in Burlingame, and he understands the needs of our healthcare community. He calls the vibrant county of San Mateo home, where he resides with his two sons. Before assuming his role at the Foundation, John spent over 15 years in Radiology at San Francisco General Hospital and San Mateo Medical Center. He is still a working front line technologist in his spare time to keep up his skills and stay in touch with direct patient care. Eventually promoted to Director of the Radiology, John then rose to the position of Interim Deputy Director of Ancillary Services. His tenure in the field has equipped him with a profound understanding of the intricate workings of medical institutions and the importance of equitable access to quality care.

Now leading the San Mateo County Health Foundation, John is fueled by his passion to ensure that cutting-edge technology, innovative procedures, and skilled professionals are accessible to all, irrespective of financial barriers. Collaborating with a dedicated board of directors, he drives initiatives aimed at advancing healthcare within the community.

John's vision and leadership has shown his commitment to fostering a healthier and more equitable future for San Mateo County residents. His unwavering dedication ensures that quality care is upheld as an essential right for every individual, not a privilege.

Contact: jjurow@smcgov.org

Child & Adult Vaccinations



Vaccinations for both children and adults are fundamental pillars safeguarding individual and community health. They serve as crucial tools in preventing the transmission of diseases, while simultaneously fostering public health and enhancing overall well-being.

Through District programs and community partnerships, our goal is to protect the health of District residents by increasing access to prioritized vaccinations.

Health Needs

Every year, communities are adversely affected by vaccine-preventable diseases, with the more serious cases leading to emergency room visits, hospitalizations, and death.

Despite the challenge to obtain the most up-to-date vaccination rates to help prioritize interventions, we know there is a recurring need to protect the public against Influenza (flu), Respiratory syncytial virus (RSV), and Pneumonia, as well as COVID.

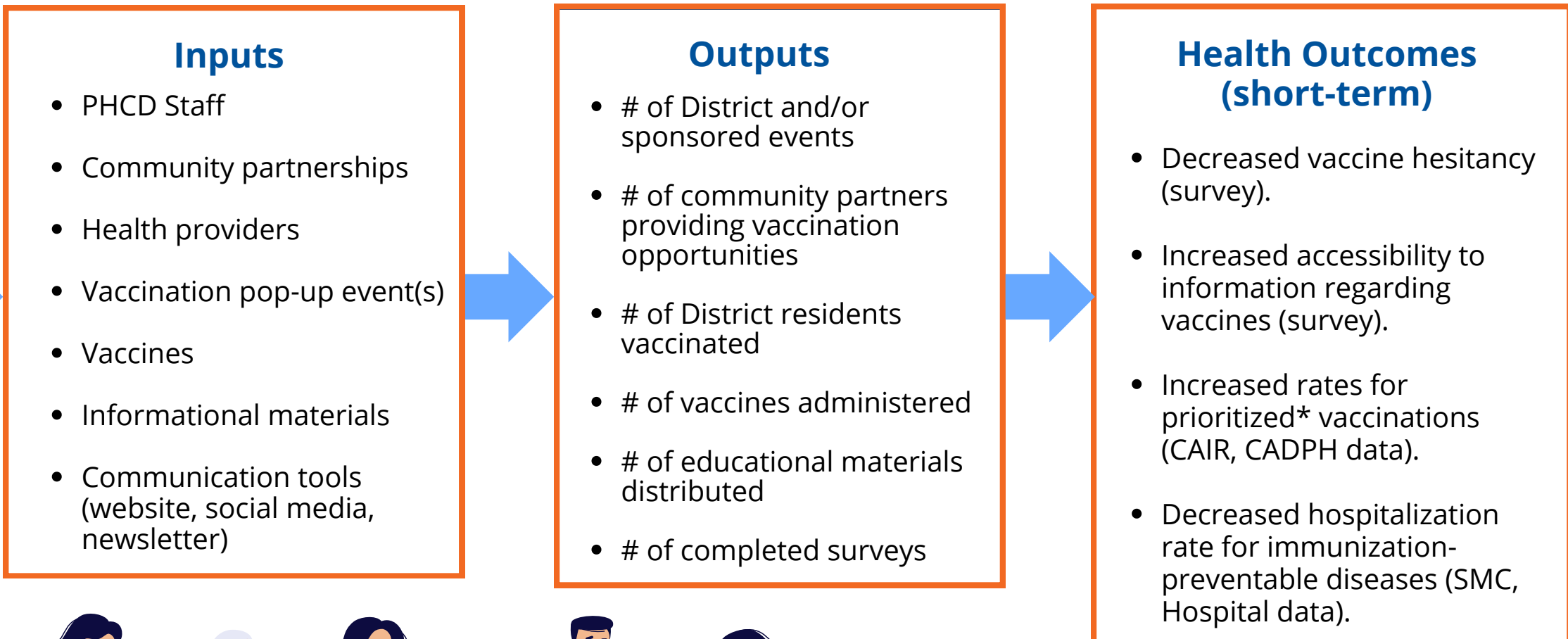
Although San Mateo County is doing better for most vaccine-related indicators* as compared to other CA Counties and the State, in some cases, there are higher ER and hospitalization rates among specific subgroups, such as by age, gender, and race/ethnicity.

For example, the **Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza** in SMC is higher (24.9/10,000) than the California value. As compared to the overall value in SMC, this rate is also significantly worse for persons ages 18-24 and 25-34, females, Hispanics, and those living in District zip codes 94401 (San Mateo) and 94066 (San Bruno).

The **Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza** in SMC is lower (1.5/10,000 persons) than the State and other CA counties. However, the older demographic has the highest rates of hospitalizations at 17.3 for 85+ and 4.6 for 65-84, as well as higher rates are observed in certain District zip codes (94066, 94403, and 94401).

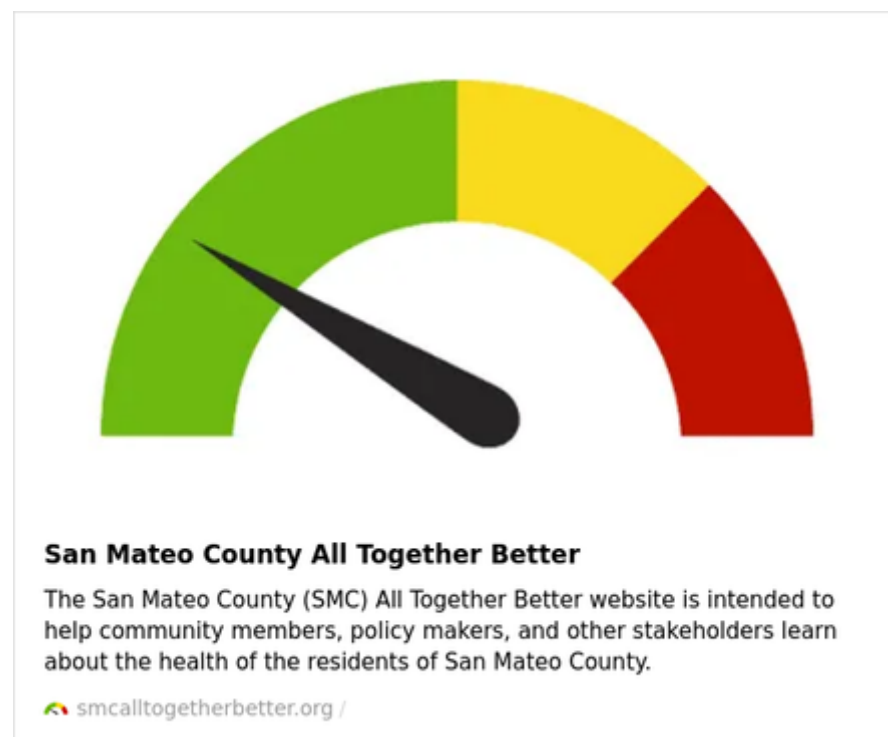
*From [San Mateo County All Together Better: List of Indicators](#).

Prioritized vaccinations include: COVID, Influenza (flu), Respiratory syncytial virus (RSV), and Pneumonia, and potentially others (HepB, Shingles), as agreed upon.



Appendix - Child & Adult Vaccinations

San Mateo County All Together Better



California Department of Public Health

COVID Vaccine Data

The California Department of Public Health is dedicated to optimizing the health and well-being of Californians

 California Department of Public Health /



Vaccinations - Indicators

Influenza (flu) and Pneumonia

- [Percentage](#) of Medicare beneficiaries who received the influenza vaccination (SMC, HPSM)
- Age-adjusted [ER Rate](#) due to Influenza and Pneumonia
- Age-adjusted [ER Rate](#) due to Community Acquired Pneumonia
- Age-adjusted [Hospitalization Rate](#) due to Community Acquired Pneumonia
- Age-adjusted [ER Rate](#) due to Immunization-Preventable Pneumonia and Influenza
- Age-adjusted [ER Rate](#) due to Immunization-Preventable Pneumonia and Influenza

Source: [San Mateo County All Together Better](#)

COVID

Persons Fully Vaccinated Against COVID-19 (*County data not updated since May 2023*).

Persons Vaccinated Against COVID (CDPH)

- Up-to-Date %
- Primary Series Completed

Vaccinations & Immunizations

Health / Immunizations & Infectious Diseases

| | County | Region | Census Place (City) | Zip Code | Census Tract | Neighborhood Cluster |
|---|--------|--------|---------------------|----------|--------------|----------------------|
| Age-Adjusted Death Rate due to Influenza and Pneumonia | ✓ | | | | | |
| Age-Adjusted ER Rate due to Community Acquired Pneumonia | ✓ | | | ✓ | | |
| Age-Adjusted ER Rate due to Hepatitis | ✓ | | | ✓ | | |
| Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza | ✓ | | | ✓ | | |
| Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia | ✓ | | | ✓ | | |
| Age-Adjusted Hospitalization Rate due to Hepatitis | ✓ | | | ✓ | | |
| Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza | ✓ | | | ✓ | | |
| COVID-19 Daily Average Case-Fatality Rate | ✓ | | | | | |
| COVID-19 Daily Average Incidence Rate | ✓ | | | | | |
| Flu Vaccinations: Medicare Population | ✓ | | | | | |
| Kindergartners with Required Immunizations | ✓ | | | | | |
| Persons Fully Vaccinated Against COVID-19 | ✓ | | | ✓ | | |
| Pneumonia Vaccinations: Medicare Population | ✓ | | | | | |
| Tuberculosis Incidence Rate | ✓ | | | | | |

Pneumonia Vaccinations: Medicare Population

Measurement Period: 2022

County: San Mateo 

8.0%

Source: Centers for Medicare & Medicaid Services
 Measurement period: 2022
 Maintained by: Conduent Healthy Communities Institute
 Last update: December 2023

COMPARED TO



CA Counties



U.S. Counties



CA Value
(8.0%)



US Value
(8.0%)

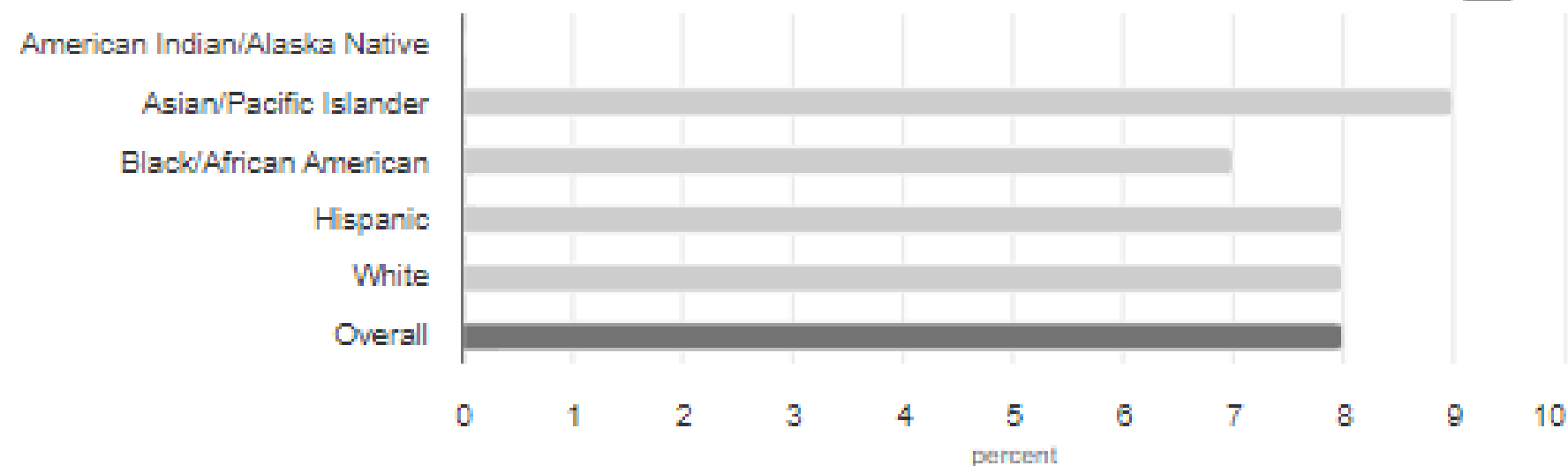


Prior Value
(7.0%)

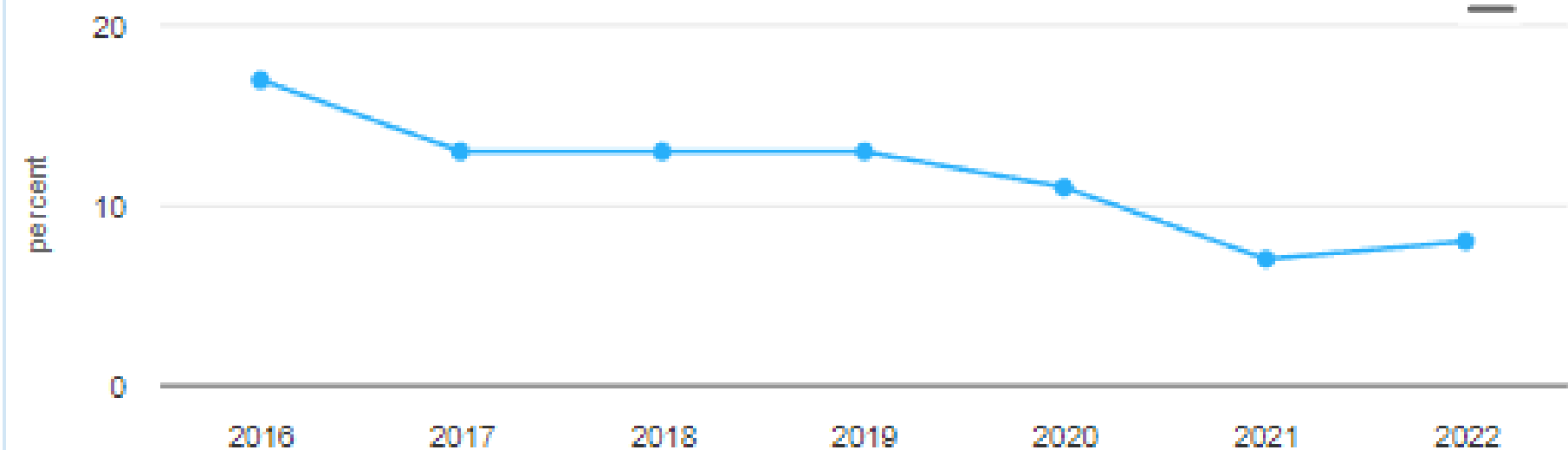


Trend

Pneumonia Vaccinations: Medicare Population by Race/Ethnicity




Pneumonia Vaccinations: Medicare Population



Flu Vaccinations: Medicare Population







Measurement Period: 2022

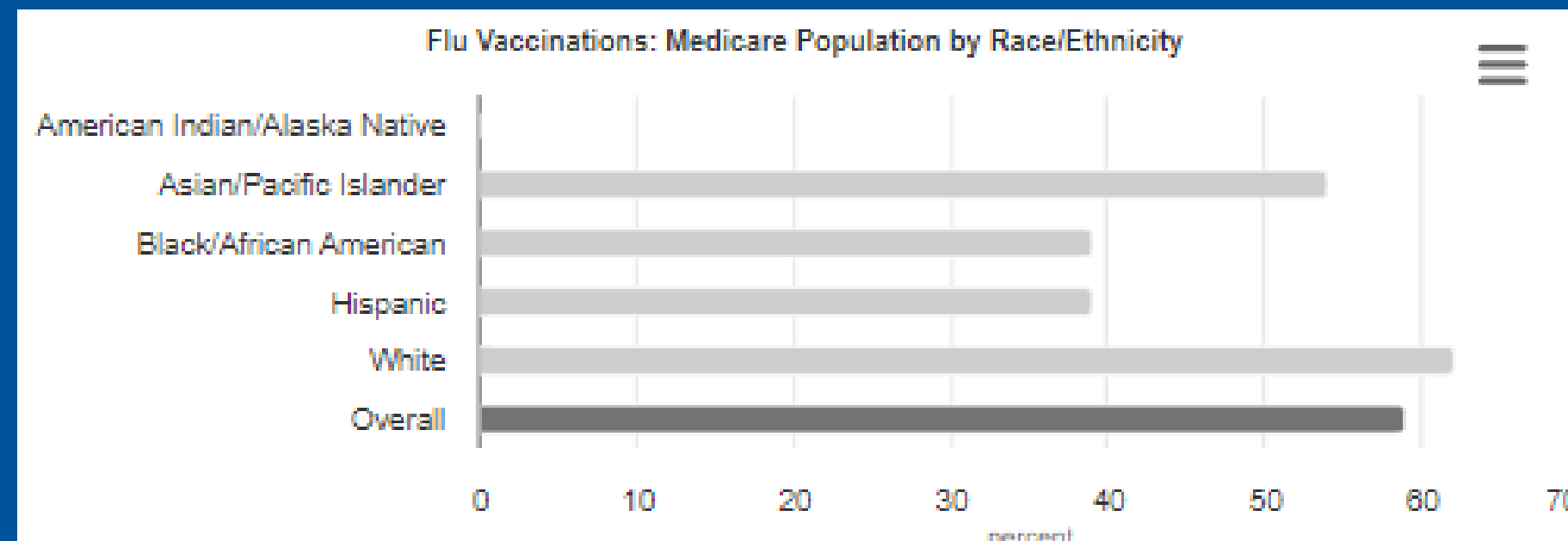
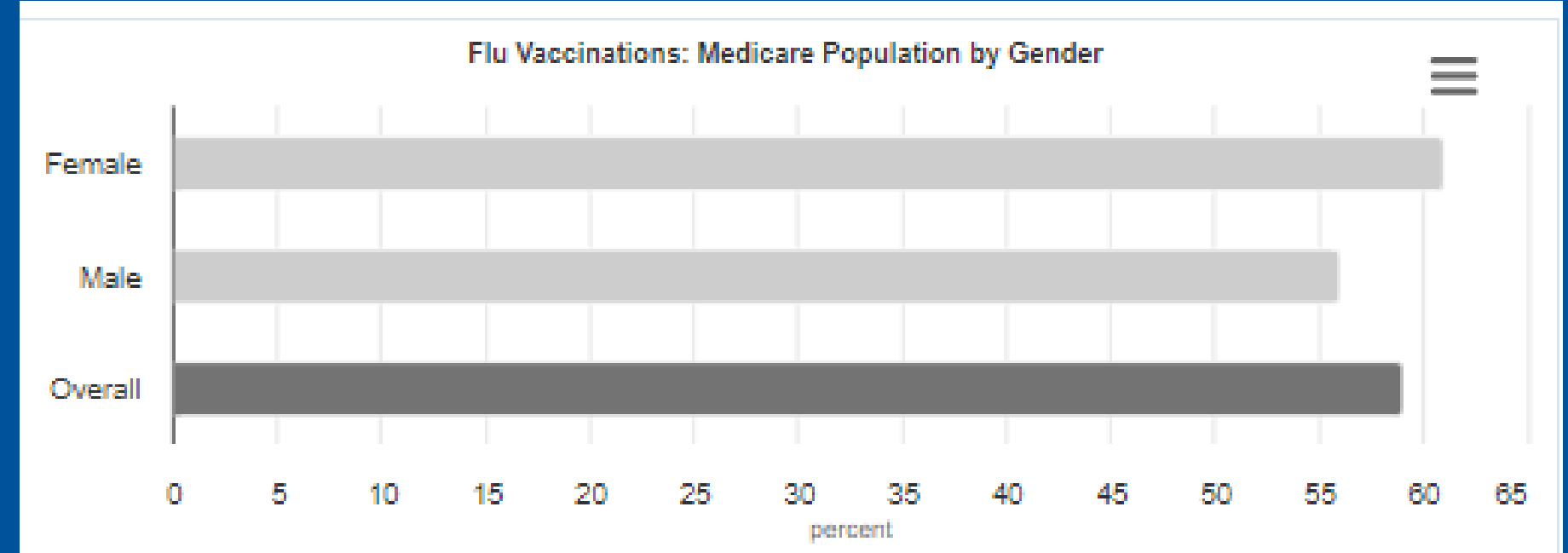
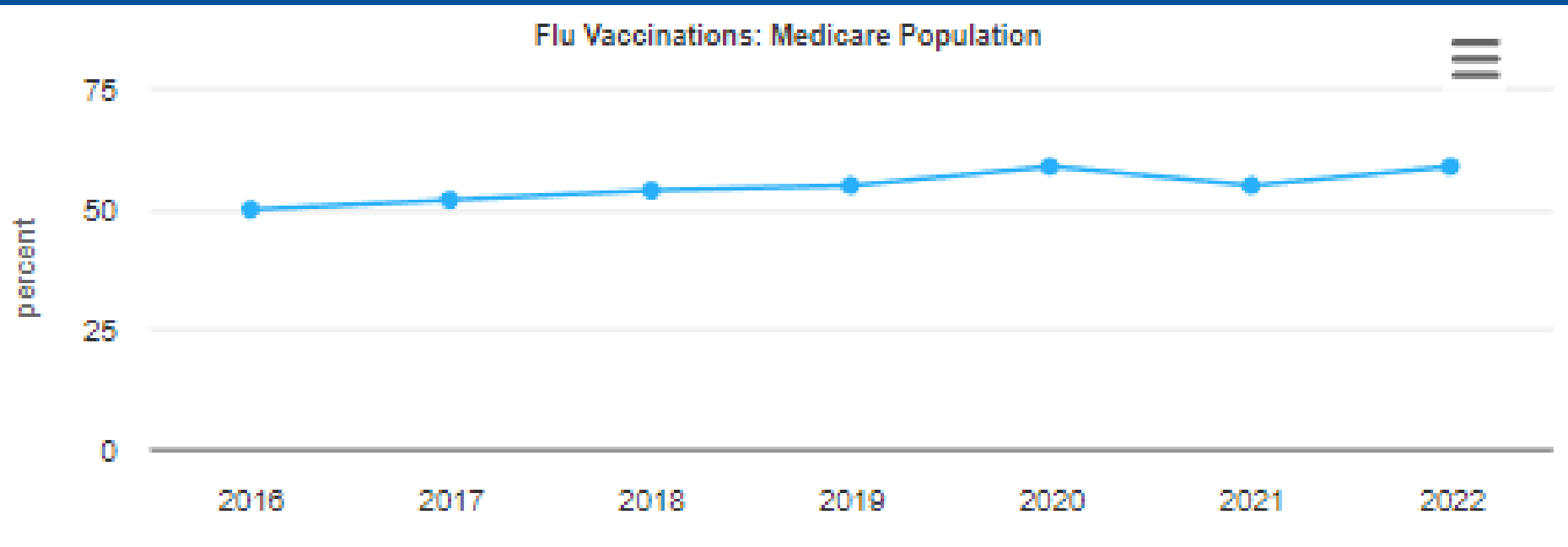
County: San Mateo 

59.0%

Source: Centers for Medicare & Medicaid Services
Measurement period: 2022
Maintained by: Conduent Healthy Communities Institute
Last update: December 2023

COMPARED TO

-  CA Counties
-  U.S. Counties
-  CA Value (48.0%)
-  US Value (50.0%)
-  Prior Value (55.0%)
-  Trend



Age-Adjusted **Death Rate** due to Influenza and Pneumonia

Measurement Period: 2019-2021

County: San Mateo 

5.8

deaths/ 100,000 population

Source: California Department of Public Health
 Measurement period: 2019-2021
 Maintained by: Conduent Healthy Communities Institute
 Last update: August 2023

COMPARED TO



CA Counties



CA Value
(11.5)



US Value
(13.0 in 2020)

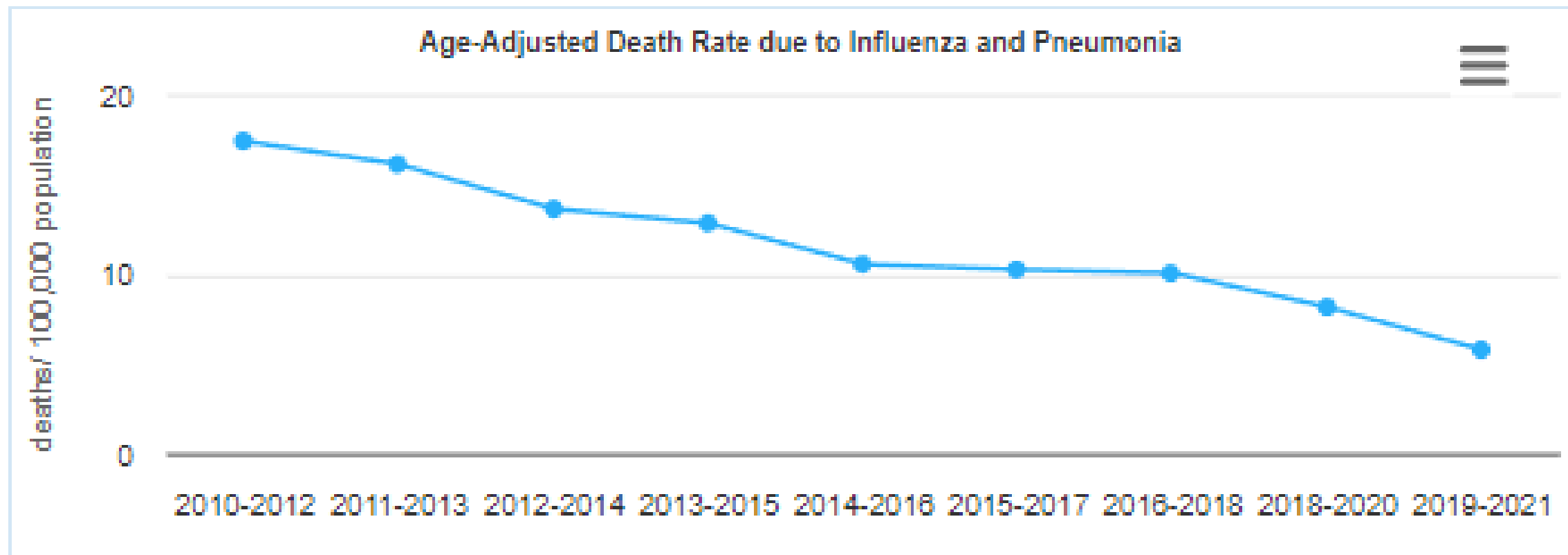


Prior Value
(8.2)



Trend

Technical note: Data compiled by CDPH using the California Comprehensive Master Death Files.



Age-Adjusted ER Rate due to Community Acquired Pneumonia

Measurement Period: 2018-2020

This indicator shows the age-adjusted emergency room visit rate due to community acquired pneumonia (bacterial pneumonia) per 10,000 population aged 18 years and older. Cases with a secondary diagnosis of sickle cell anemia, Hemoglobin-S, or other indications of immunocompromised state are excluded.

County: San Mateo 

15.5

ER visits/ 10,000 population 18+ years

Source: California Department of Health Care Access and Information

Measurement period: 2018-2020

Maintained by: Conduent Healthy Communities Institute

Last update: August 2022

COMPARED TO



CA Counties

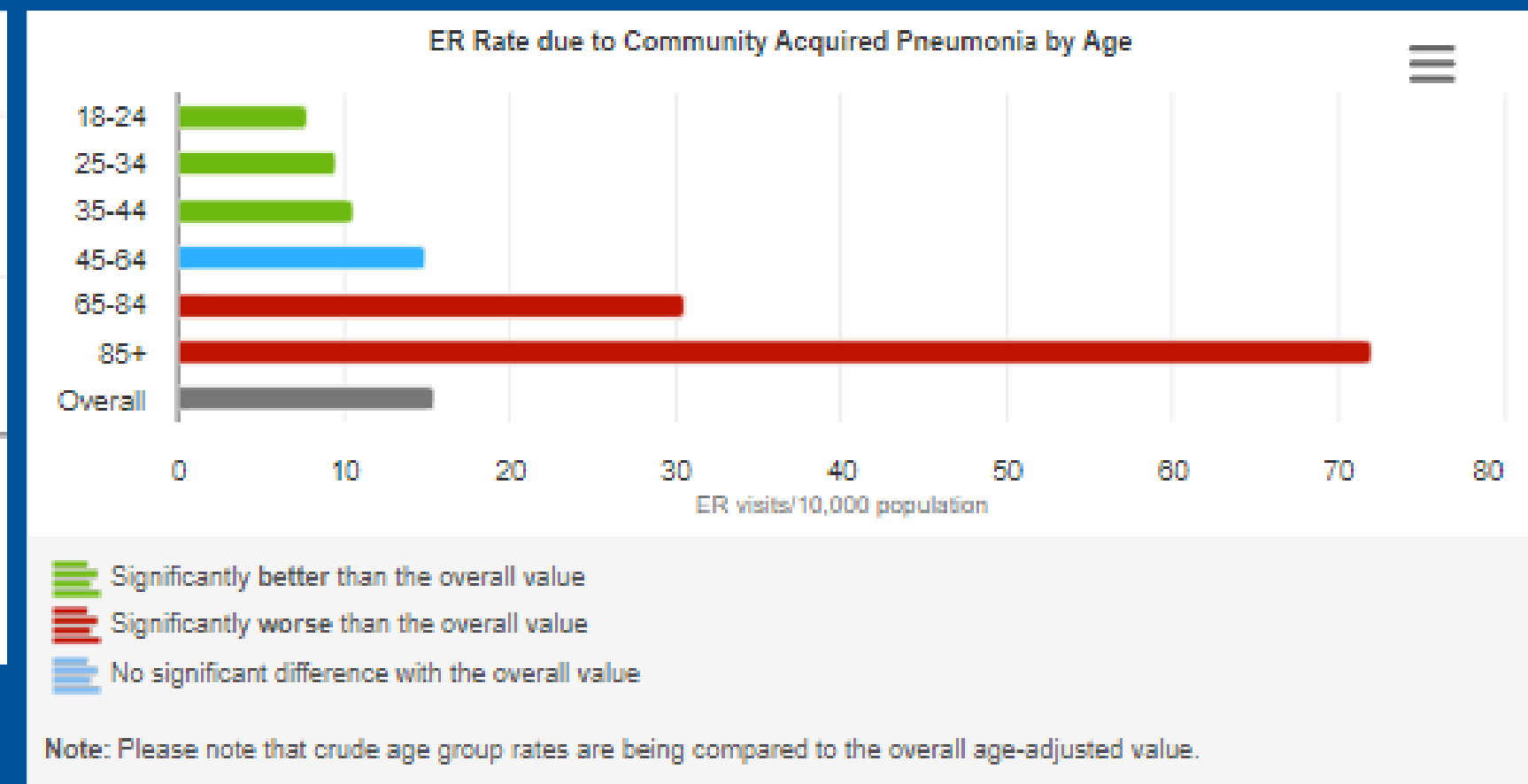
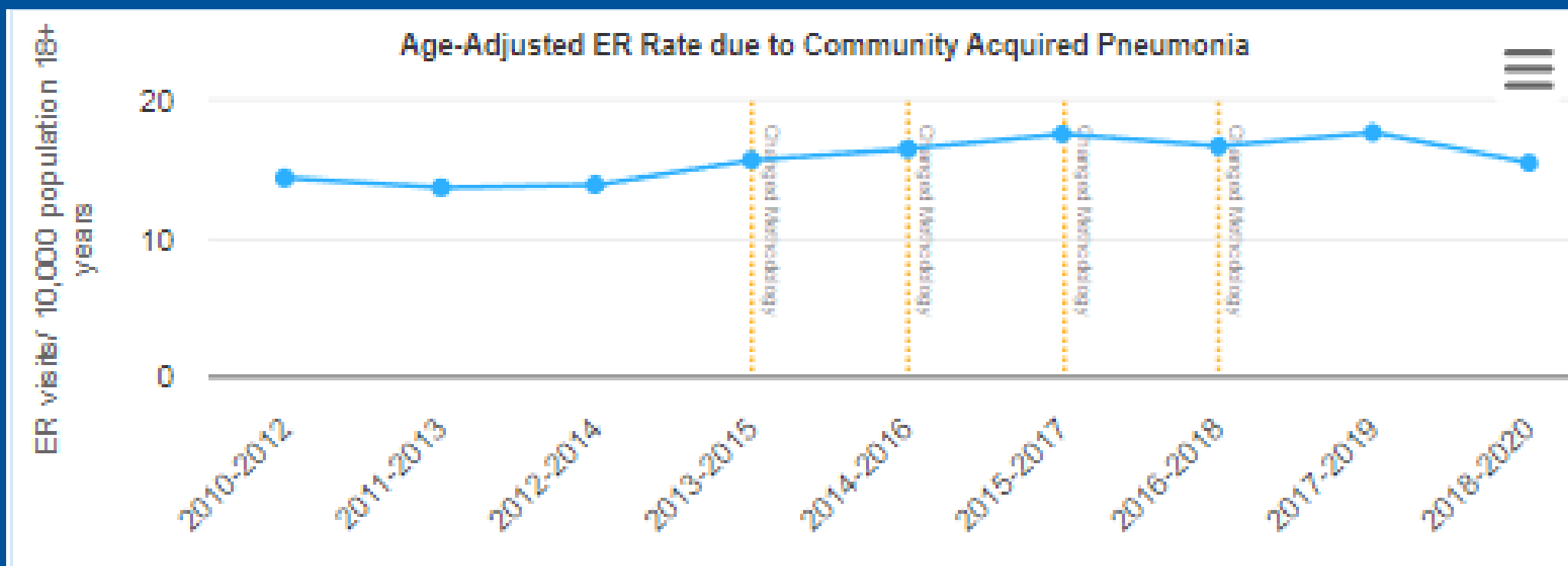


CA Value
(20.0)



Prior Value
(17.7)

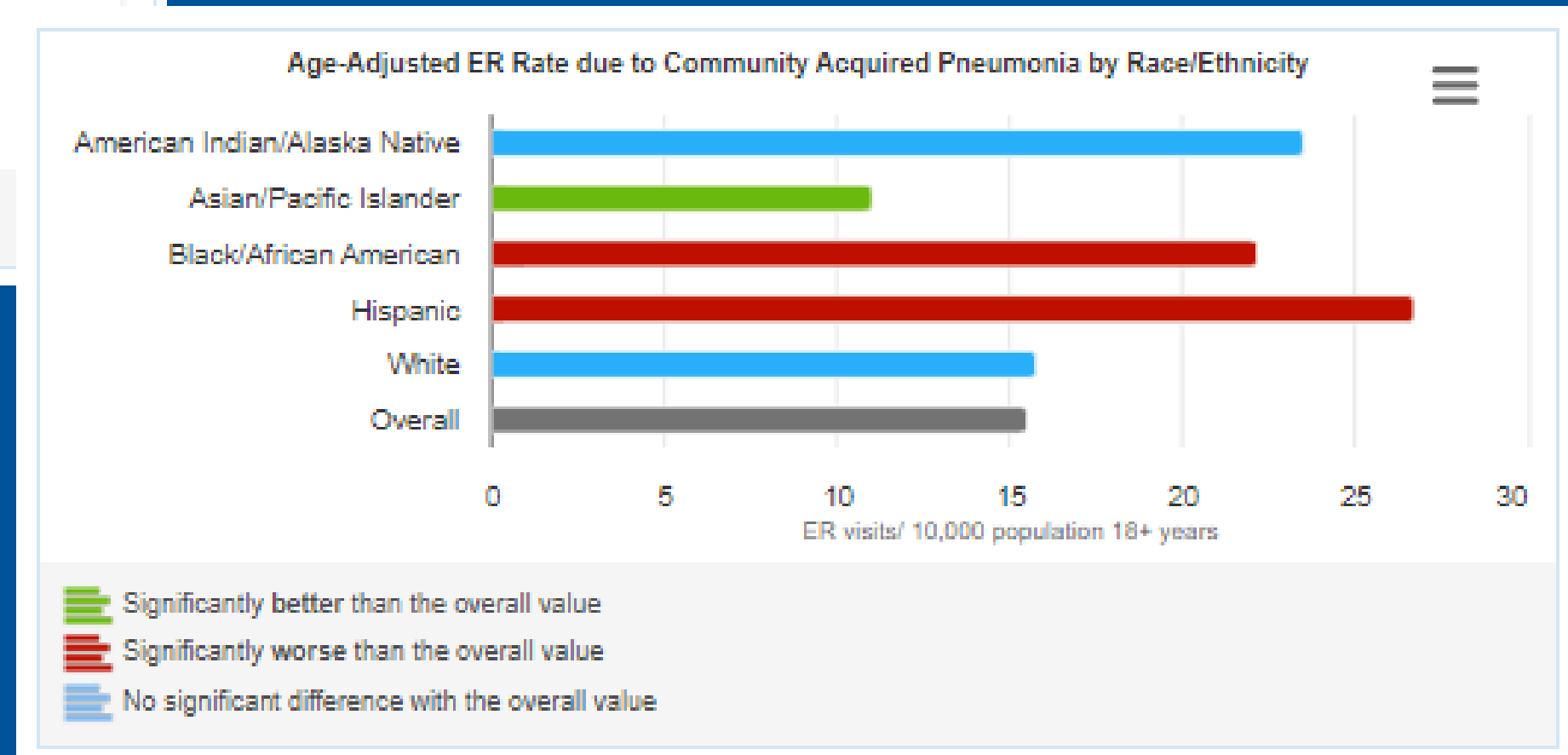
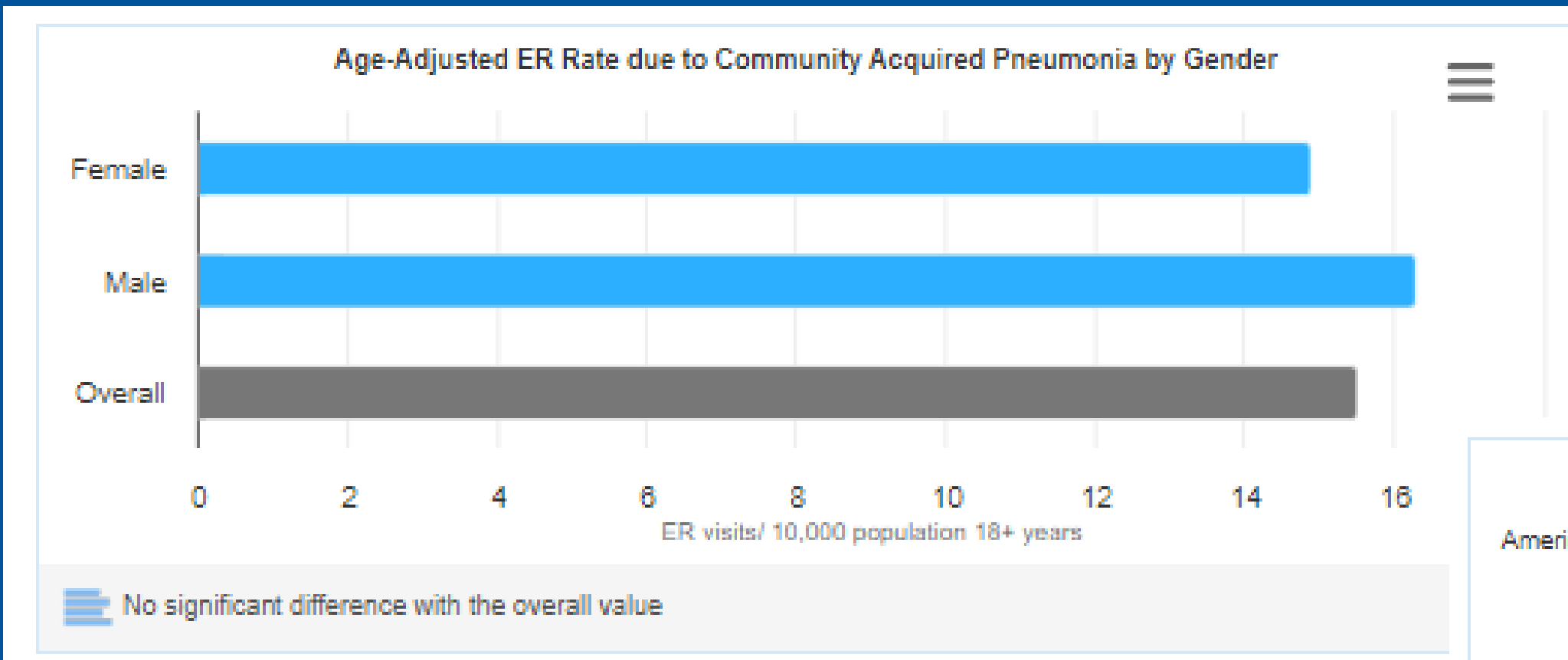
Technical note: Rates were calculated using Claritas population estimates. Rates based on fewer than 12 emergency room visits or a population of less than 300 are not reported to ensure patient confidentiality.



Age-Adjusted **ER Rate** due to Community Acquired Pneumonia

Measurement Period: 2018-2020

This indicator shows the age-adjusted emergency room visit rate due to community acquired pneumonia (bacterial pneumonia) per 10,000 population aged 18 years and older. Cases with a secondary diagnosis of sickle cell anemia, Hemoglobin-S, or other indications of immunocompromised state are excluded.



Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia

Measurement Period: 2018-2020

County: San Mateo

4.0

hospitalizations/ 10,000 population 18+ years

Source: California Department of Health Care Access and Information
 Measurement period: 2018-2020
 Maintained by: Conduent Healthy Communities Institute
 Last update: August 2022

COMPARED TO



CA Counties



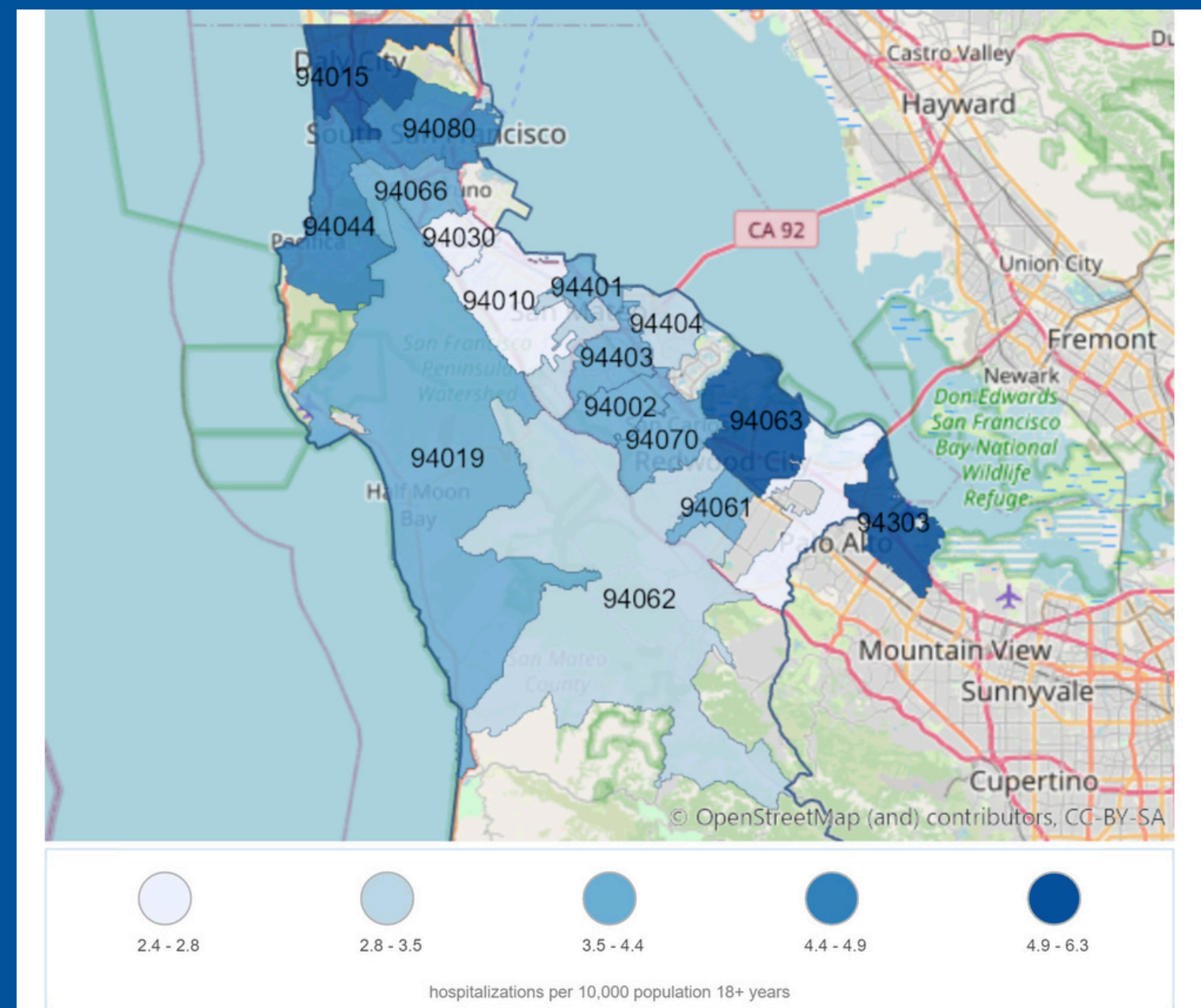
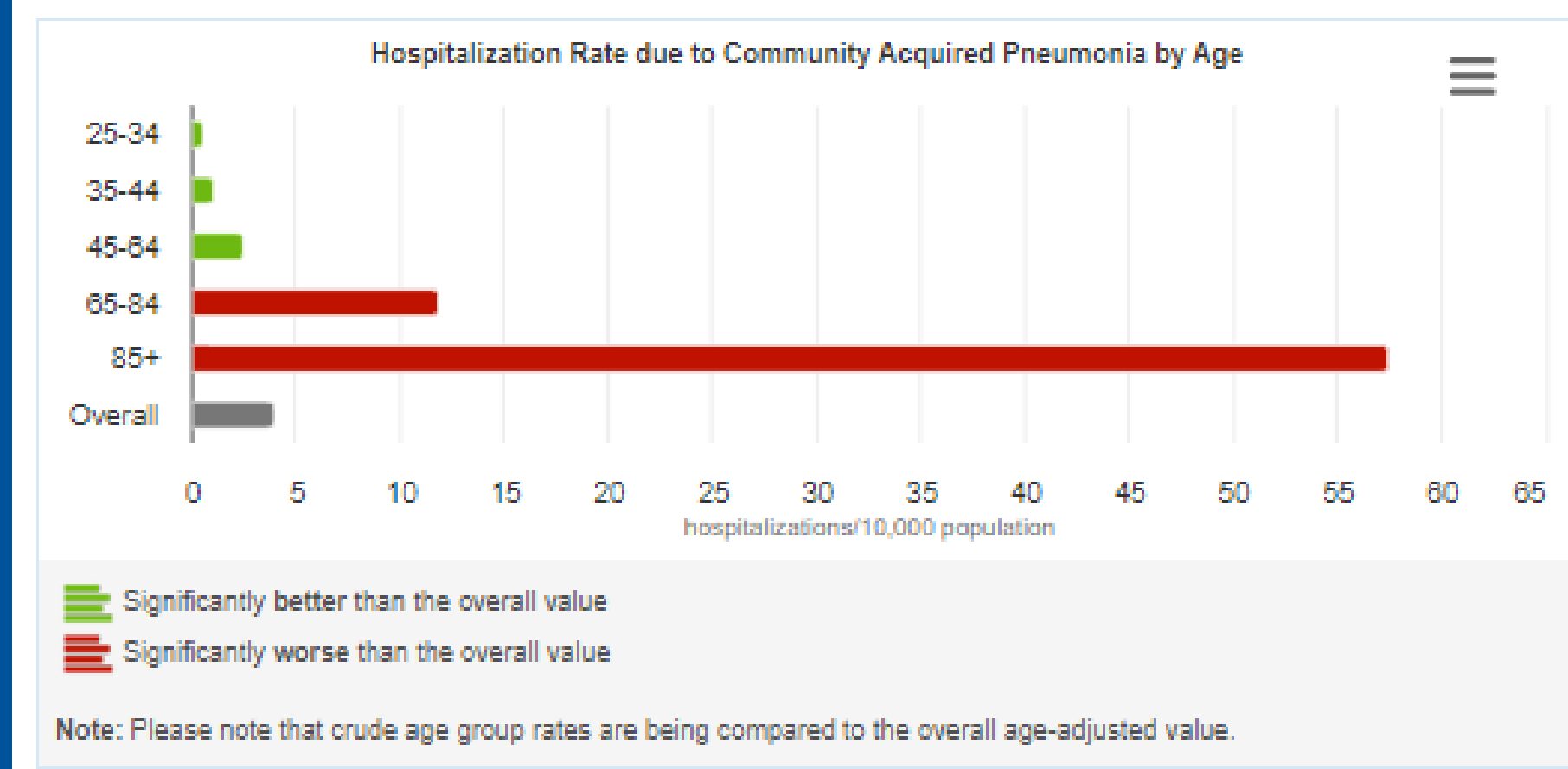
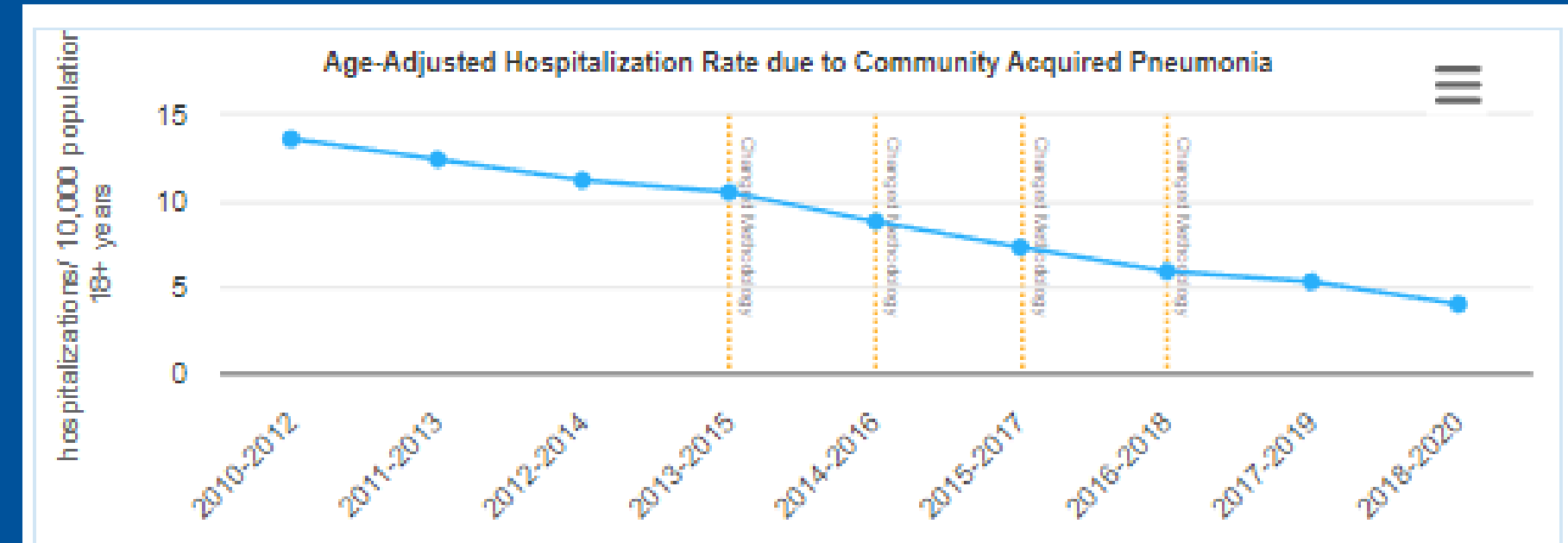
CA Value

(8.7)



Prior Value

(5.3)



Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza

Measurement Period: 2018-2020


County: San Mateo 

24.9


ER visits/ 10,000 population 18+ years

Source: California Department of Health Care Access and Information
 Measurement period: 2018-2020
 Maintained by: Conduent Healthy Communities Institute
 Last update: August 2022


COMPARED TO



CA Counties

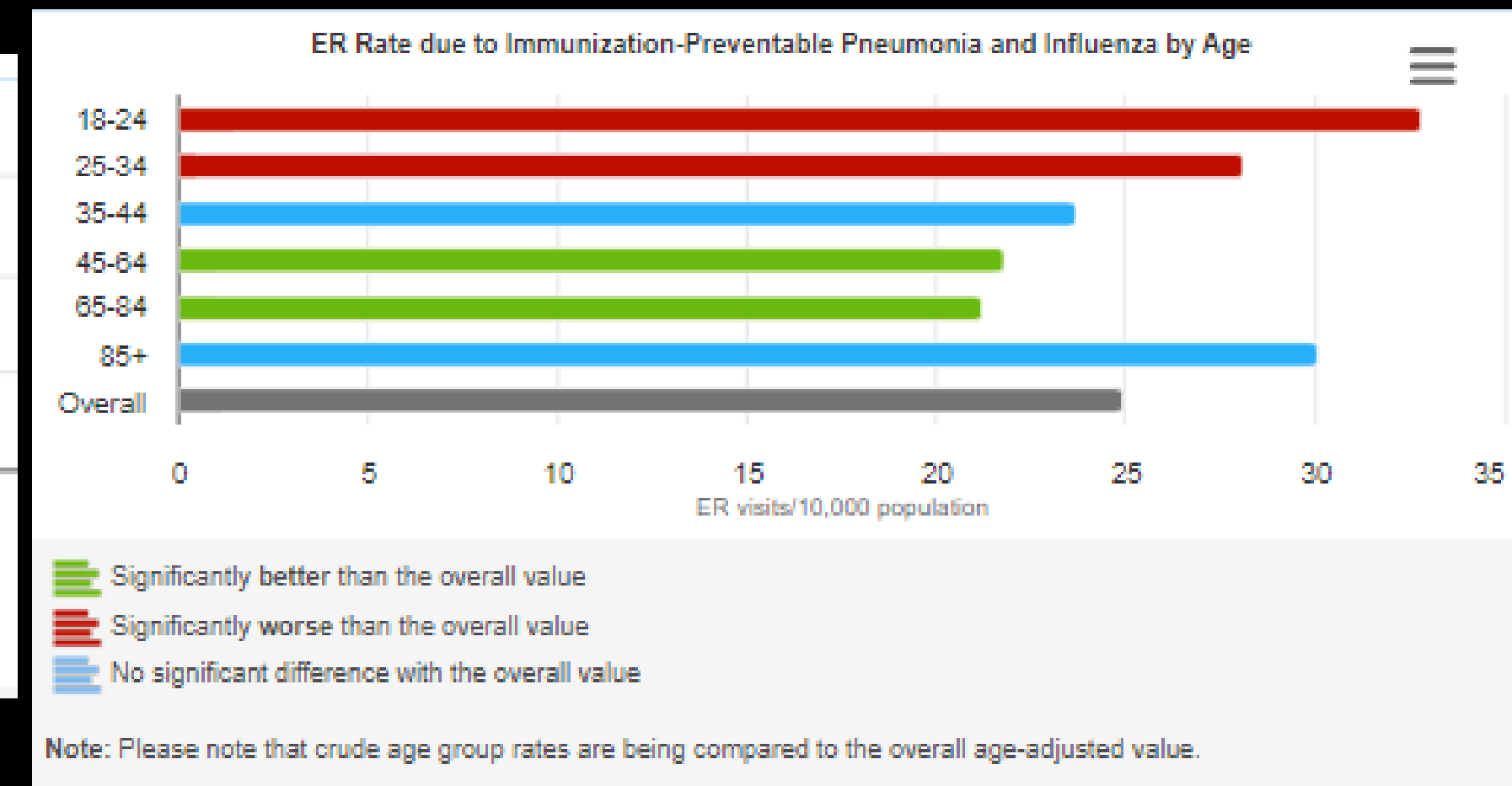
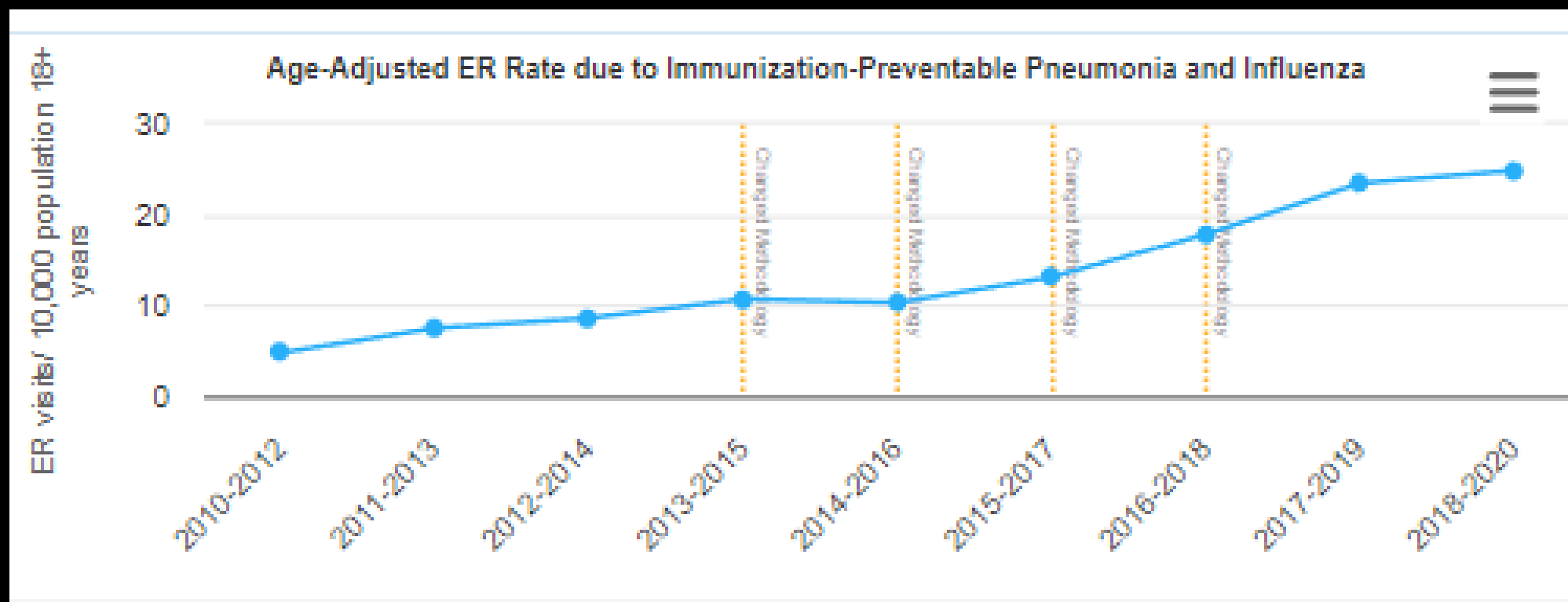


CA Value
(21.9)



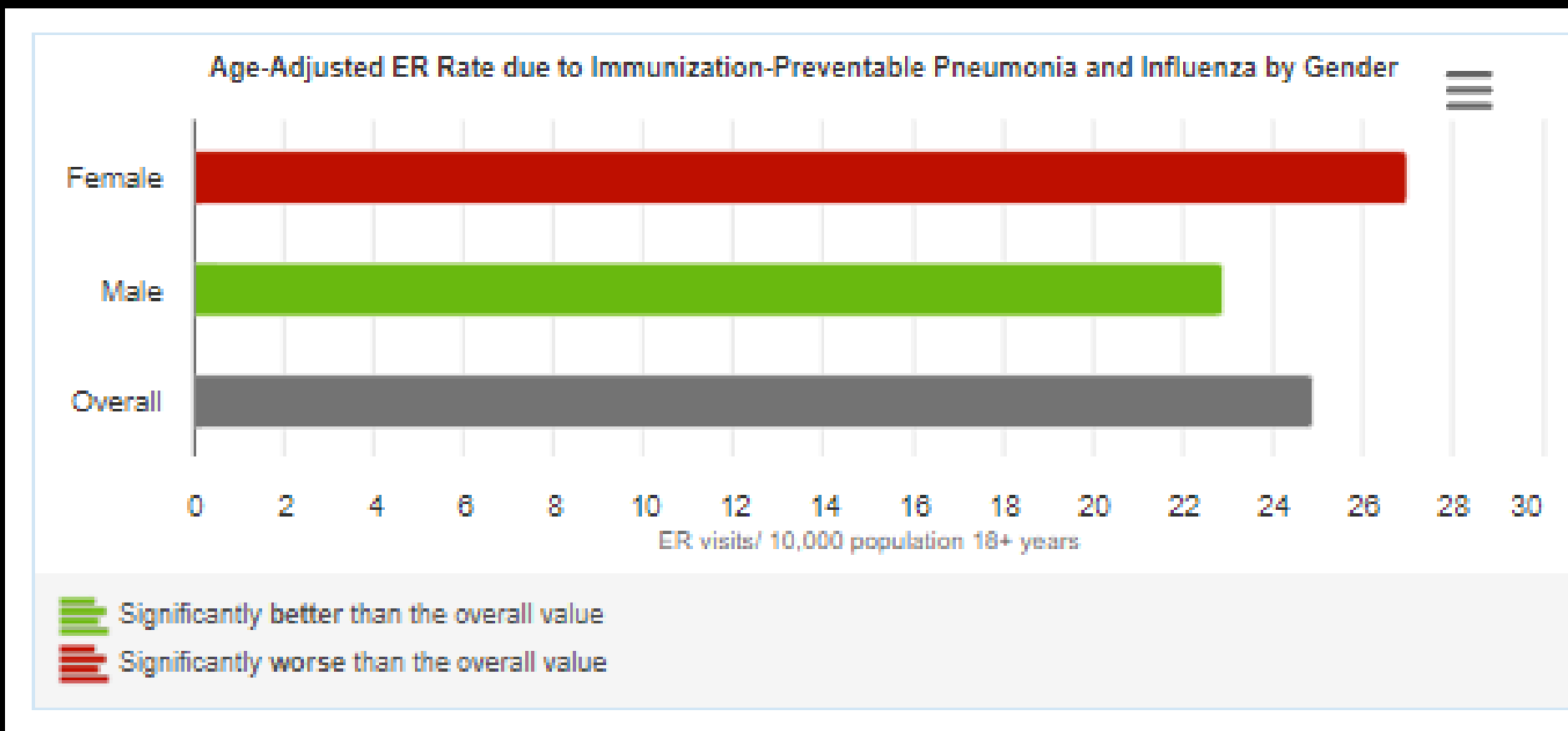
Prior Value
(23.5)

Technical note: Rates were calculated using Claritas population estimates. Rates based on fewer than 12 emergency room visits or a population of less than 300 are not reported to ensure patient confidentiality.

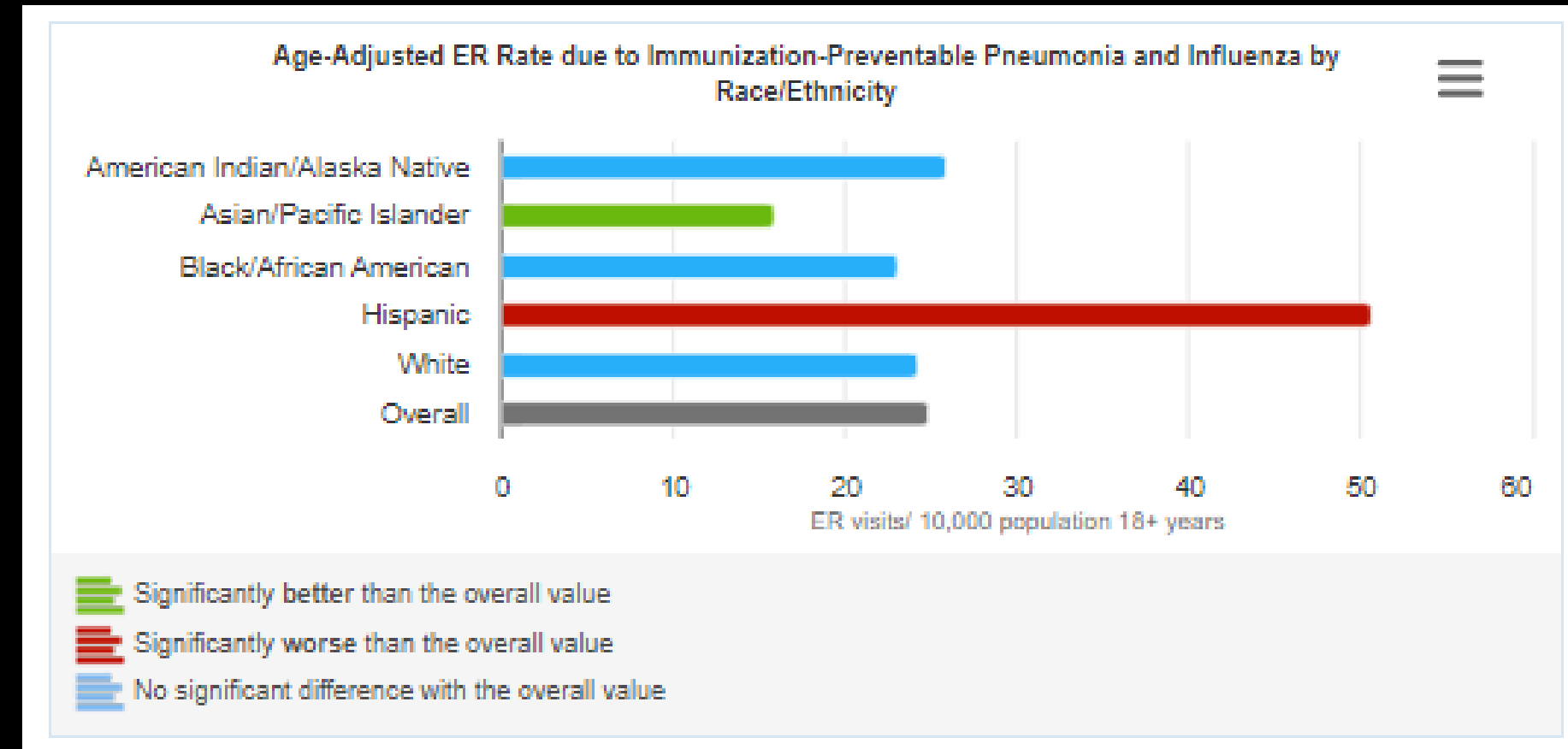


Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza: Measurement Period: 2018-2020

BY GENDER

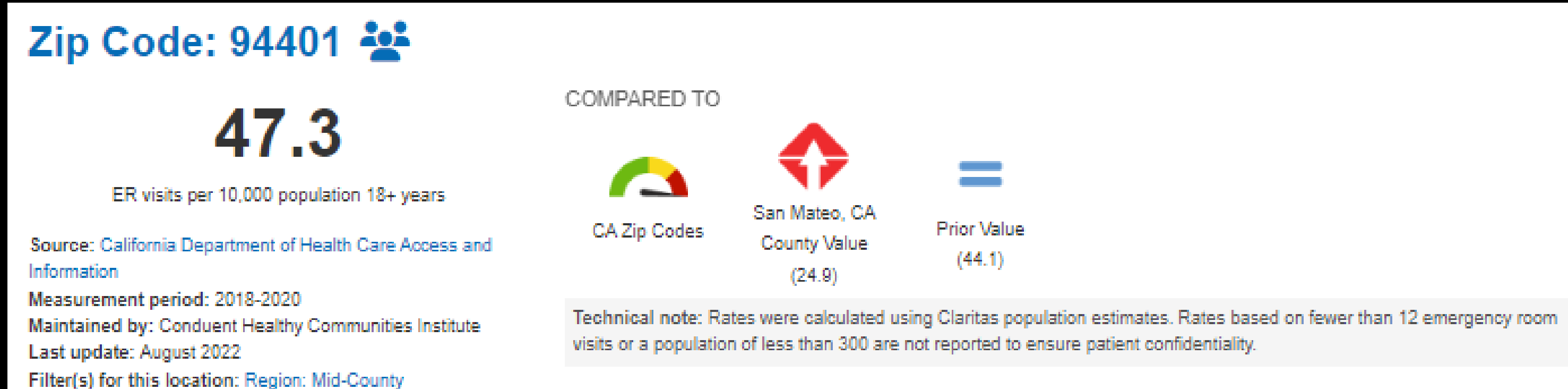


BY RACE/ETHNICITY

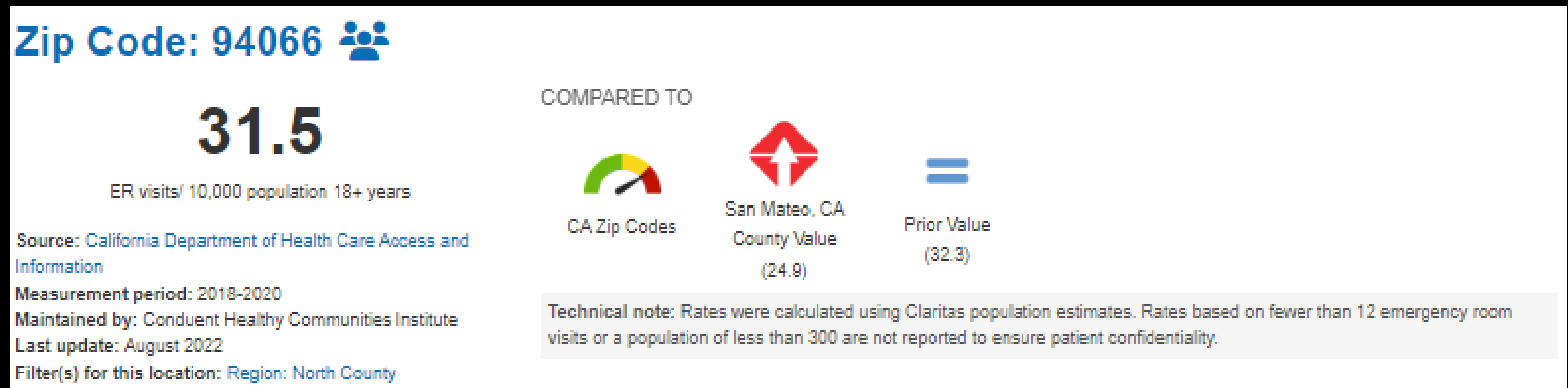


Age-Adjusted **ER Rate** due to Immunization-Preventable Pneumonia and Influenza: Measurement Period: 2018-2020

ZIP CODE: 94401



ZIP CODE: 94066



Age-Adjusted **Hospitalization Rate** due to Immunization-Preventable Pneumonia and Influenza: Measurement Period: 2018-2020


County: San Mateo 

1.5


hospitalizations/ 10,000 population 18+ years

Source: California Department of Health Care Access and Information
 Measurement period: 2018-2020
 Maintained by: Conduent Healthy Communities Institute
 Last update: August 2022


COMPARED TO



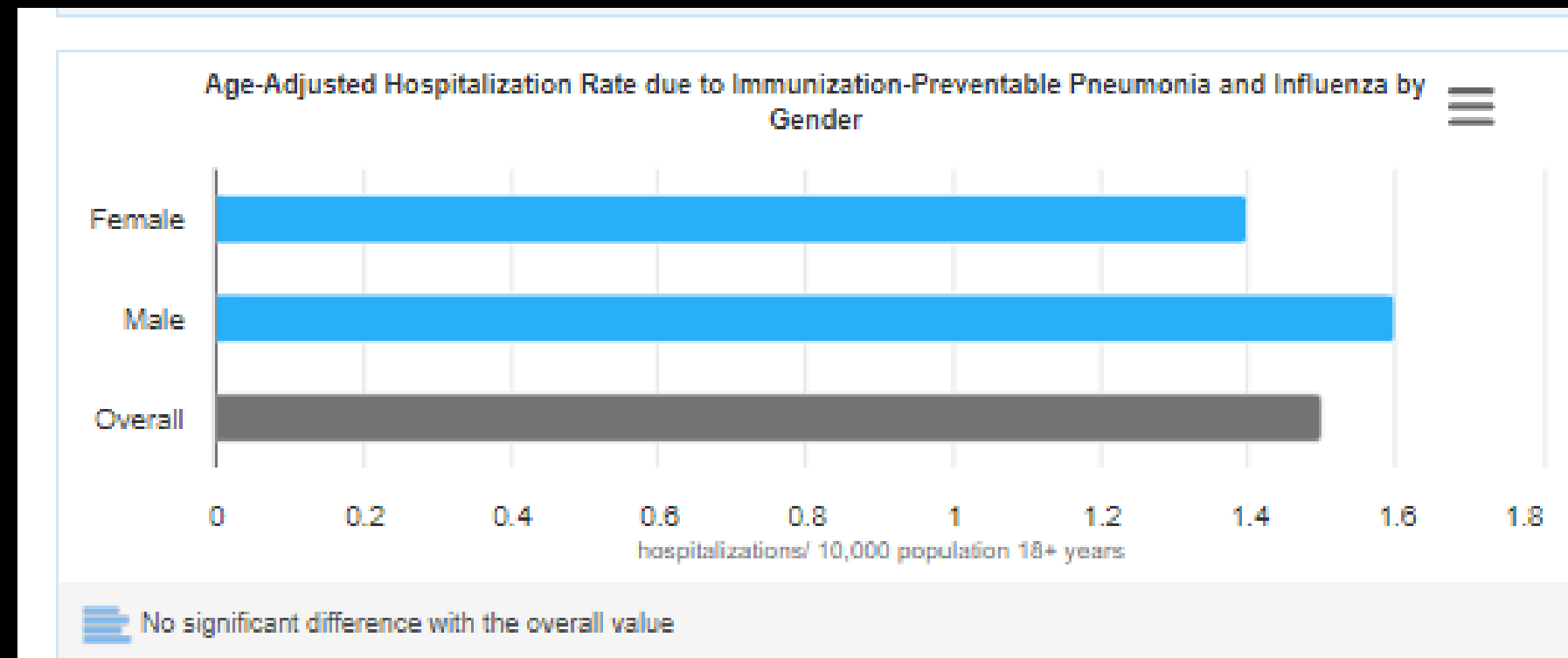
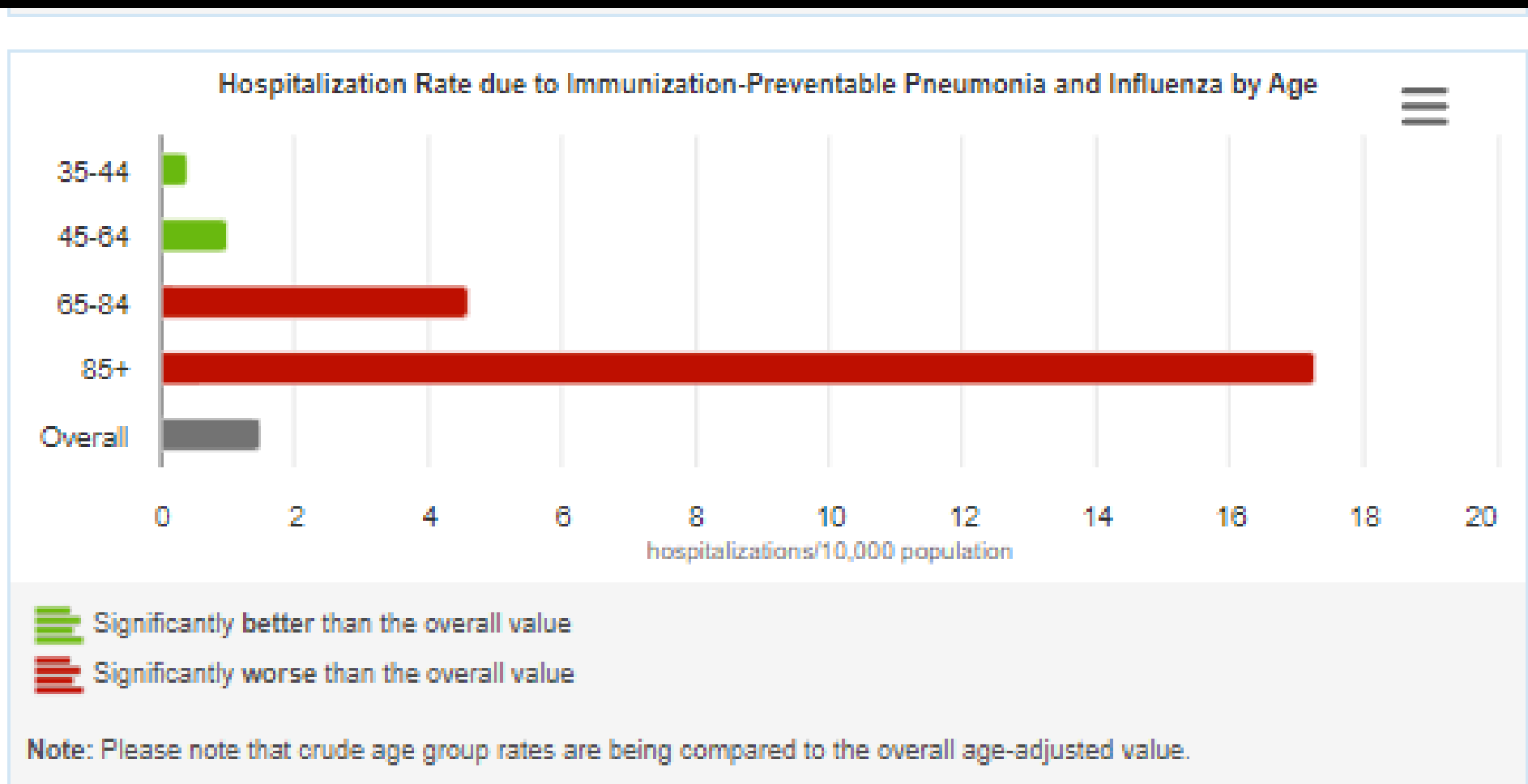
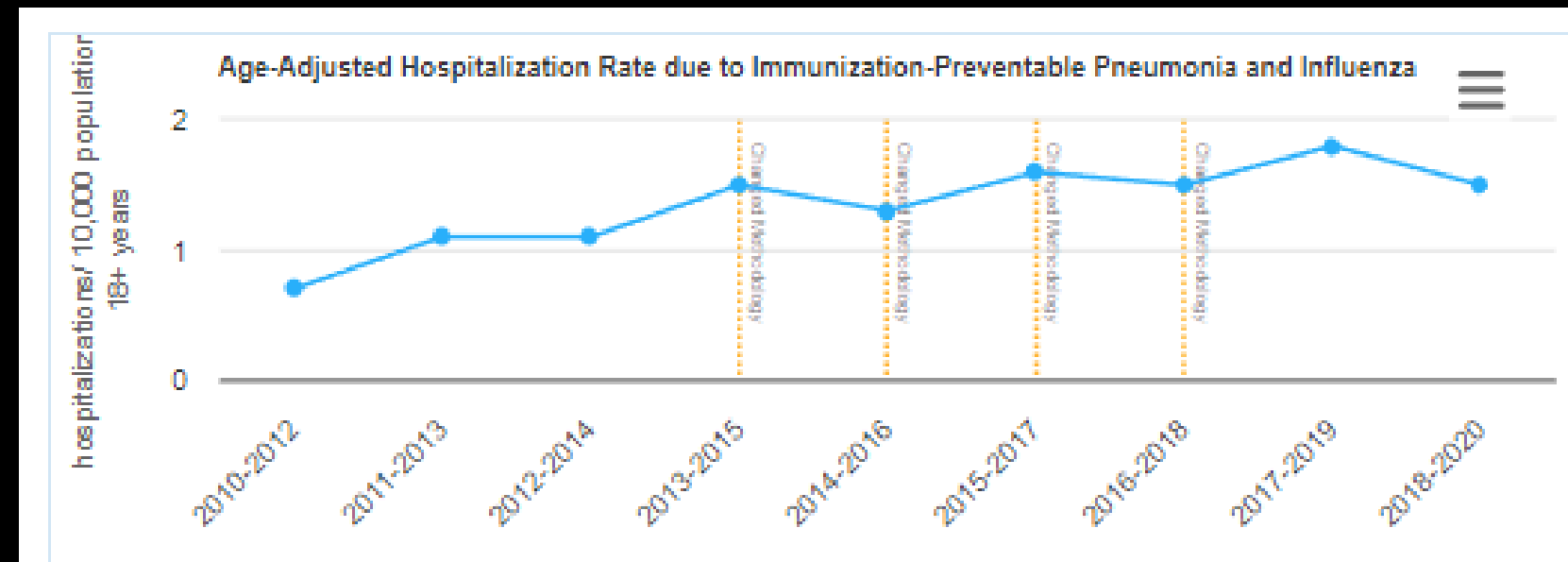
CA Counties



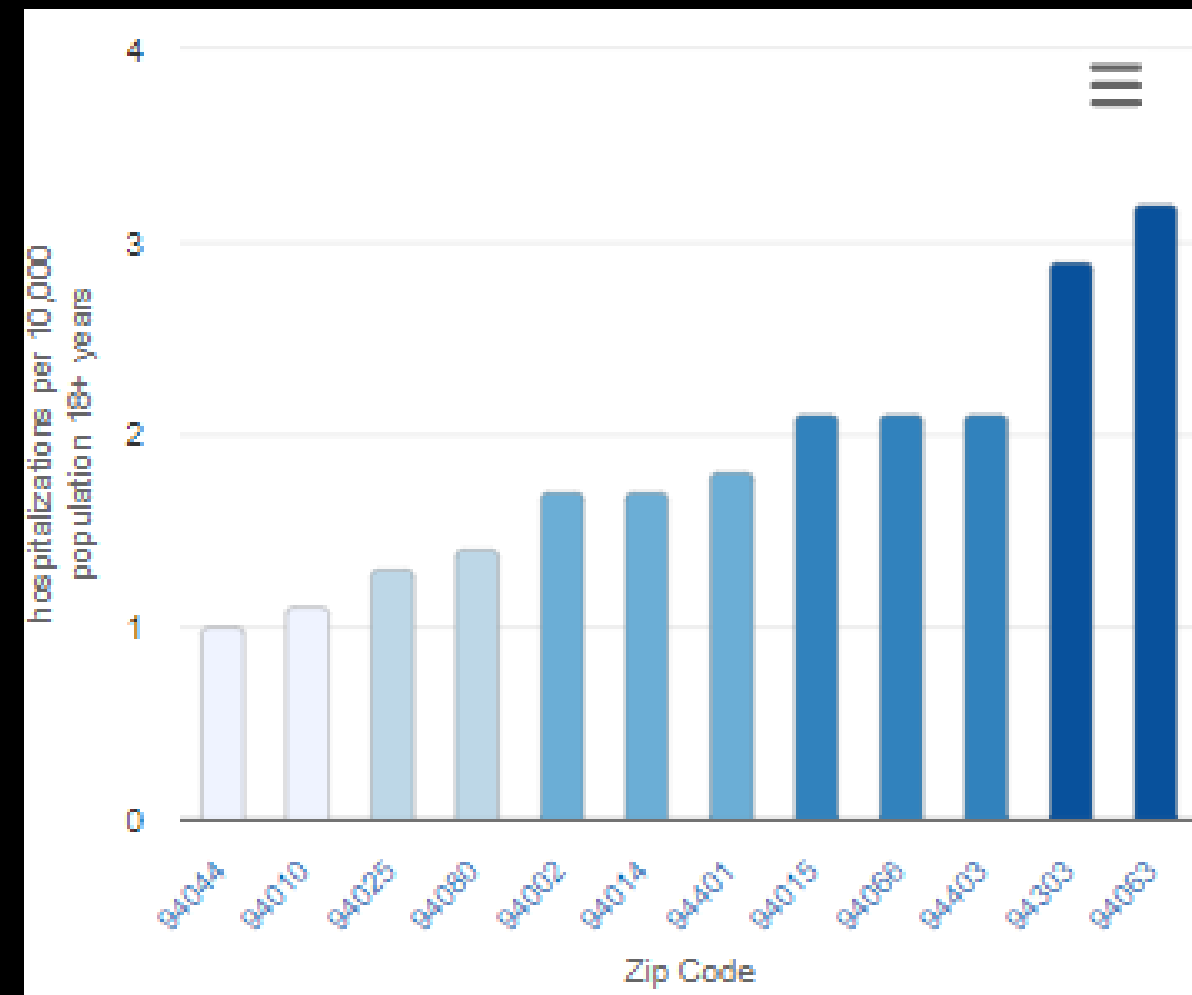
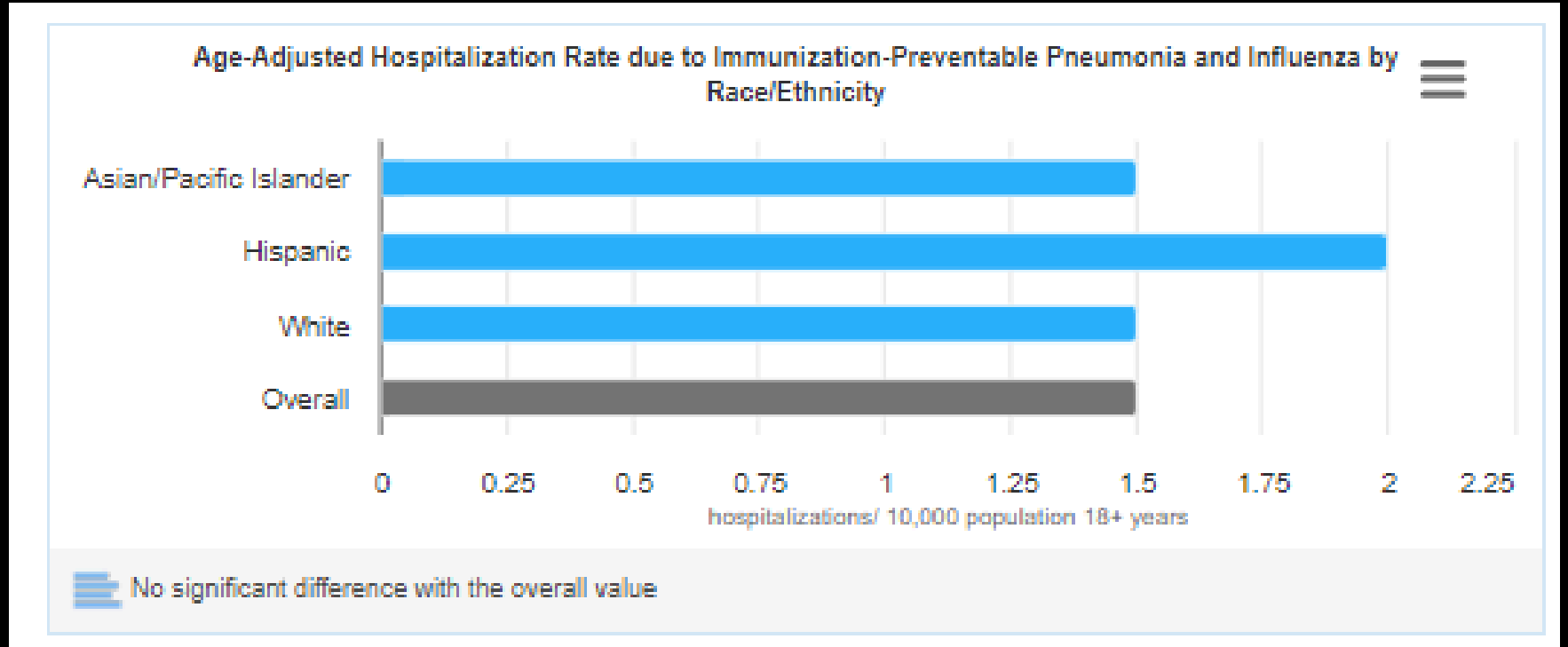
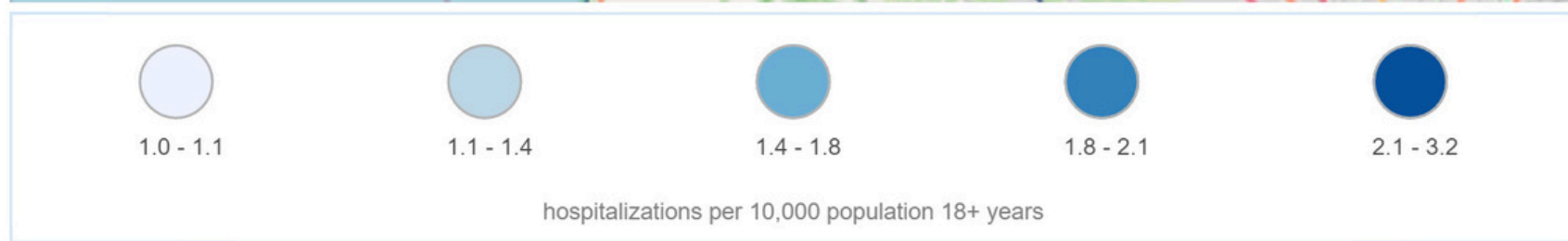
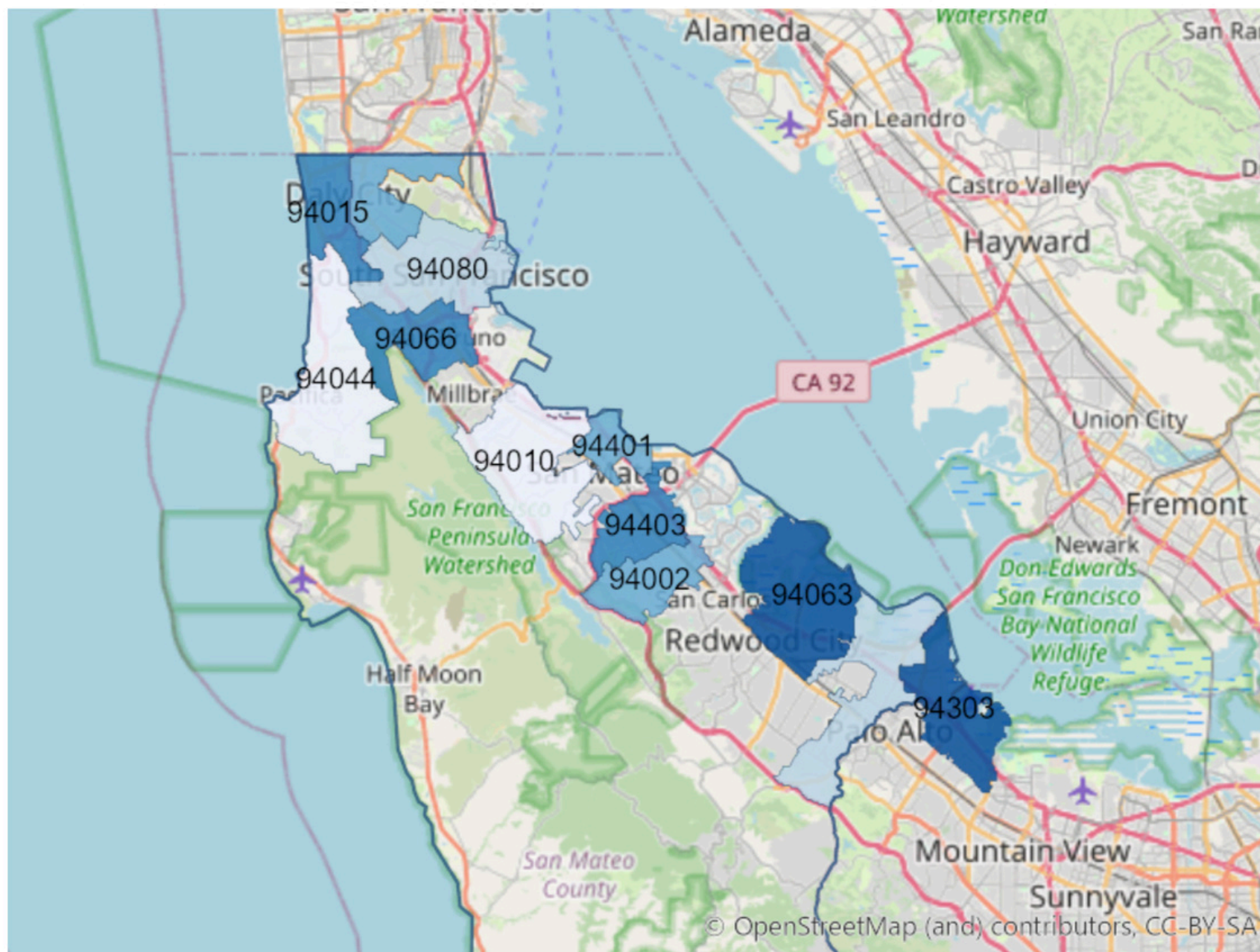
CA Value
(2.5)



Prior Value
(1.8)



Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza: Measurement Period: 2018-2020




Persons Fully Vaccinated Against COVID

Measurement Period: May 23, 2023

County: San Mateo 

88.3%

Source: Centers for Disease Control and Prevention
Measurement period: May 10, 2023
Maintained by: Conduent Healthy Communities Institute
Last update: June 2023 

COMPARED TO



CA Counties



U.S. Counties

=

Prior Value
(88.3%)

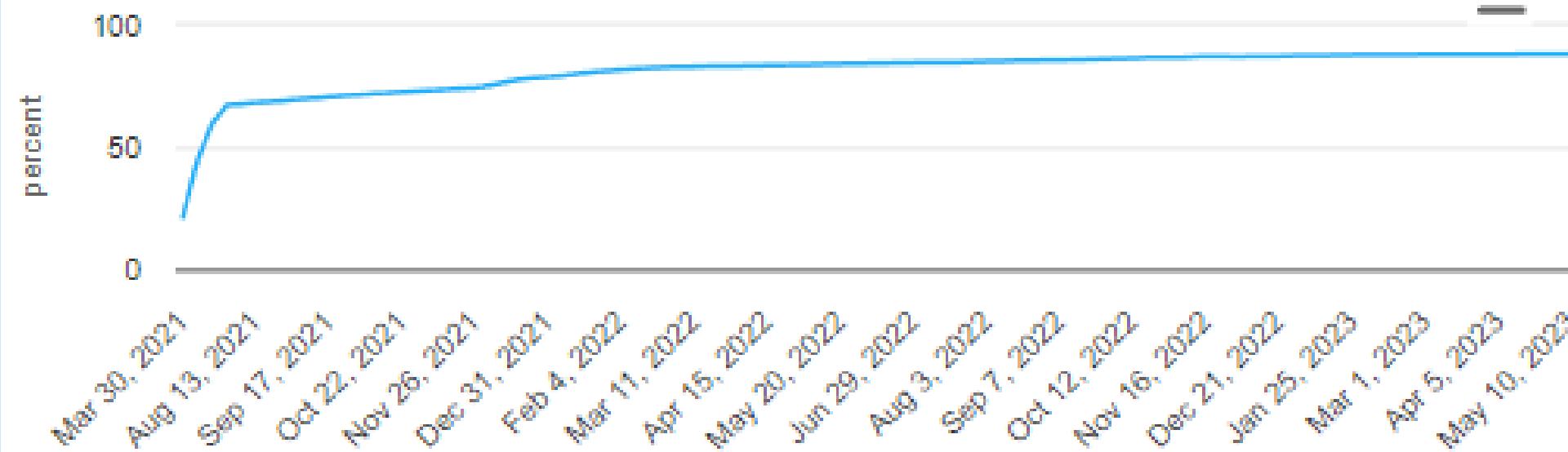


Trend

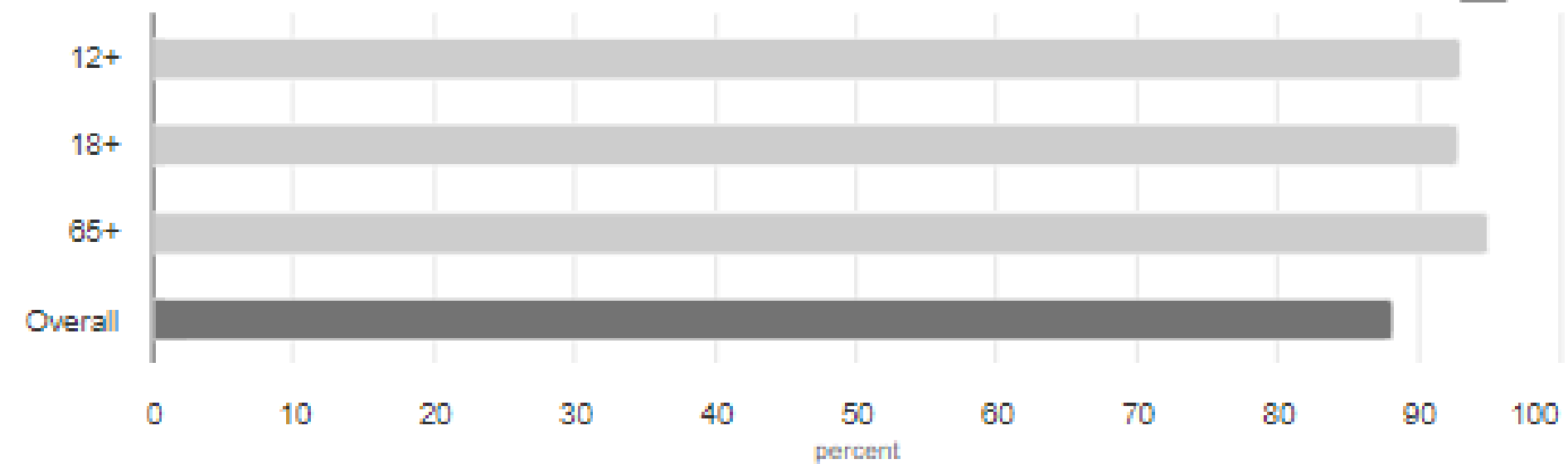
Technical note: Data includes values reported as of May 10, 2023

- More up-to-date data is not available.
- Zip Code Data is not available.

Persons Fully Vaccinated Against COVID-19



Persons Fully Vaccinated Against COVID-19 by Age



Persons Vaccinated Against COVID

Source: California Department of Public Health

Data: June 2, 2024

Total CA Population

County: Age Group:

5,879,187

Up-to-Date Recipients

CA

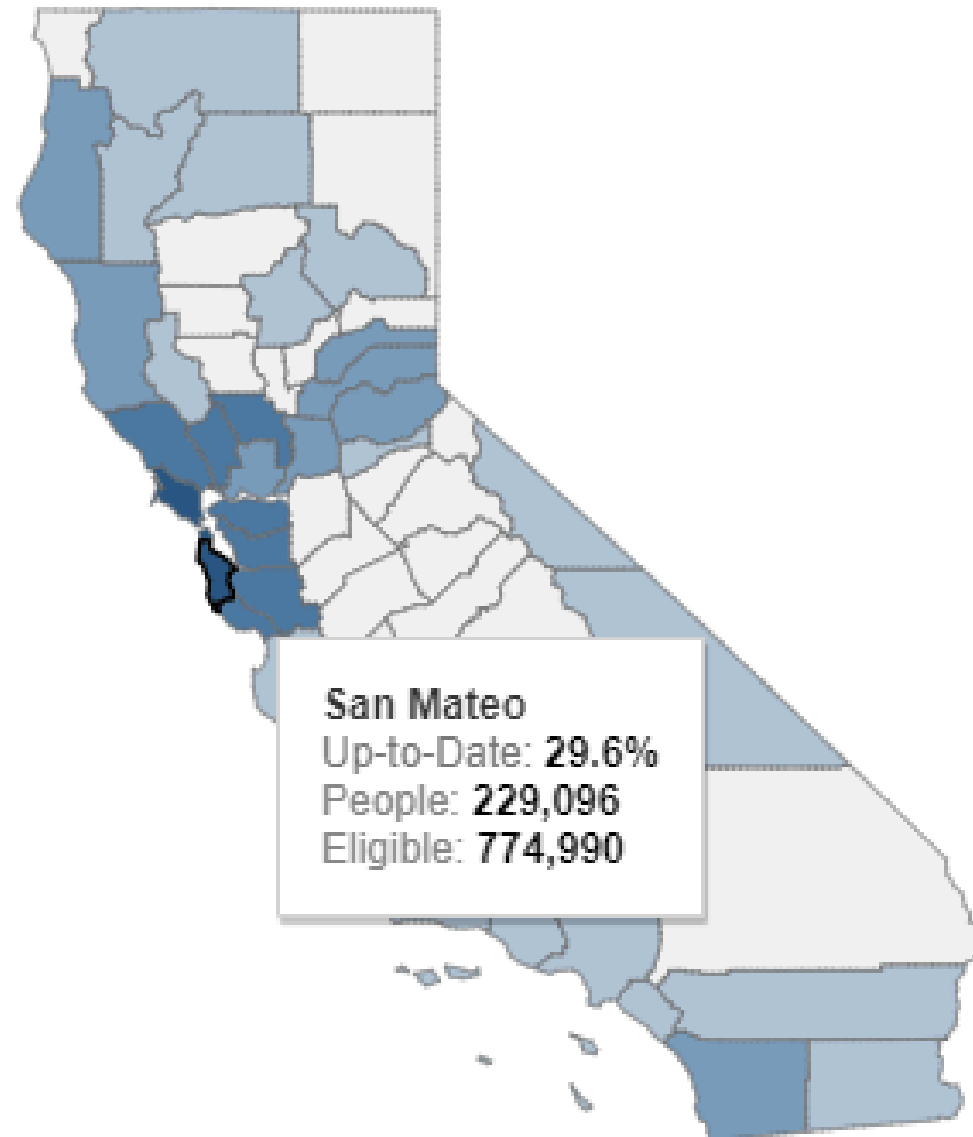
14.7%

of California Population

96,298,639

Total Doses Administered

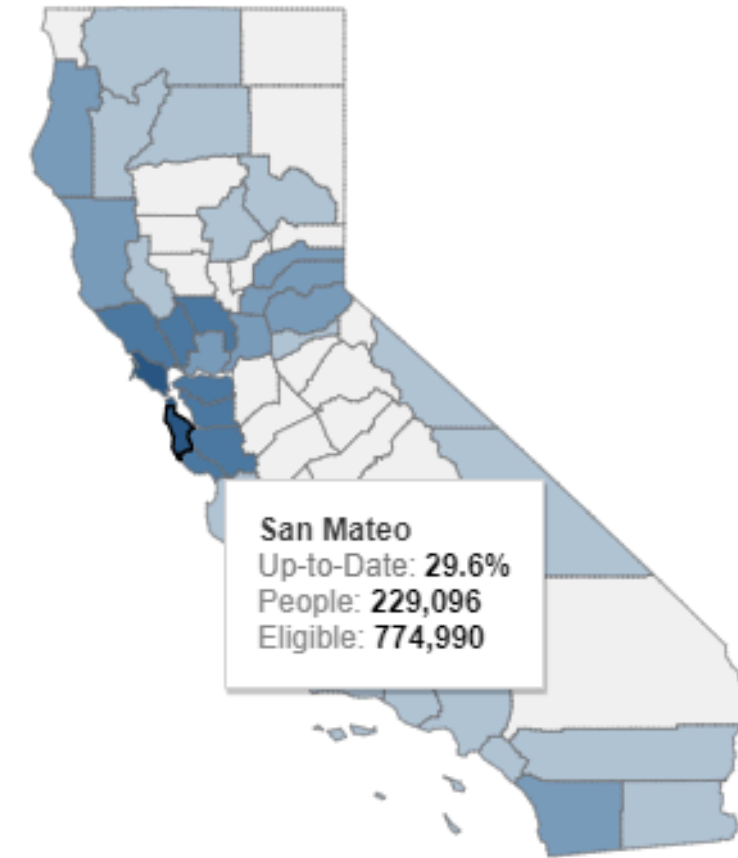
Percent of Up-to-Date Persons by County of Residence



- This chart shows persons with up-to-date COVID-19 vaccination status in California, by county of residence.
- These data are updated monthly.
- **Up-to-date status is defined as having received at least 1 dose of an updated COVID-19 vaccine.**
- CDC recommends that certain groups (children aged 6 months-4 years, people who are moderately or severely immunocompromised, and people aged 65 years and older) receive additional doses.

See [Data Dictionary](#) for Details.

Percent of Up-to-Date Persons by County of Residence



Data: 6/2/2024 11:59pm | Posted: 6/3/2024
 *Not reported on weekends or state holidays

Persons Vaccinated Against COVID

Data Updated: June 2, 2024

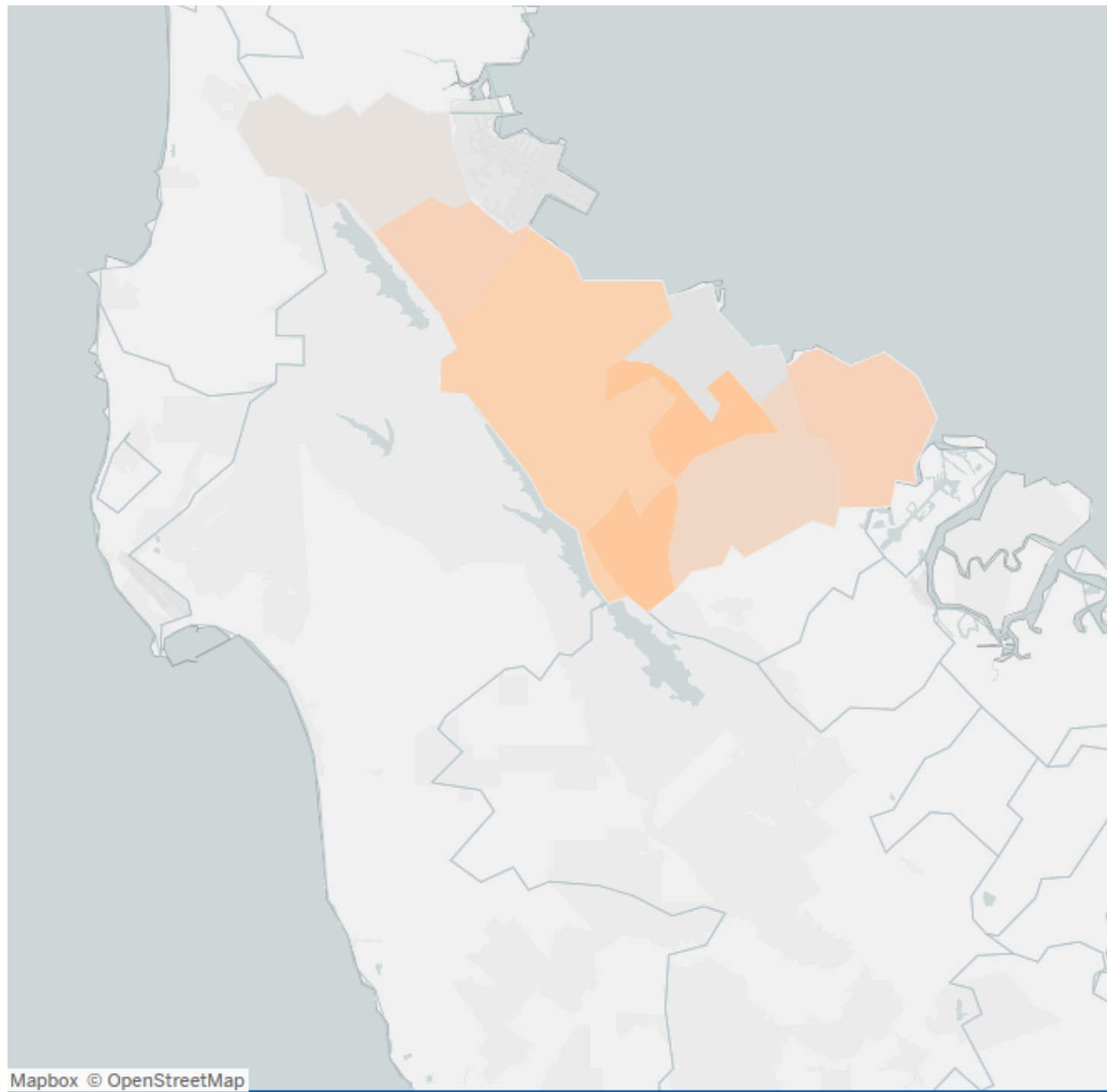
CA Department of Public Health

San Mateo County

| All Age Groups | Under 5 | 5 - 11 | 12-17 | 18-49 | 50-64 | 65+ |
|--|--|--|--|--|--|--|
| 229,096 Up-to-Date Recipients | 7,287 Up-to-Date Recipients | 13,721 Up-to-Date Recipients | 12,706 Up-to-Date Recipients | 69,934 Up-to-Date Recipients | 51,412 Up-to-Date Recipients | 74,036 Up-to-Date Recipients |
| 29.6% of San Mateo County Population | 18.6% of San Mateo County Population | 21.7% of San Mateo County Population | 23.1% of San Mateo County Population | 22.6% of San Mateo County Population | 31.6% of San Mateo County Population | 51.0% of San Mateo County Population |
| 2,544,960 Total Doses Administered | 53,457 Total Doses Administered | 137,613 Total Doses Administered | 166,596 Total Doses Administered | 1,008,491 Total Doses Administered | 568,529 Total Doses Administered | 610,232 Total Doses Administered |

[Link to Source: California Department of Public Health, Accessed on June 7, 2024](#)

San Mateo County Persons Vaccinated Against COVID Up-To-Date %



Mapbox © OpenStreetMap

Zip Code

- 94010
- 94011
- 94030
- 94066
- 94401
- 94402
- 94403
- 94404
- 94497



Data Updated: June 2, 2024
 CA Department of Public Health

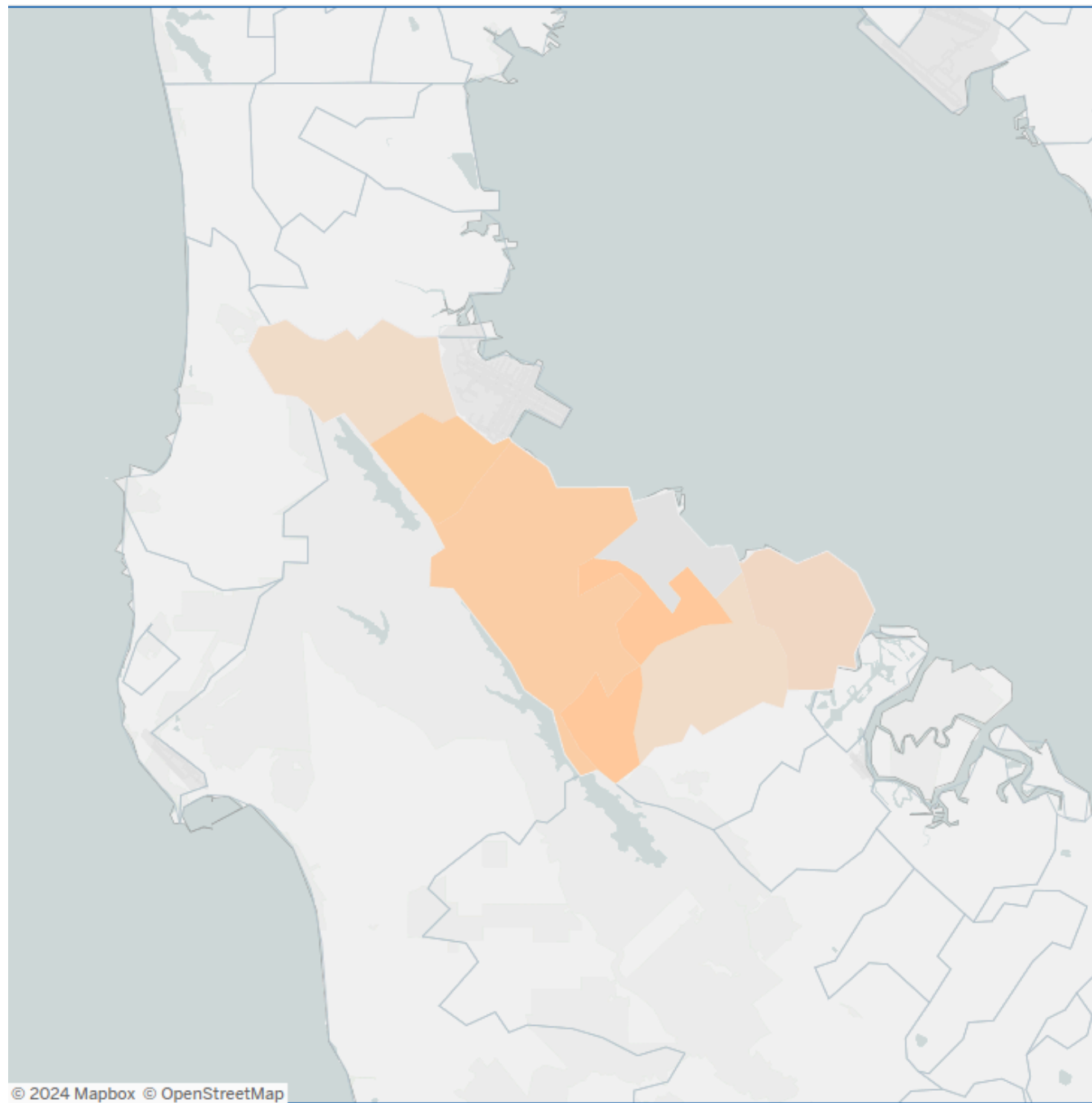
| Zip Code | Up-to-Date % |
|----------|--------------|
| 94402 | 39.7% |
| 94010 | 36.0% |
| 94030 | 33.8% |
| 94404 | 33.7% |
| 94403 | 31.6% |
| 94066 | 25.9% |
| 94401 | 24.3% |

Highest vaccinated %



Lowest % vaccinated

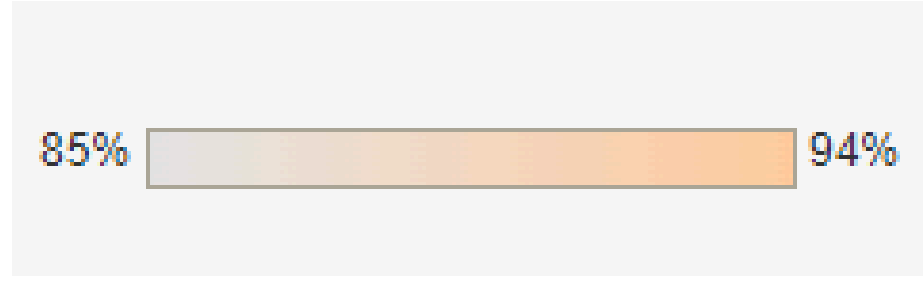
San Mateo County Persons Vaccinated Against COVID Primary Series Completed



© 2024 Mapbox © OpenStreetMap

Zip Code

- 94010
- 94011
- 94030
- 94066
- 94401
- 94402
- 94403
- 94404
- 94497



Data Updated: June 2, 2024
CA Department of Public Health

| Zip Code | Primary Series |
|----------|----------------|
| 94402 | 94.1% |
| 94030 | 93.4% |
| 94010 | 92.8% |
| 94404 | 88.9% |
| 94403 | 88.7% |
| 94066 | 88.7% |
| 94401 | 85.1% |

Highest % vaccinated



Lowest % vaccinated

Childhood Immunizations Required for School Entry

Childhood immunizations are essential for protecting health of school-age children, preventing the spread of diseases, and promoting public health and well-being. Through District programs and community partnerships, our aim is to increase childhood immunizations rates for District residents.

Health Needs & Data/System Challenges

- **It is difficult to determine childhood immunization needs at a local level from available data sources**, as data is often aggregated. For example, [San Mateo County's indicator](#) is the percentage of kindergarteners who have received various required immunizations (2020-2021). Furthermore, the data cannot be filtered by zip code.
- **State data** through California Immunization Registry (CAIR) **is also largely inaccessible and outdated**.
- **Childhood immunization needs are a moving target**. At the start of every academic year, and even throughout the year with new student arrivals in the area, a new cohort of families faces numerous systems, coverage, and logistical barriers to meet school entry requirements.
- **While school districts want to help students and families, it is a complex undertaking** requiring extensive logistical steps to determine and verify immunization needs, and a mechanism for coordination, a provider to administer and record immunizations provided, and fiscal support to cover the associated costs of an immunizations clinic.
- Per our education partners, we do know that **many students and families face delays or a lack of compliance with requirements** to ensure timely school entry, **which can affect education and health outcomes**.
- **Disparities in childhood immunizations rates exist** among key demographics (i.e., low-income, marginalized communities), signaling pronounced system and access issues.
- Further exacerbating the issues, there are **few Vaccine for Children (VFC) providers in our District region** who can administer the free immunizations to children who are uninsured or covered by Medi-Cal. Even children with private coverage, face immunization barriers, as they may need to go to their provider and/or cannot pay for out-of-pocket costs at a pop-up clinic that may be more accessible.

*Key childhood vaccinations include: Measles, Mumps, and Rubella (MMR), DTP, Tdap, polio, varicella, and others as deemed necessary and agreed upon with our education partner(s) (i.e., Hep B).

Inputs

- PHCD Staff
- Community partnerships
- Health, vaccination providers
- Childhood immunizations
- Pop-up clinic(s)
- Informational materials
- Communication tools (website, social media, newsletter)

Outputs

- # of District and/or sponsored events
- # of community partners providing vaccination opportunities
- # of District residents vaccinated
- # of childhood immunizations administered
- # of educational materials distributed
- # of completed surveys

Health Outcomes (short-term)

- Decreased vaccine hesitancy (**survey**)
- Increased accessibility of information regarding vaccines and immunizations (**survey**).
- Increased rates for key childhood immunizations* required for school entry (**school record, SQRL, CAIR**).

For the past two years, Peninsula Health Care District has been approached by a school district for guidance, strategic and technical support, as well as fiscal resources. It is important to note that this childhood vaccination challenge is much more rampant in the District's region.



Appendix - Child Immunizations

San Mateo County All Together Better



San Mateo County All Together Better

The San Mateo County (SMC) All Together Better website is intended to help community members, policy makers, and other stakeholders learn about the health of the residents of San Mateo County.

 [smcalltogetherbetter.org /](https://smcalltogetherbetter.org/)



School-age vaccinations

Indicator: Kindergarteners with Required Immunizations

Childhood immunization records are checked prior to student enrollment, and when students advance from 6th grade to 7th grade ([SMCOE, 2024](#)).

County: San Mateo

96.4%

Source: California Department of Public Health, Immunization Branch
Measurement period: 2021-2022
Maintained by: Conduent Healthy Communities Institute
Last update: June 2023

Graph Selections

INDICATOR VALUES

Change over Time

COMPARED TO



CA Counties



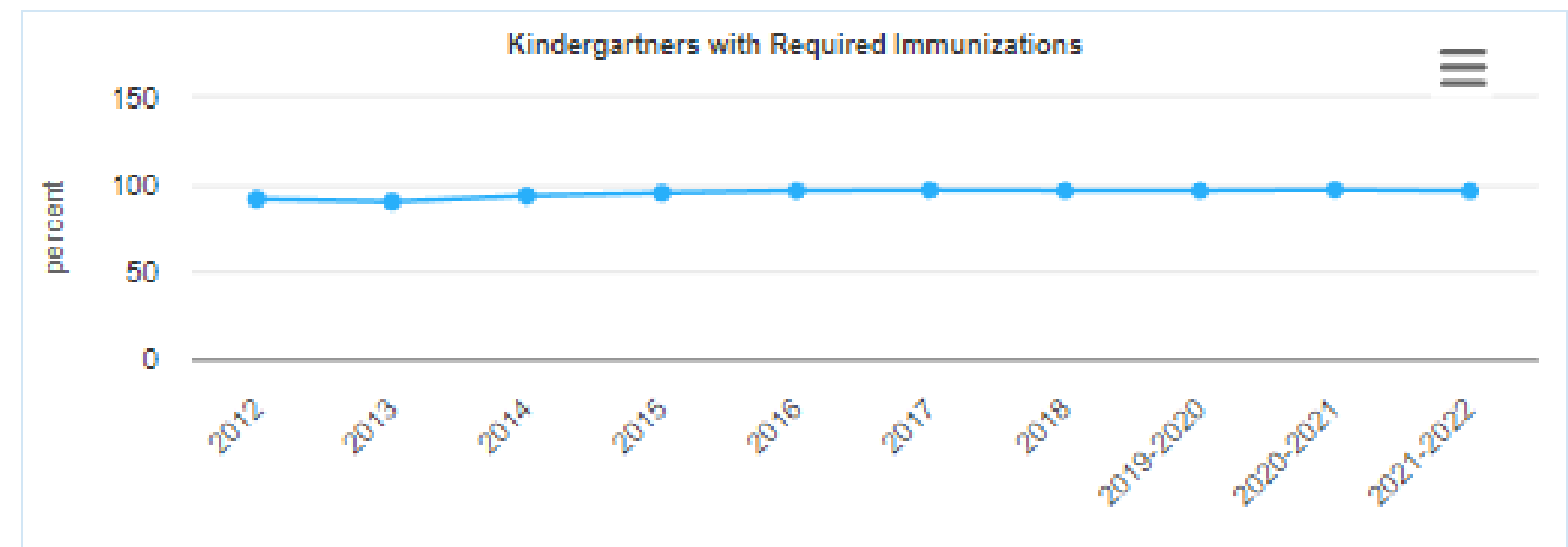
CA Value
(92.8%)



Prior Value
(97.1%)



Trend



Health Screenings



- Through District programs and community partnerships, such as through the Community Grants and Impact Partners programs, our goal is to increase access to preventive health screenings for District residents, which will lead to improved health outcomes and quality of life.



Health Needs

The **2023 San Mateo County Community Health Assessment (CHA) and other County reports** show various areas of concern, where targeted health screenings could facilitate greater awareness, access to preventive measures, and referrals to providers for follow-up care (if needed).

Breast Cancer

- **Breast cancer incidence** in San Mateo County (131.6/100,000 females) is higher than the U.S. (127) and State (121) values.
- 3.3% of women 45 years and older in SMC reported **never having a breast cancer screening**. The prior value was 1.7%. The Mid-County region has the highest rate of women never having a breast cancer screening (24.9%).
- There are 4 District zip codes with **Mammography in the past two years for women ages 50-74** in the 25-50% quartile (72.4 -74.9%): 94066, 94030, 94401, and 94403.
- The **age-adjusted death rate due to breast cancer (14.0/100,000 females)** in SMC meets 2030 HP targets (15.3), and is lower than U.S. (19.6), State (17.8), and State County values; however, there is no zip code or race/ethnicity data available to further examine whether and how disparities are manifested in the region.

Prostate Cancer

- **Prostate cancer incidence** in SMC (97.2/100,000 males) is higher than the State value (95.4) but lower than the U.S. value (110.5). The rate is significantly higher for Black/African American (155.4) and White (110) populations. There is no zip code data available.
- The SMC Community Health Assessment does not report on prostate cancer screenings.
- The **age-adjusted death rate due to prostate cancer (15.2/100,000)** in SMC meets 2030 HP targets (16.9), and is lower than U.S. (18.8), State (18.4), and State County values; however, there is no zip code or race/ethnicity data available, which would allow further analysis.

Colorectal Cancer (CRC)

- **Colorectal cancer incidence** in SMC (29.4/100,000 population) is lower than U.S. (36.5), State (33.5), and California counties values. While there is no significant difference from the overall value, there are more cases for men than women, as well as higher observances among White, followed by Black/African American, Asian Pacific Islander, and Hispanic populations.
- 26% of **Adults ages 45+ in SMC have never been screened for CRC**. LGBTQ+ and Pacific Islander populations have a significant worse % as compared to the overall value. For this indicator, the Mid-County value is 23.4% and North County is 29.1%.
- The **age-adjusted death rate due to colorectal cancer (7.8)** in SMC meets 2030 HP targets (8.9), and is lower than U.S. (13.1), State (11.7), and State County values; however, there is no zip code or race/ethnicity data available.

Inputs

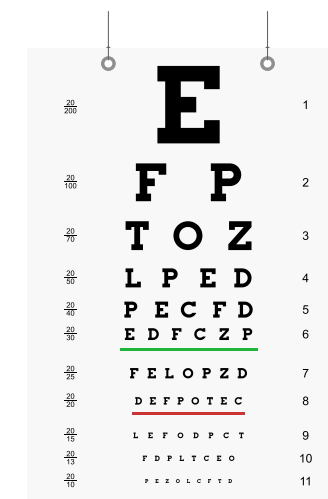
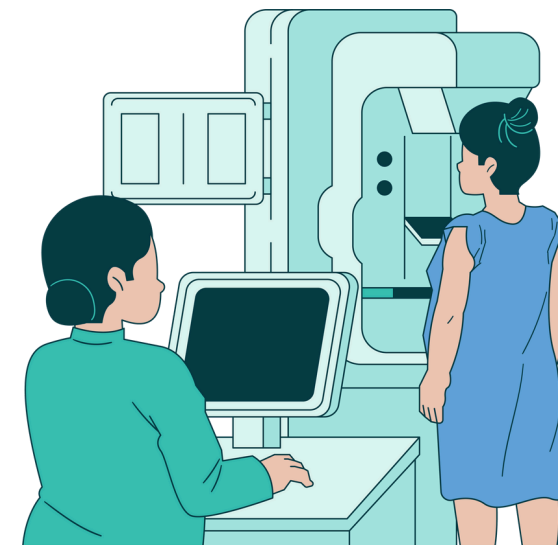
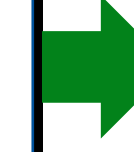
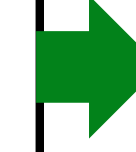
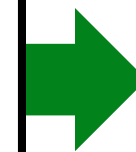
- PHCD Staff
- Community partnerships
- Health providers
- Screening events in clinic(s), pop-up events
- Screening tools and equipment
- Informational materials
- Communication tools (website, social media, newsletter)

Outputs

- # of District and/or sponsored events in the community
- # of community partners providing screening opportunities
- # of District residents screened
- # of health screenings* by type
 - Mammography
 - Hearing
 - Oral
 - Vision
 - Prostate Cancer
 - Colorectal Cancer
 - HepB
 - Diabetes - Glucose Screening
 - Blood Pressure
 - Mental Health
- # of referrals for follow-up care

Health Outcomes

- Increased accessibility of information regarding preventive health screenings (survey)
- Increased screening rates for ****prioritized**** conditions/diseases
- (Process outcome): Established referral pathway for follow-up care



*This list presents health screenings through District and/or sponsored events.

Appendix - Health Screenings

San Mateo County All Together Better



San Mateo County All Together Better

The San Mateo County (SMC) All Together Better website is intended to help community members, policy makers, and other stakeholders learn about the health of the residents of San Mateo County.

 [smcalltogetherbetter.org /](https://smcalltogetherbetter.org/)

Breast Cancer Incidence in San Mateo County

County: San Mateo 

131.6

cases/ 100,000 females

Source: National Cancer Institute

Measurement period: 2016-2020

Maintained by: Conduent Healthy Communities Institute

Last update: September 2023

All Together Better

www.smcalletogetherbetter.org

COMPARED TO



CA Counties



U.S. Counties



CA Value
(121.0)



US Value
(127.0)

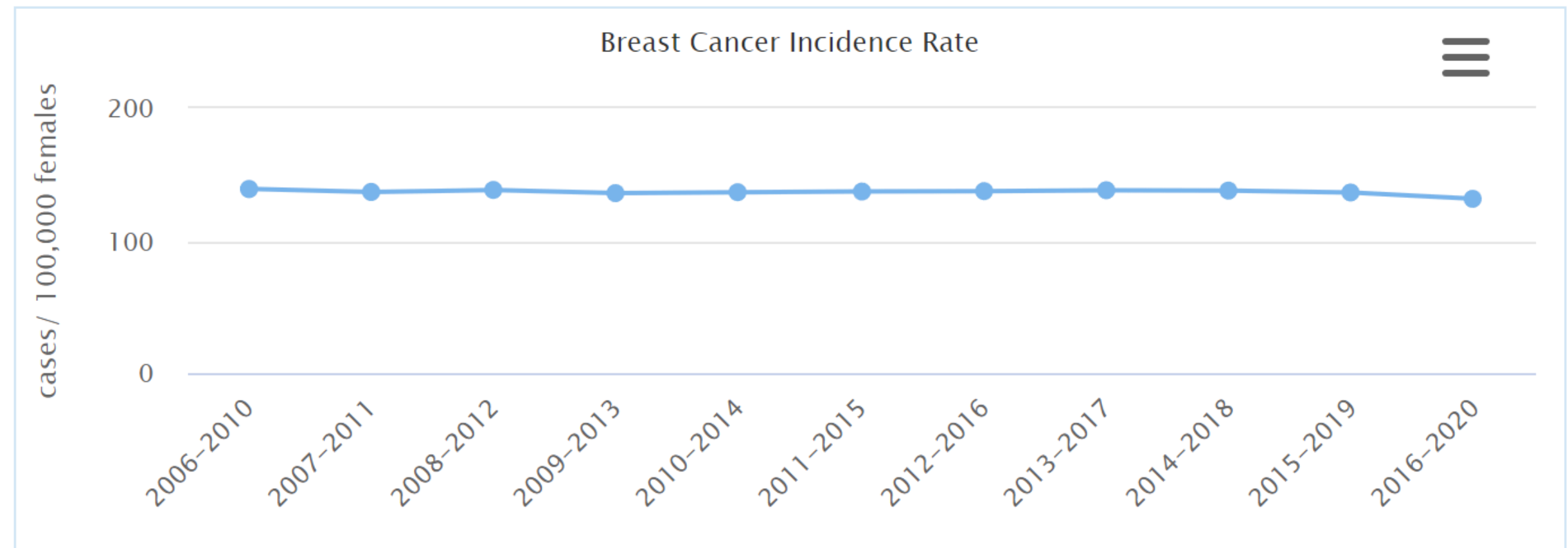


Prior Value
(136.4)



Trend

Technical note: Use caution when comparing overlapping 3-year periods since much of the data in each estimate are the same.



Women ages 45 and older whom have never had breast cancer screening

County: San Mateo 

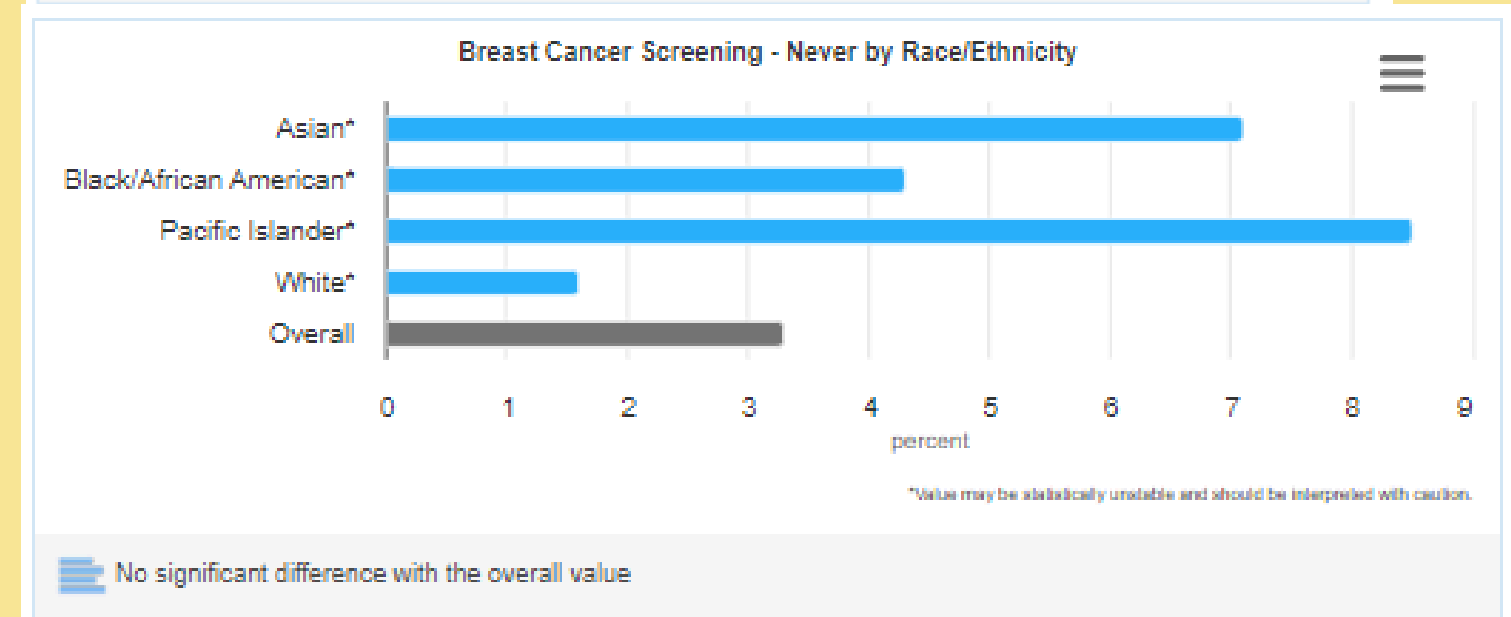
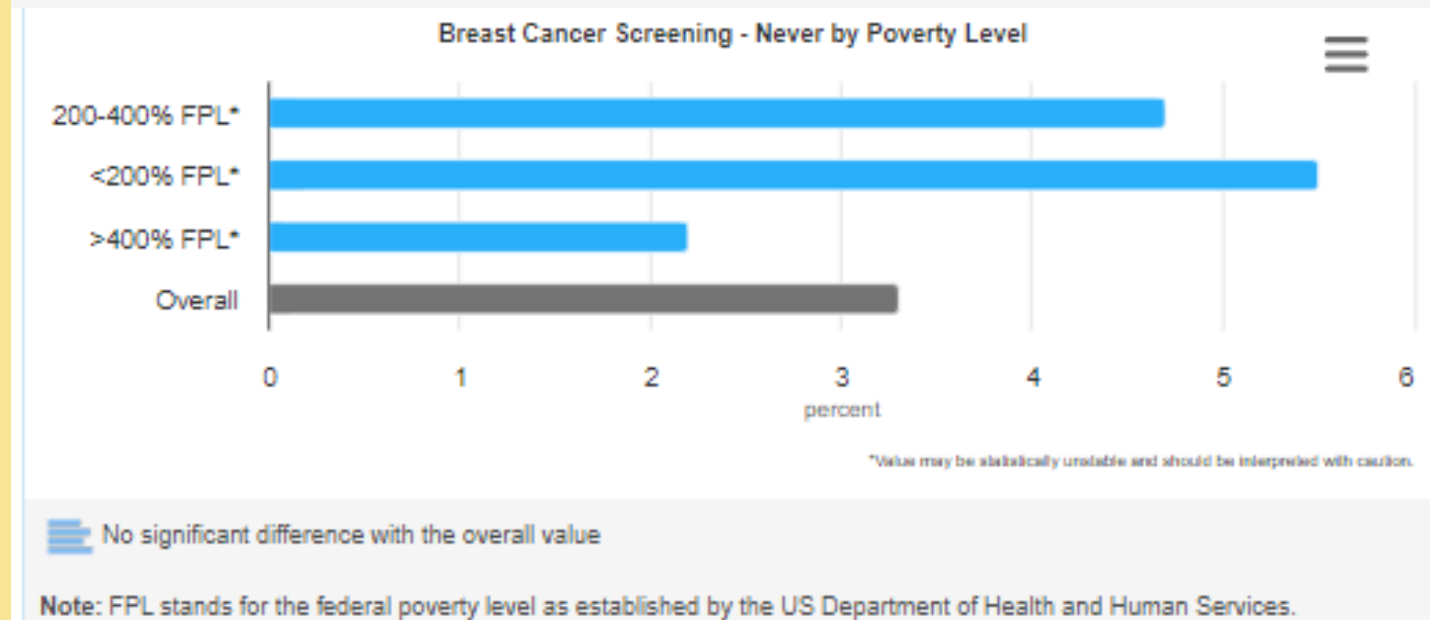
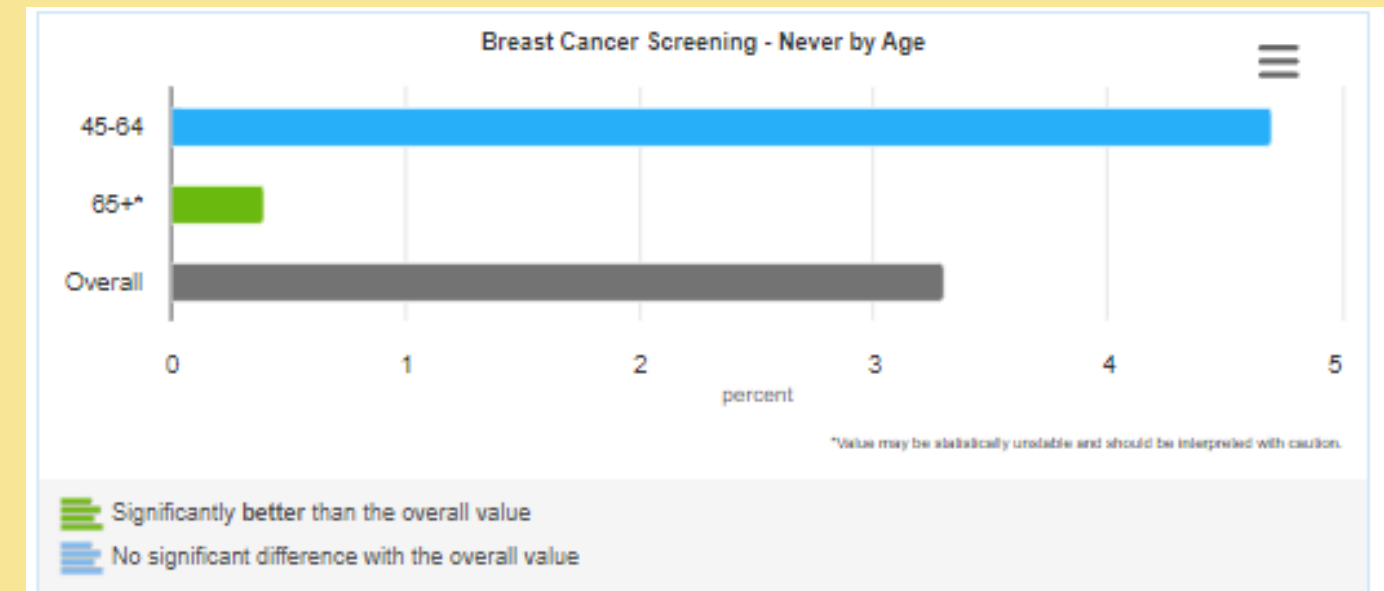
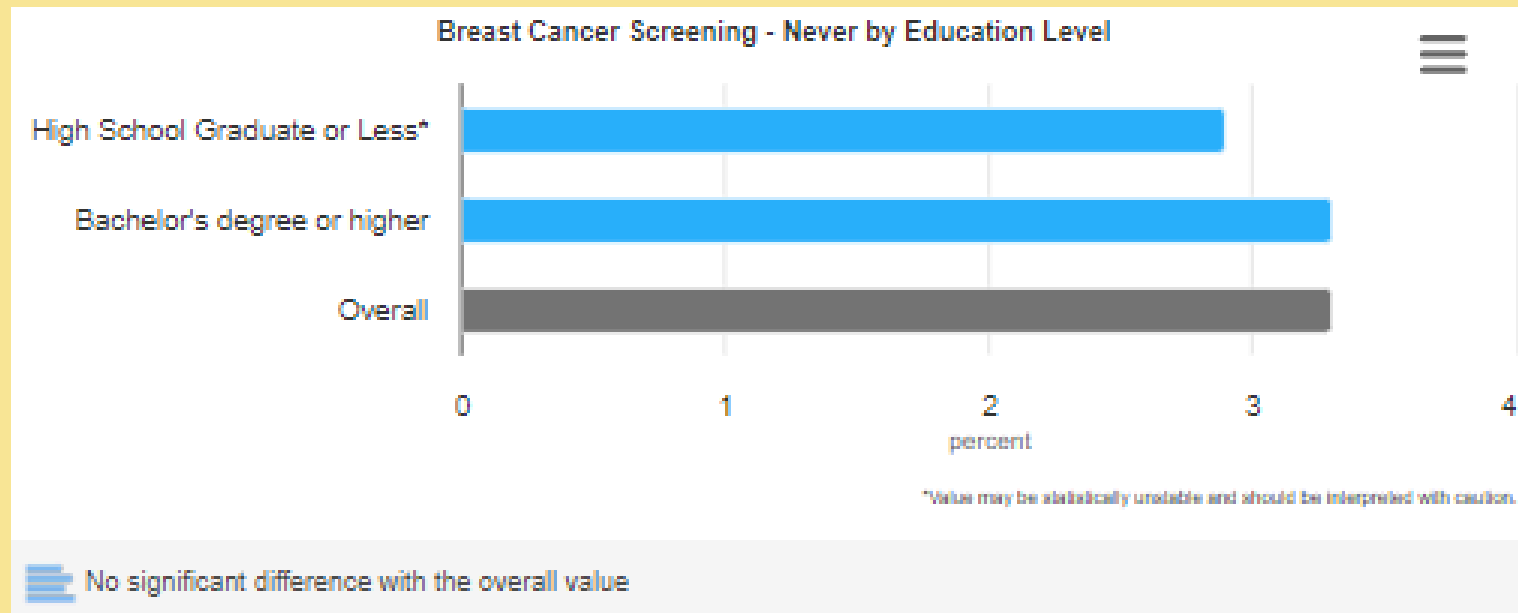
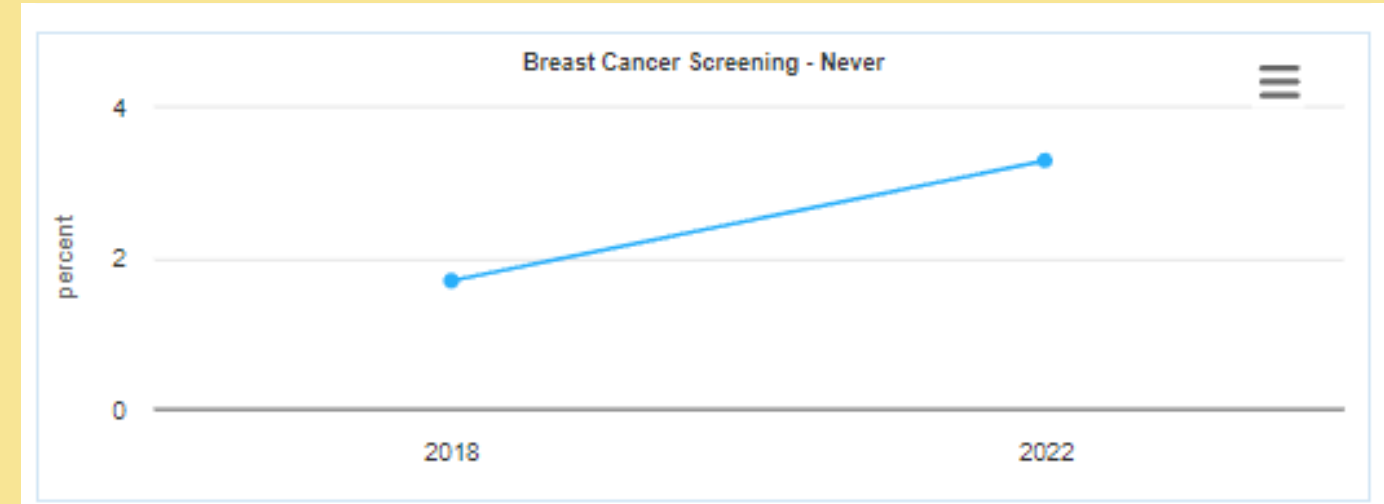
3.3%

Source: San Mateo County Health and Quality of Life Survey
Measurement period: 2022
Maintained by: San Mateo County
Last update: May 2024

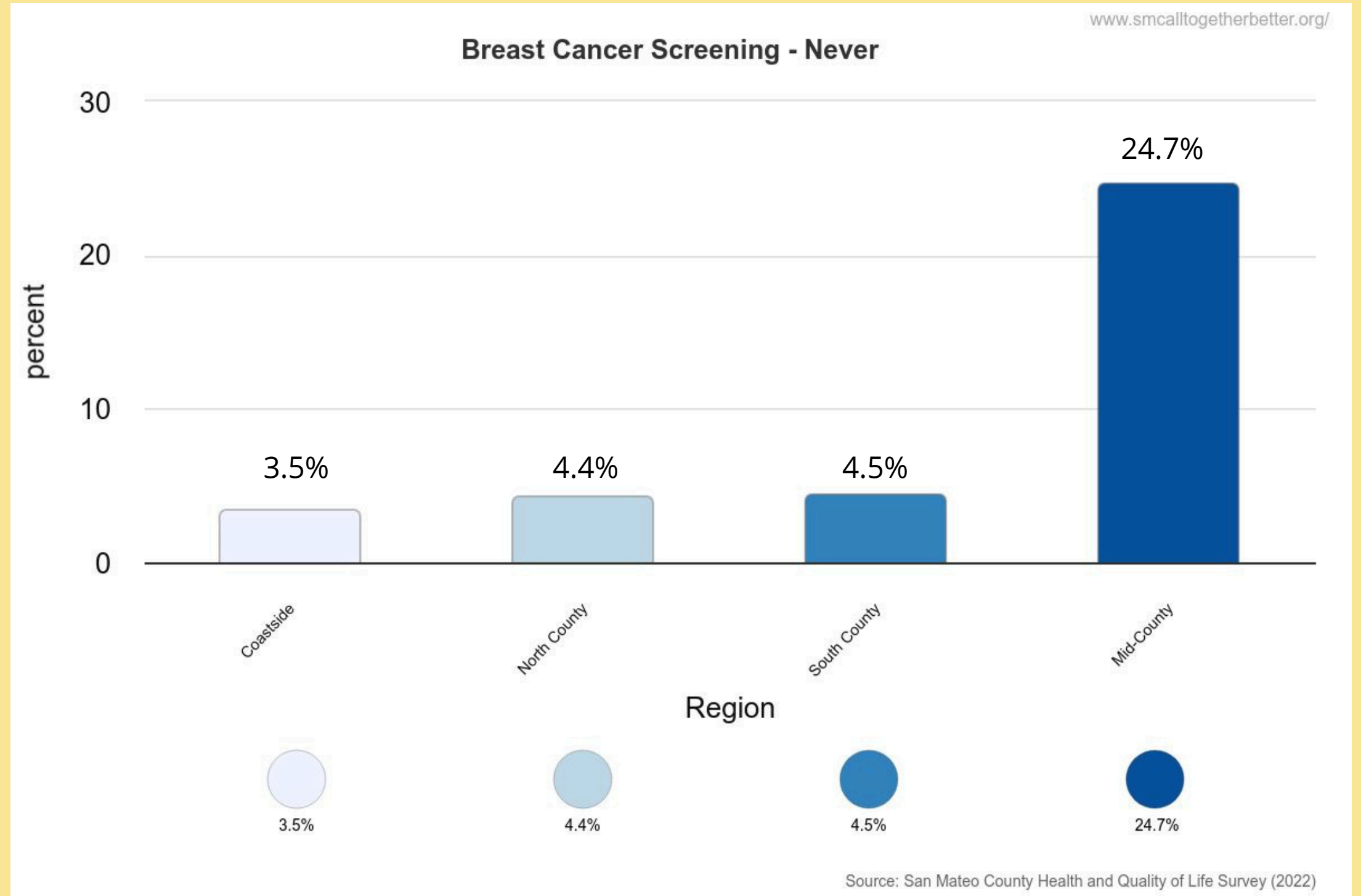
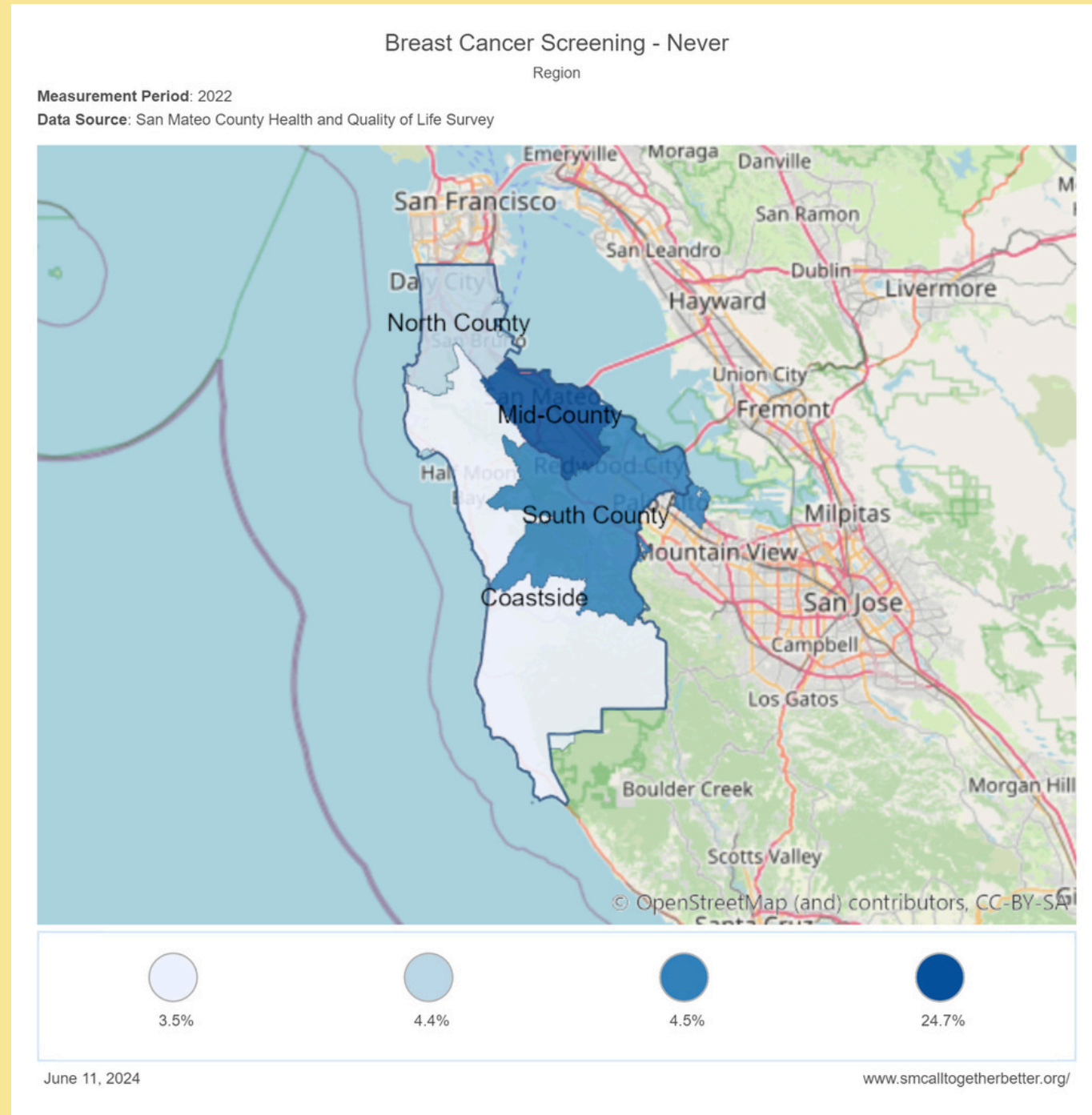
COMPARED TO



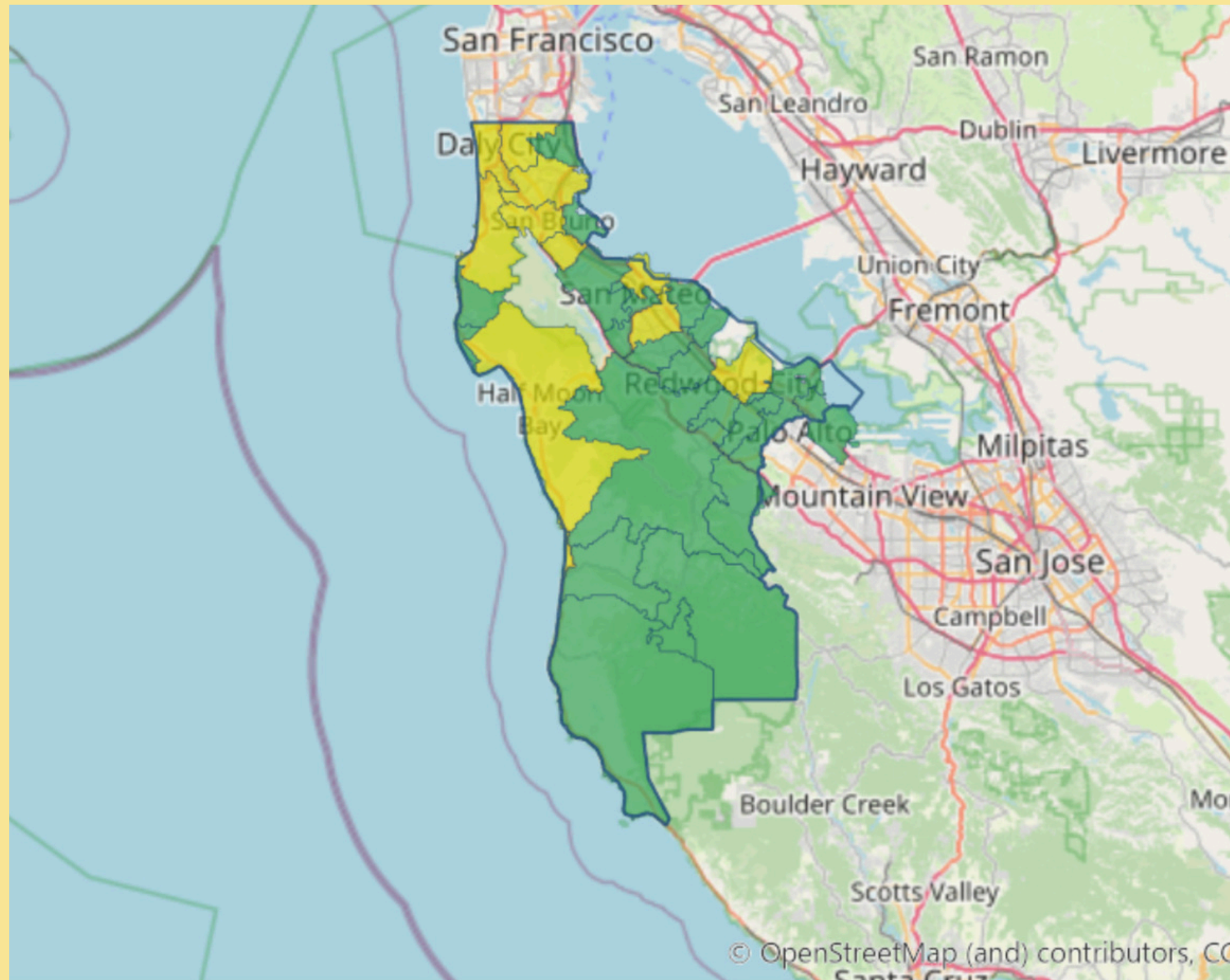
Prior Value
(1.7%)



Women ages 45 and older whom have never had Breast Cancer Screening



SMC Mammography in Past 2 Years: 50-74



PHCD Zip Codes in the Yellow Zone:

94066

94030

94401

94403



Worst Quartile
< 72.4%



25th to 50th Quartile
72.4% - 74.9%



Best 50th Percentile
> 74.9%

Age-Adjusted Death Rate due to Breast Cancer in SMC

County: San Mateo 

14.0

deaths/ 100,000 females

Source: California Department of Public Health
Measurement period: 2019-2021
Maintained by: Conduent Healthy Communities Institute
Last update: August 2023

COMPARED TO



CA Counties



CA Value

(17.8)



US Value

(19.8 in 2016-2020)



Prior Value

(13.9)



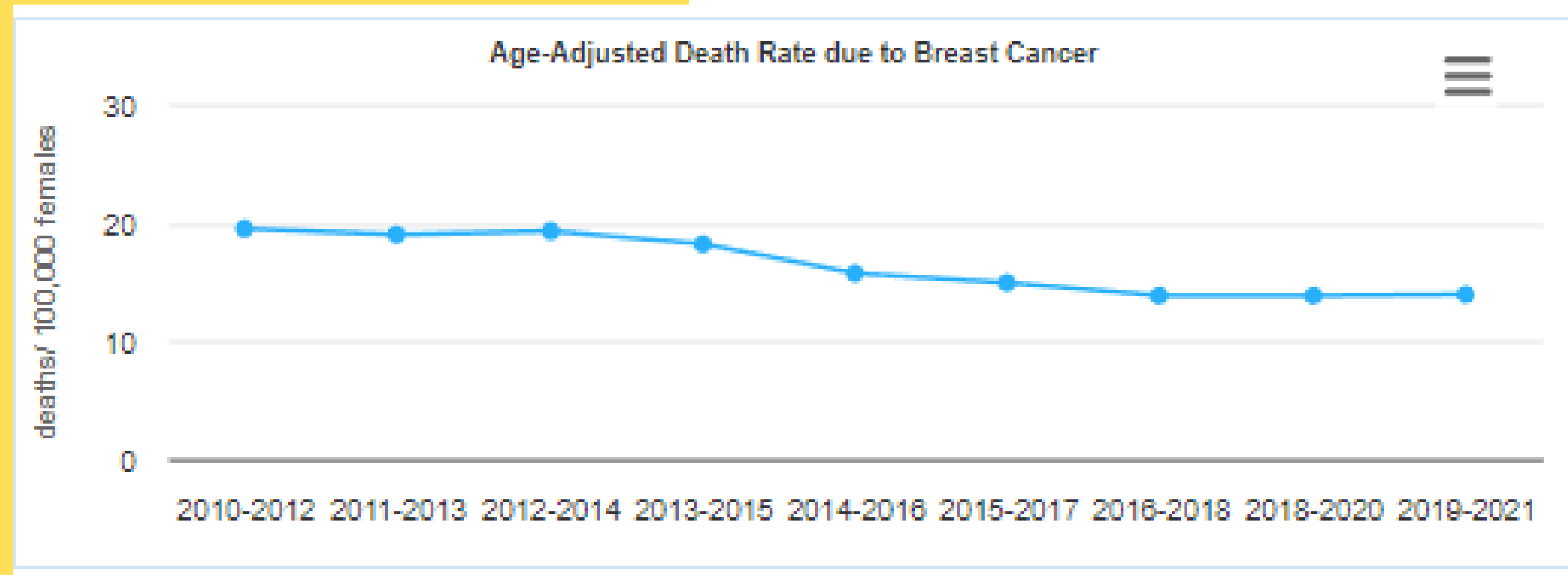
Trend



HP 2030 Target

(15.3)

Technical note: Data compiled by CDPH using the California Comprehensive Master Death Files.



Prostate Cancer Incidence in San Mateo County

County: San Mateo 

97.2

cases/ 100,000 males

Source: National Cancer Institute
Measurement period: 2016-2020
Maintained by: Conduent Healthy Communities Institute
Last update: September 2023

Data Period: 2016-2202

COMPARED TO



CA Counties



U.S. Counties



CA Value
(95.4)



US Value
(110.5)



Prior Value
(95.2)

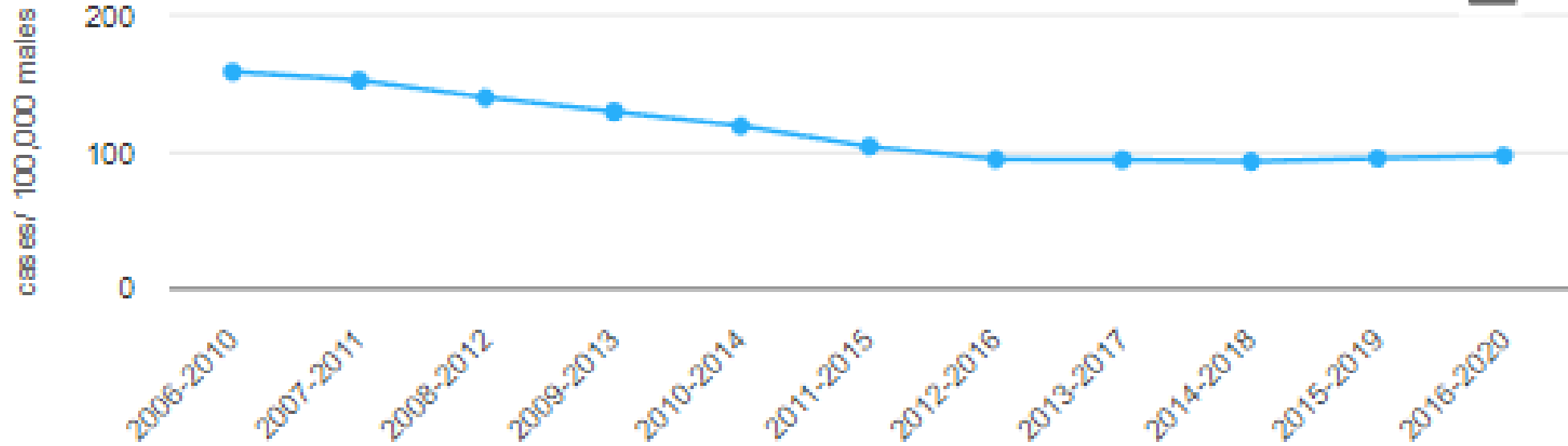


Trend

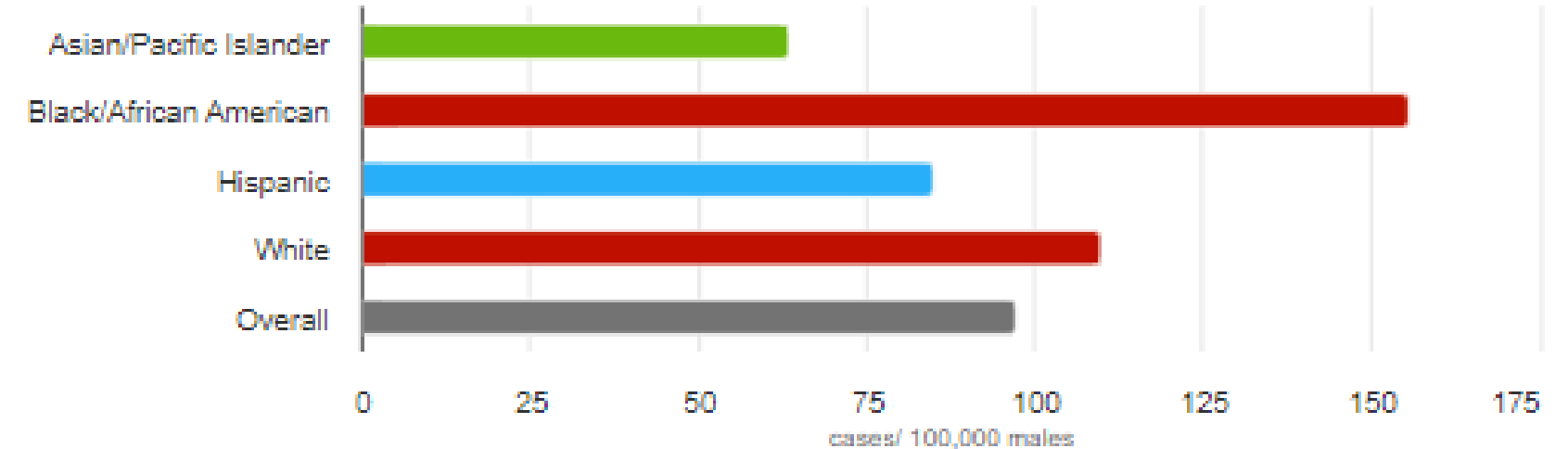
Technical note: Use caution when comparing overlapping 5-year periods since much of the data in each estimate are the same.




The prostate is a gland found only in males, and is located below the bladder and in front of the rectum. Prostate cancer is a leading cause of cancer death among men in the United States. **According to the American Cancer Society, about 1 in 7 men will be diagnosed with prostate cancer. And about 1 in 36 will die from prostate cancer.** The two greatest risk factors for prostate cancer are age and race, with men over the age of 65 and men of African descent possessing the highest incidence rates of prostate cancer in the U.S.

Prostate Cancer Incidence Rate



Prostate Cancer Incidence Rate by Race/Ethnicity



-  Significantly better than the overall value
-  Significantly worse than the overall value
-  No significant difference with the overall value

Age-Adjusted Death Rate due to Prostate Cancer in SMC

County: San Mateo 

15.2

deaths/ 100,000 males

Source: California Department of Public Health
Measurement period: 2019-2021
Maintained by: Conduent Healthy Communities Institute
Last update: August 2023

COMPARED TO



CA Counties



CA Value

(18.4)



US Value

(18.8 in 2016-2020)



Prior Value

(15.9)



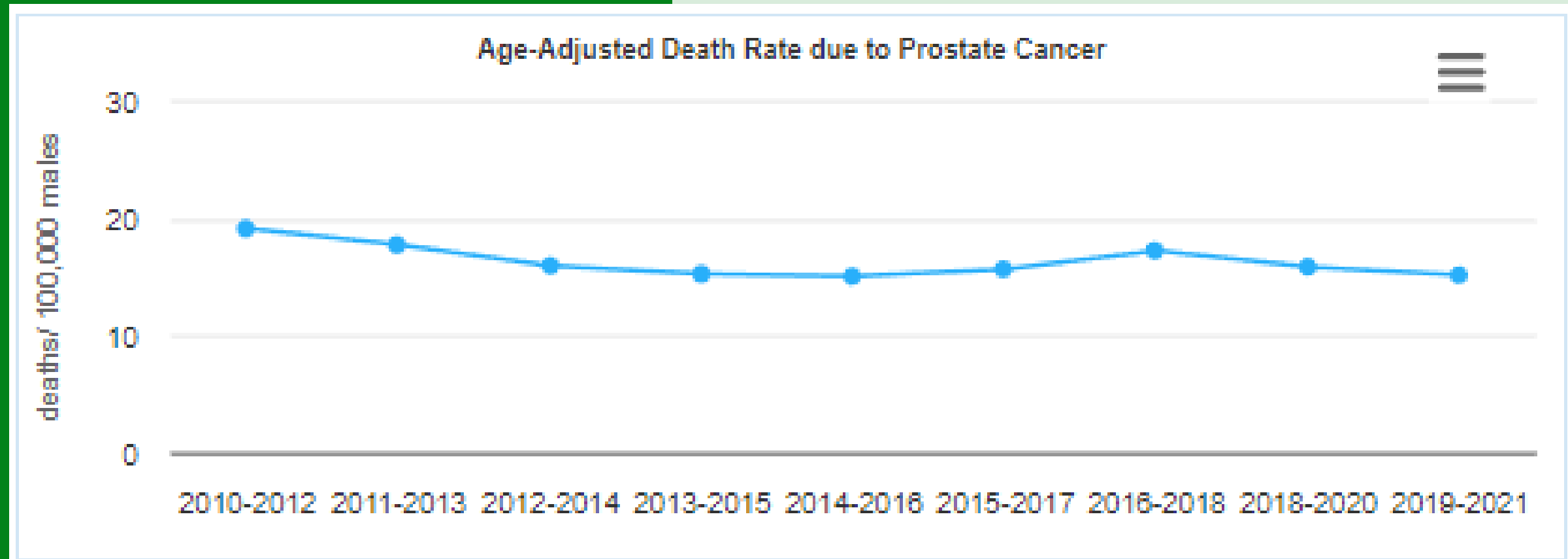
Trend



HP 2030 Target

(16.9)

Technical note: Data compiled by CDPH using the California Comprehensive Master Death Files.



Colorectal Cancer Incidence in San Mateo County

County: San Mateo 

29.4

cases/ 100,000 population

COMPARED TO



CA Counties



U.S. Counties



CA Value
(33.5)



US Value
(38.5)



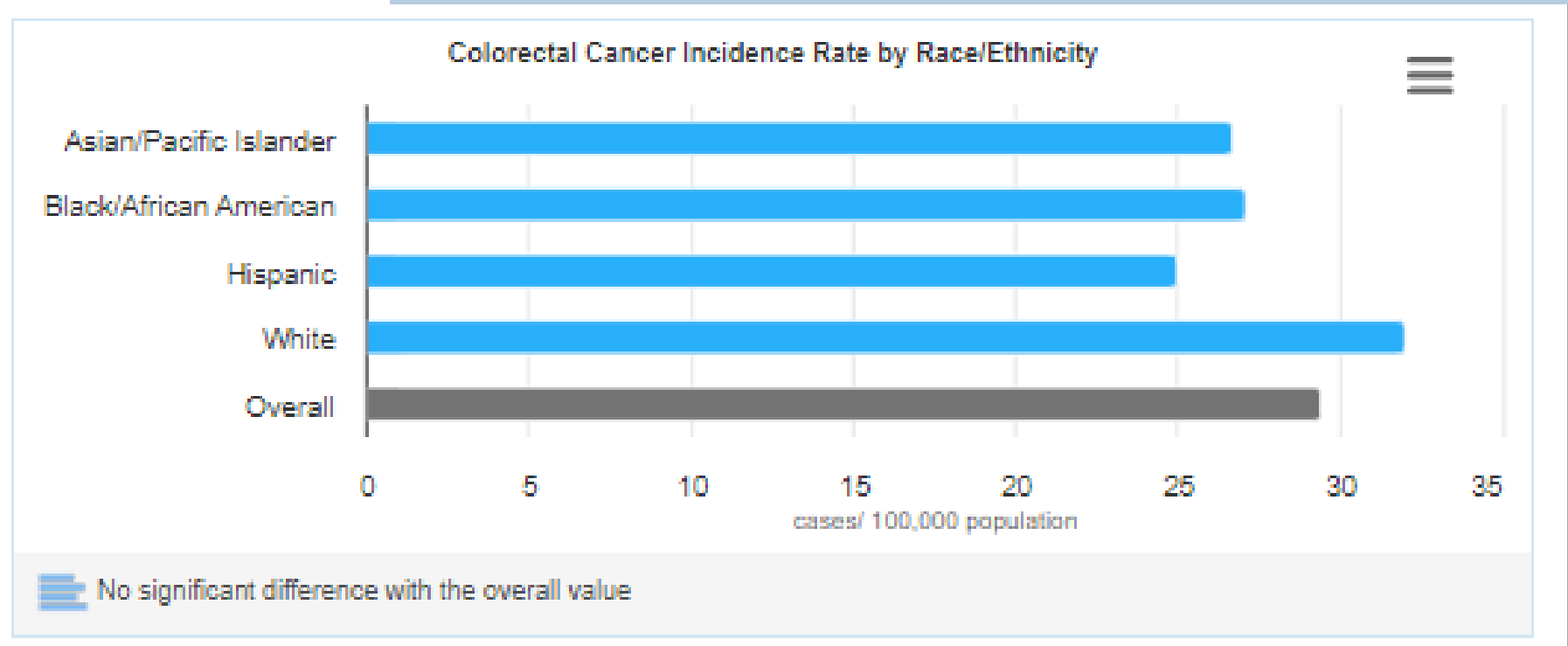
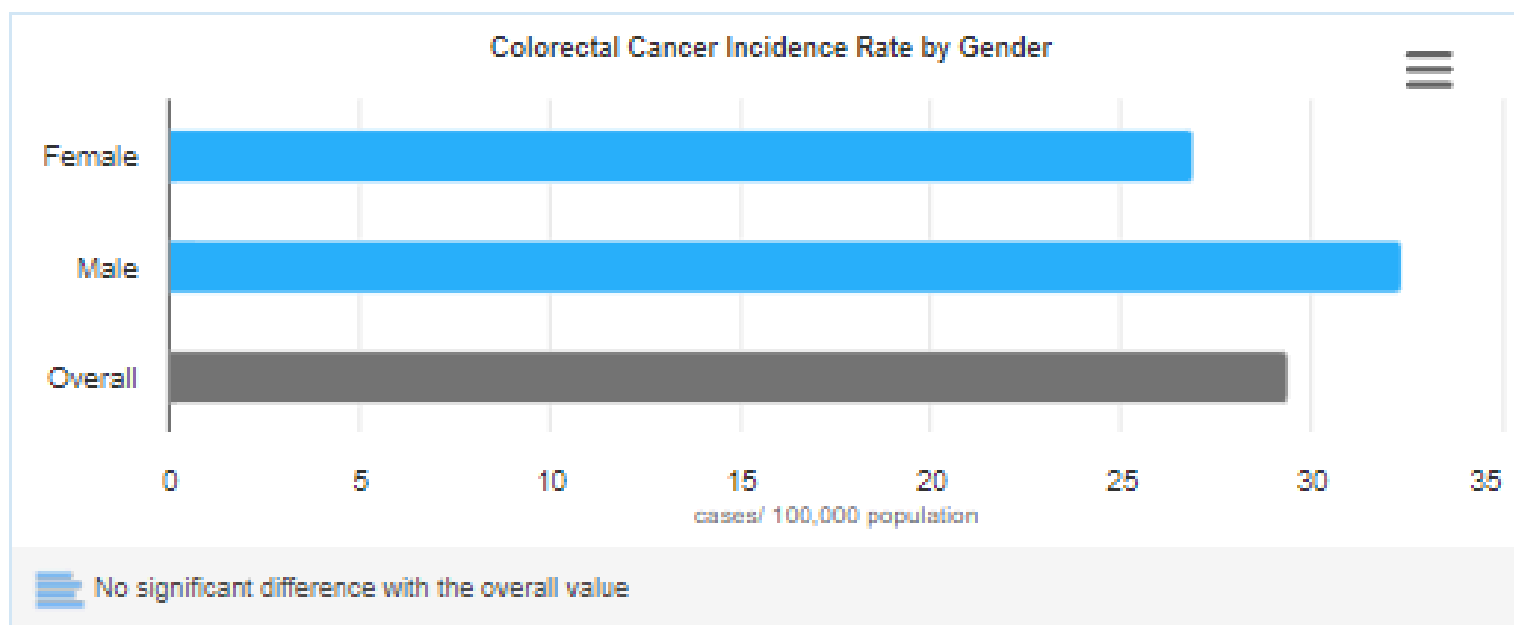
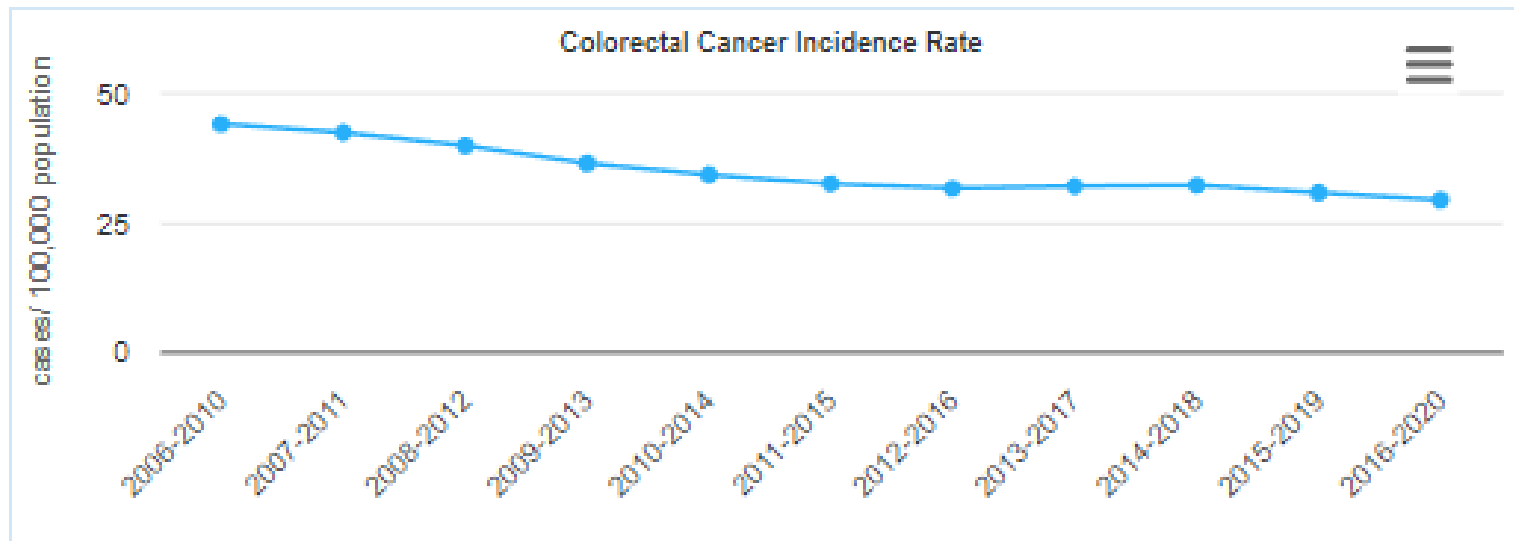
Prior Value
(30.8)



Trend

Technical note: Use caution when comparing overlapping 5-year periods since much of the data in each estimate are the same.

Source: National Cancer Institute
 Measurement period: 2016-2020
 Maintained by: Conduent Healthy Communities Institute
 Last update: September 2023




According to the Centers for Disease Control and Prevention (CDC), colorectal cancer--cancer of the colon or rectum-- is one of the most commonly diagnosed cancers in the United States, and is the third leading cancer killer in the United States.

The CDC estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. Risks and benefits of using different screening methods, such as stool-based tests, sigmoidoscopies, and colonoscopies, vary.

The US Preventive Service Task Forces recommends that screening begin at age 45 and continue until age 75; however, testing may need to begin earlier or be more frequent if colorectal cancer runs in the family, or if there is a previous diagnosis of inflammatory bowel disease. Speak with a doctor about when to begin screening and how often to be tested.







Age-Adjusted Death Rate due to Colorectal Cancer in San Mateo County

County: San Mateo 

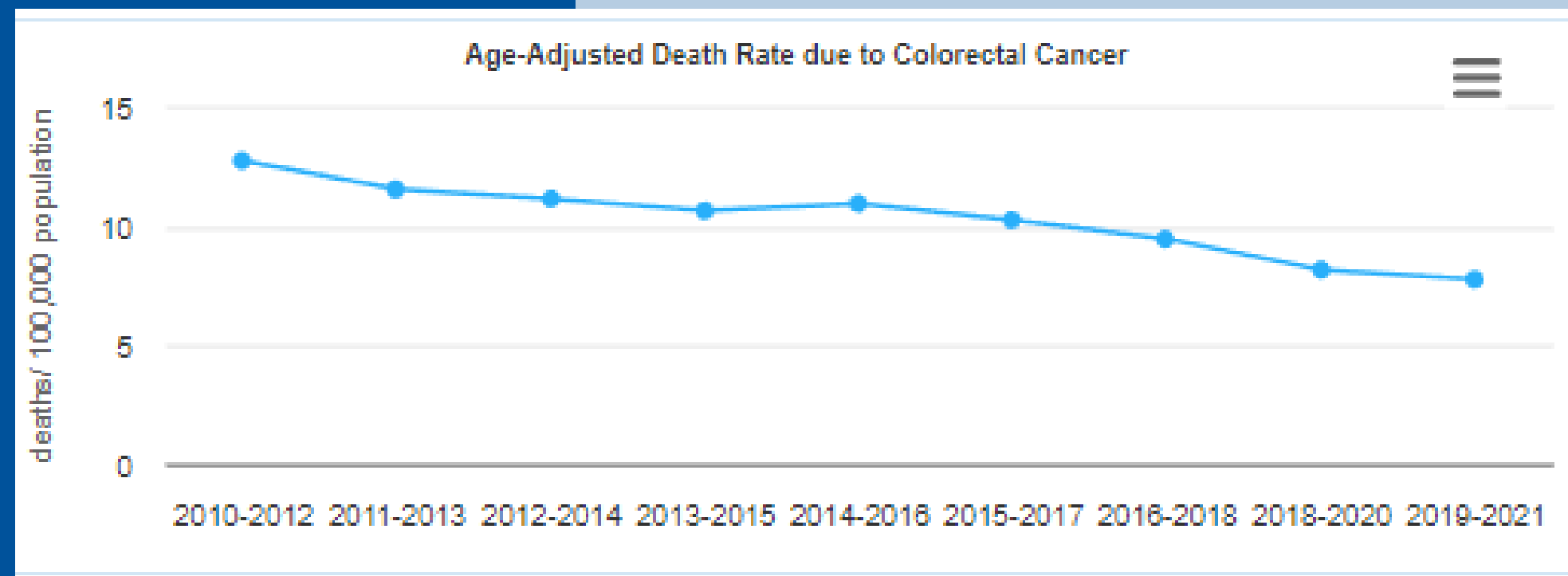
7.8
deaths/ 100,000 population

Source: California Department of Public Health
Measurement period: 2019-2021
Maintained by: Conduent Healthy Communities Institute
Last update: August 2023


COMPARED TO

| | | | | | |
|---|---|---|---|---|---|
|  |  |  |  |  |  |
| CA Counties | CA Value (11.7) | US Value (13.1 in 2016-2020) | Prior Value (8.2) | Trend | HP 2030 Target (8.9) |

Technical note: Data compiled by CDPH using the California Comprehensive Master Death Files.



Adults 50 years and older who reported never having a Colorectal Cancer Screening

County: San Mateo 

26.0%

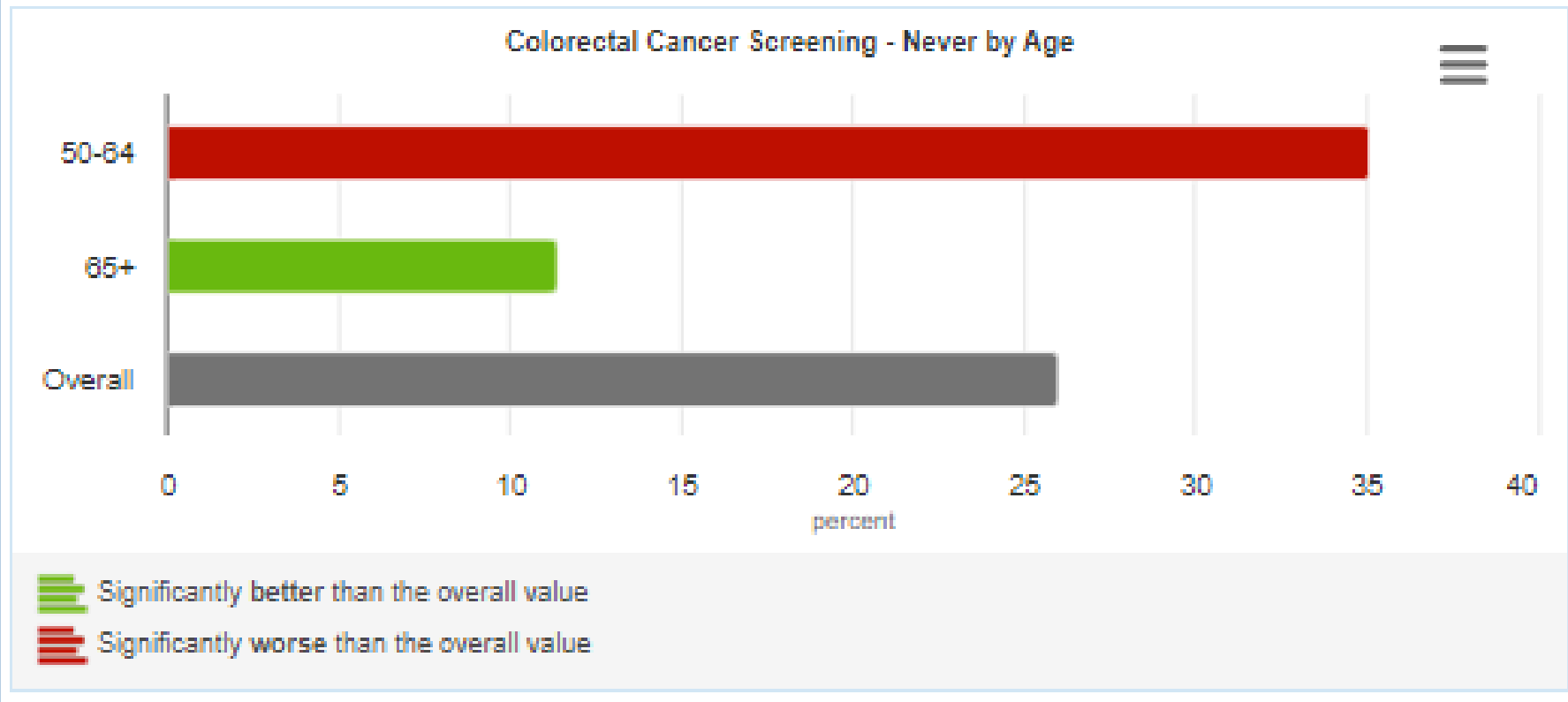
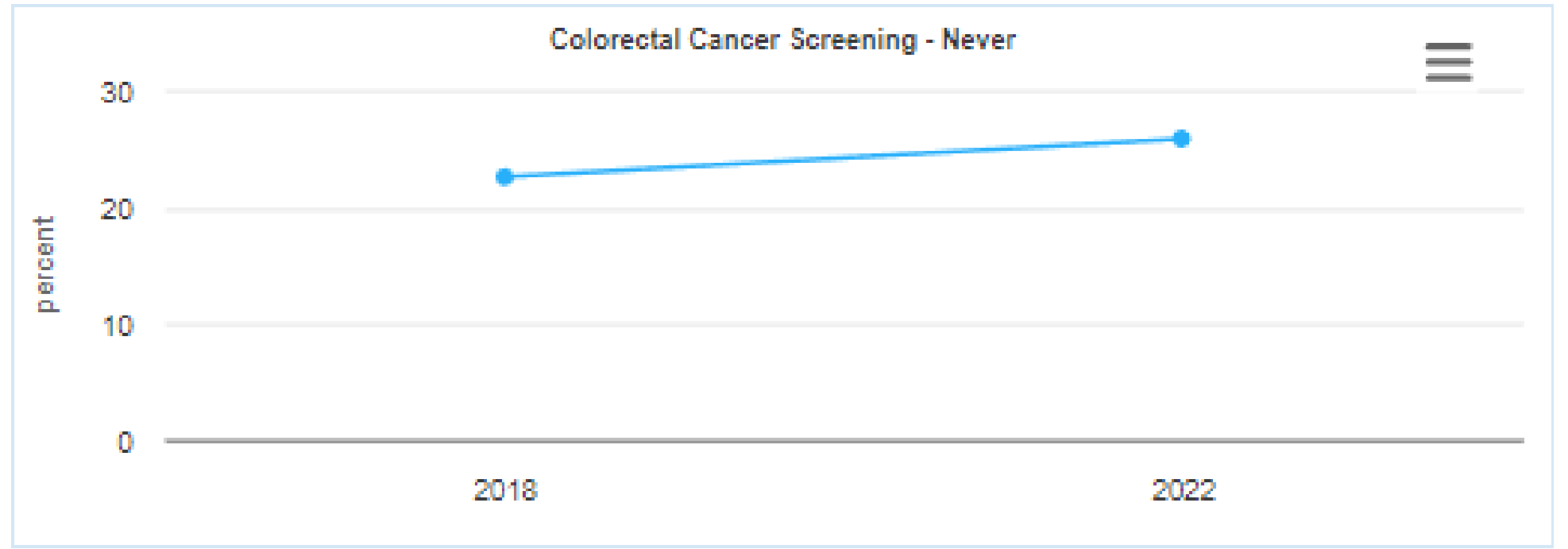
Source: San Mateo County Health and Quality of Life Survey
 Measurement period: 2022
 Maintained by: San Mateo County
 Last update: May 2024

COMPARED TO

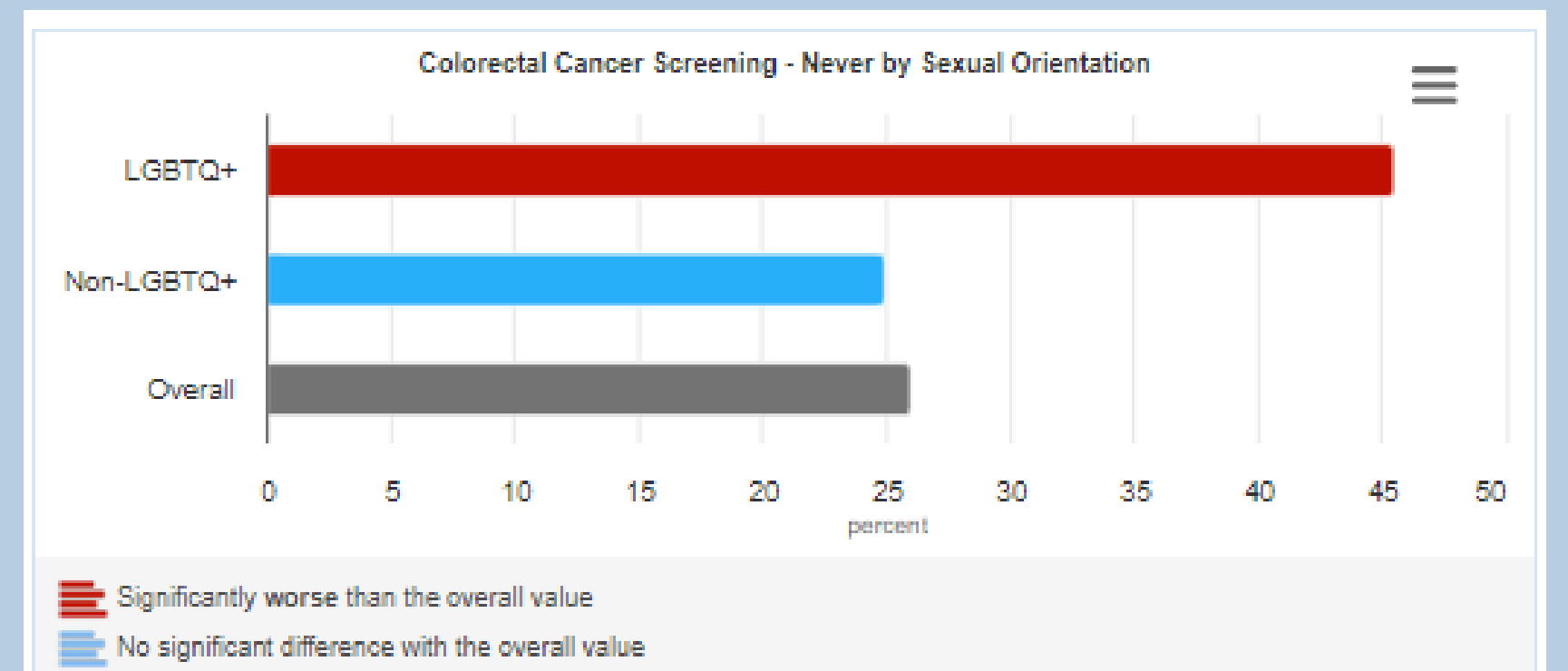
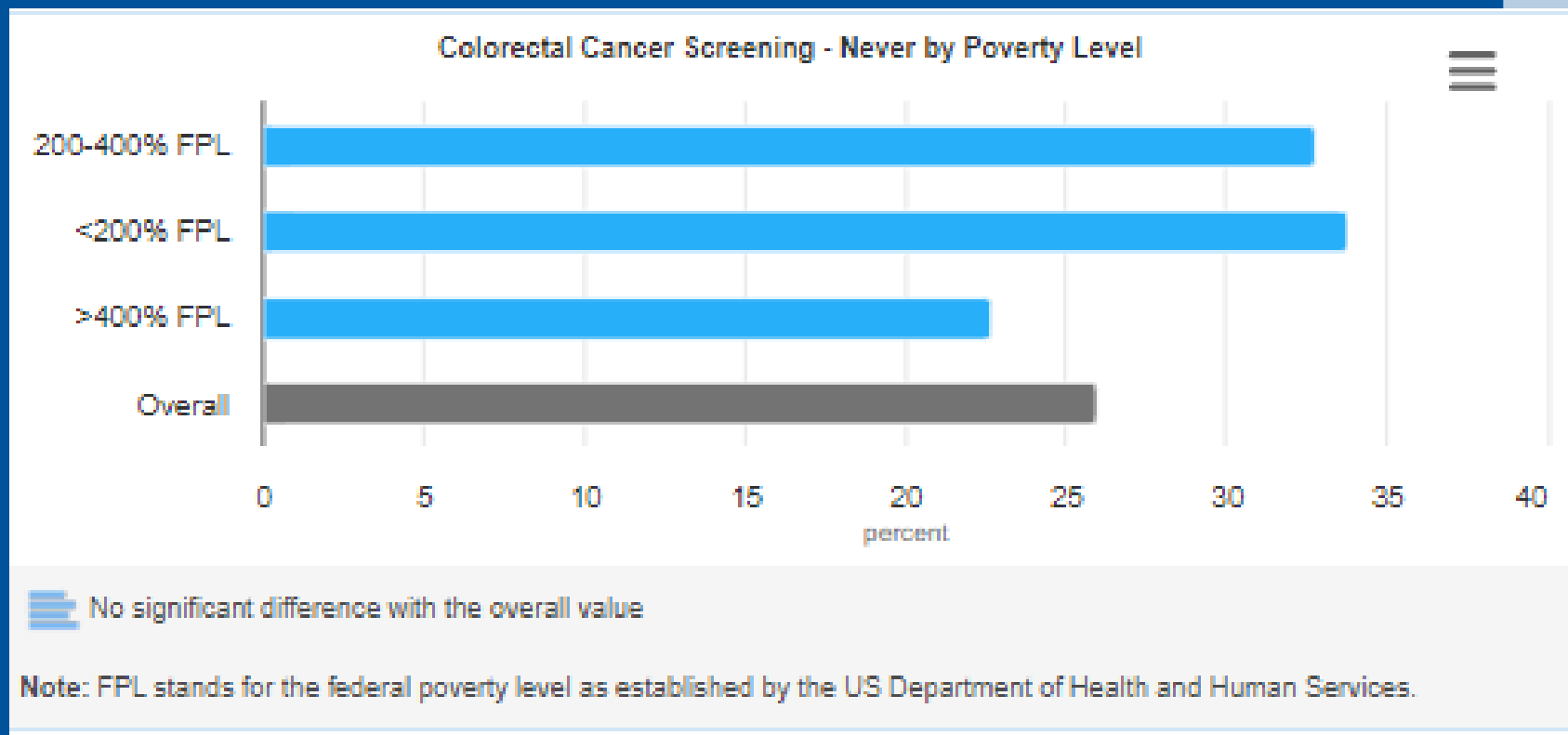
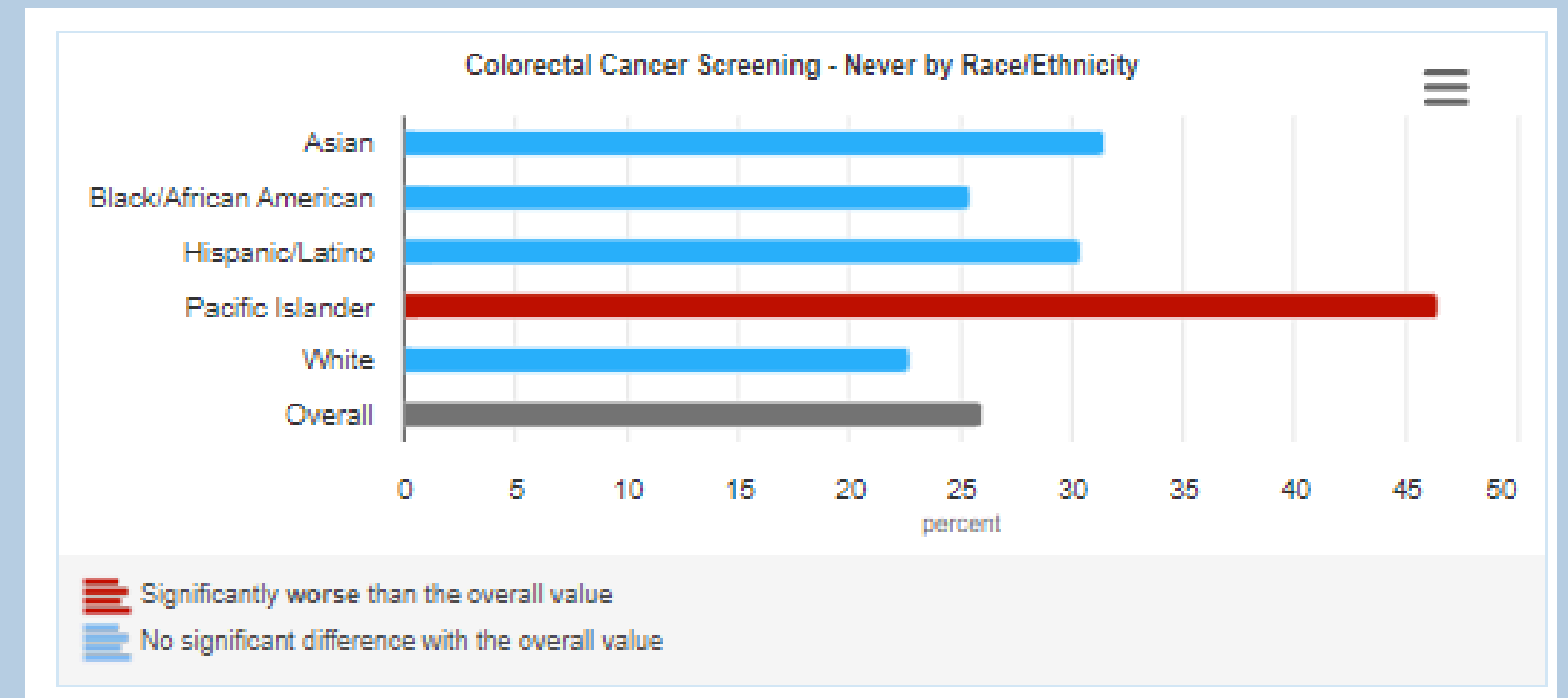
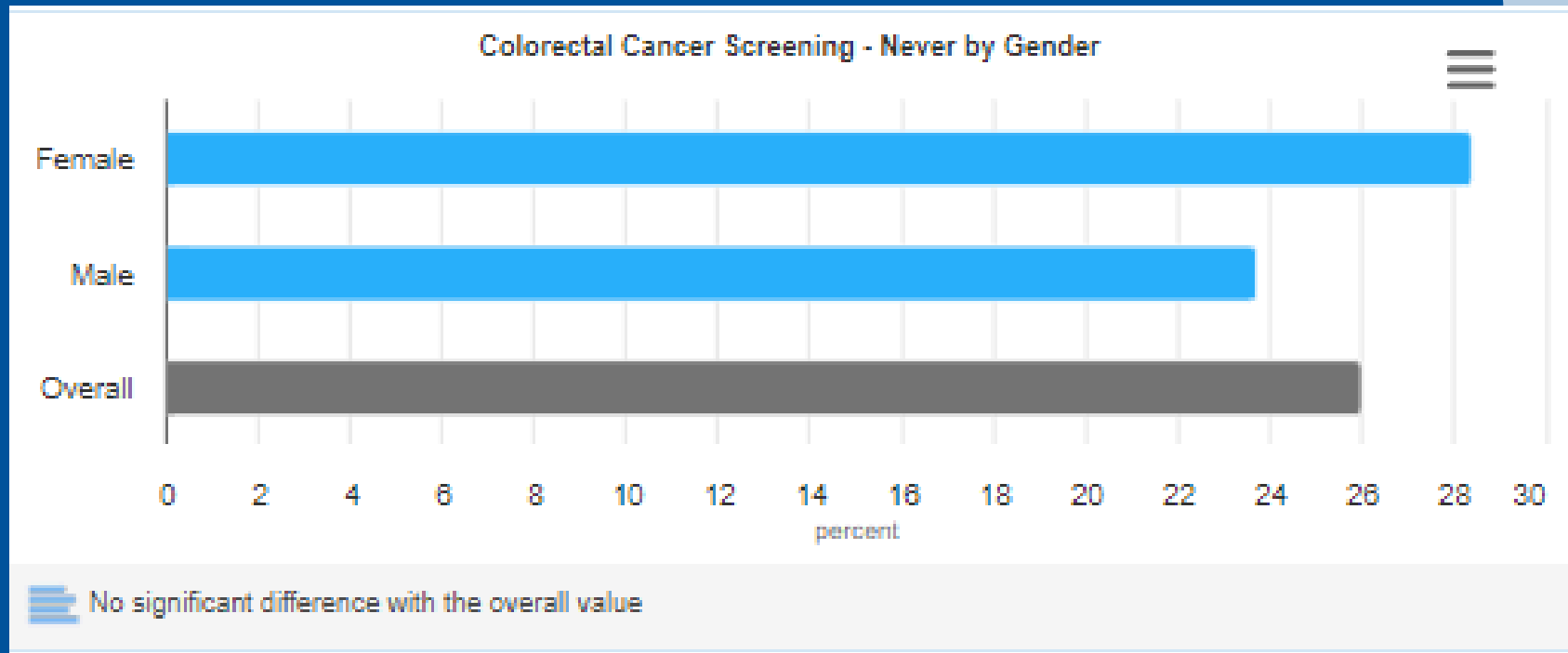
=

Prior Value
(22.7%)

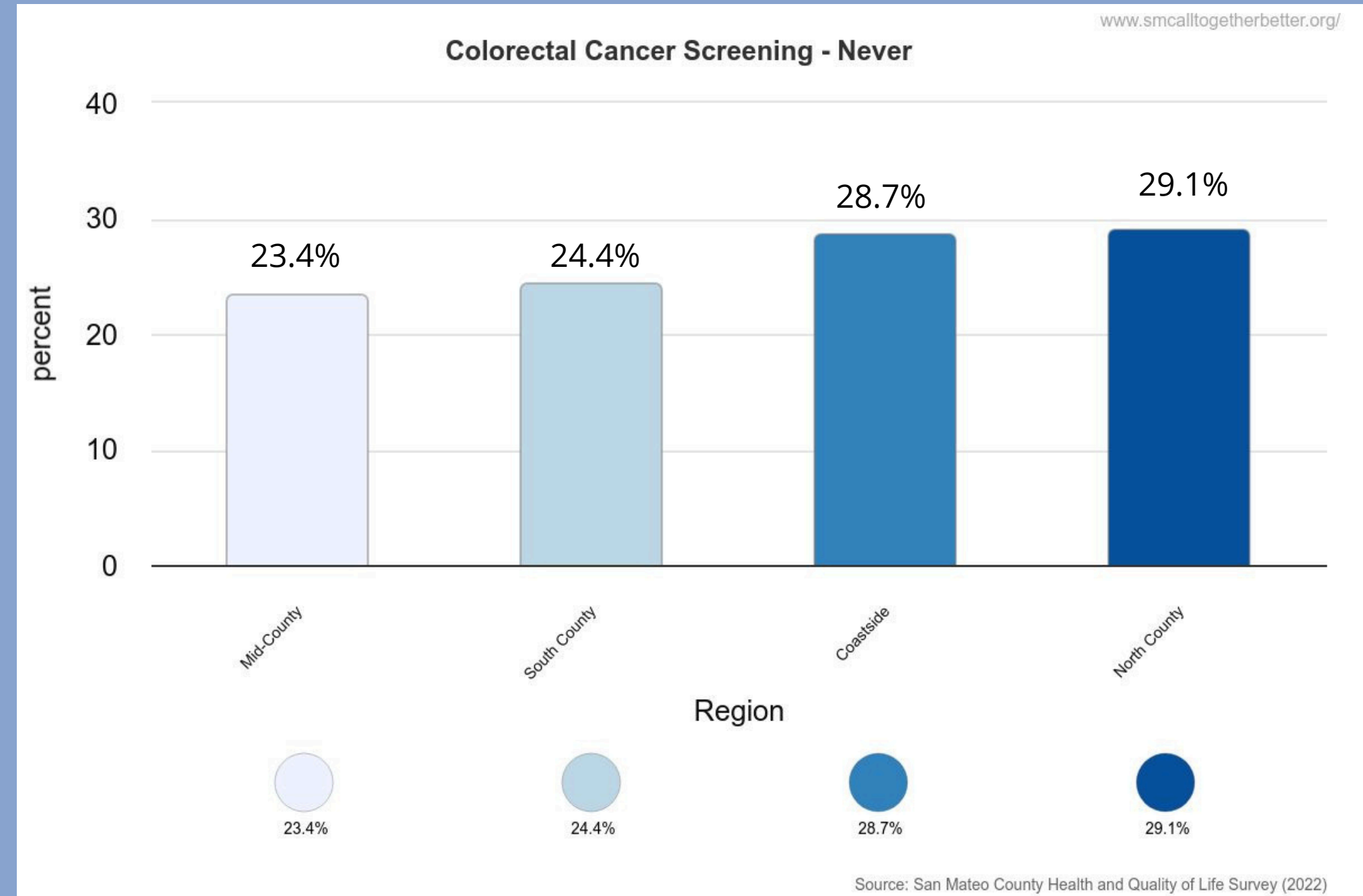
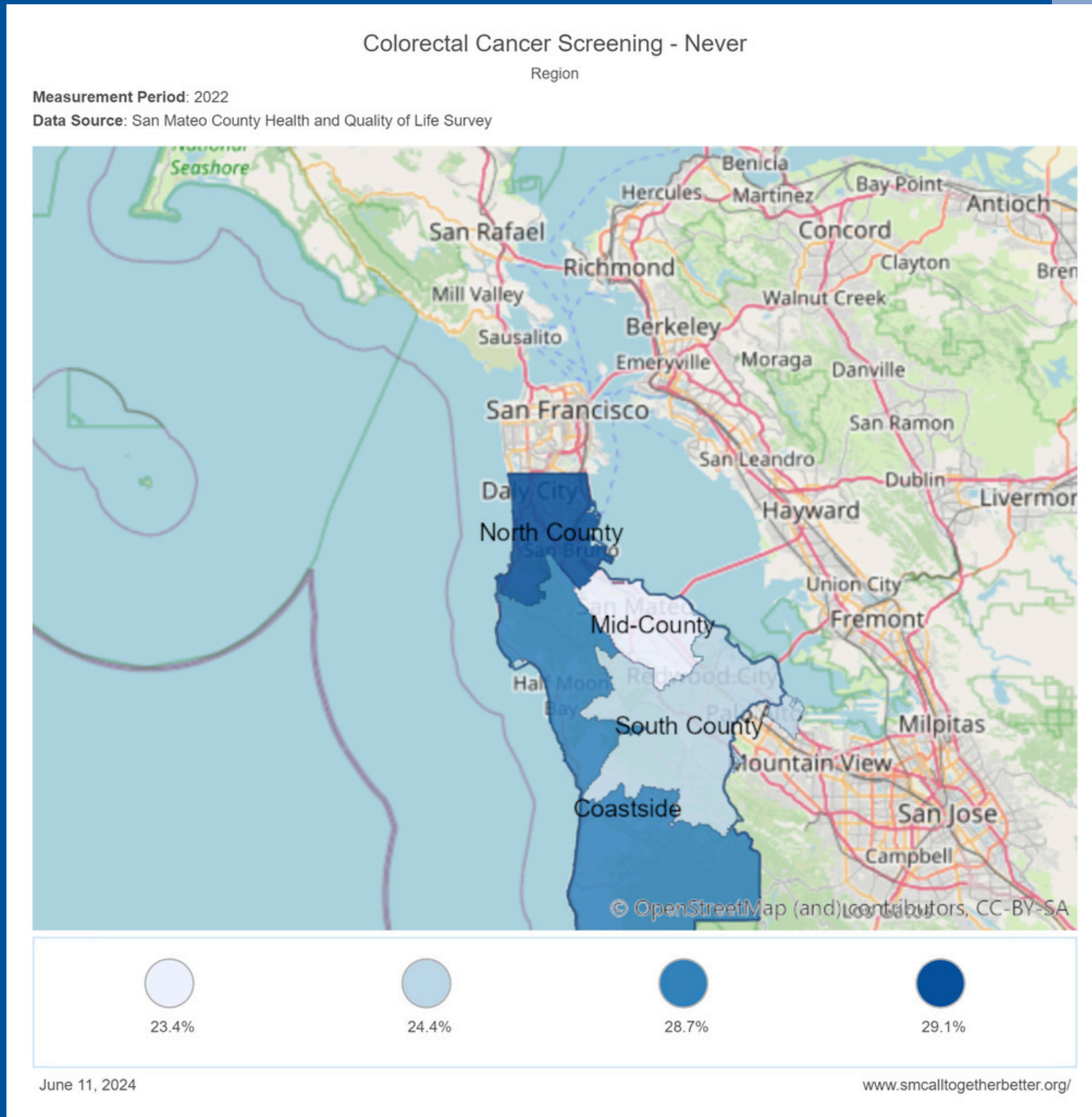
Technical note: This question was only asked to individuals aged 50 and above. Values for the different regions and subgroups which may be statistically unstable and should be interpreted with caution are noted as such. If you don't see a value for a region or a subgroup (broken down by gender, age, education level, federal poverty level, race/ethnicity, and sexual orientation), it is because the value has been suppressed due to statistical unreliability.



Adults 50 years and older who reported never having a Colorectal Cancer Screening



Adults 50 years and older who reported never having a Colorectal Cancer Screening





Health Screenings

- Through District programs and community partnerships, our goal is to increase access to preventive health screenings for District residents, which will contribute to improved health outcomes and quality of life.

Community Partners (not an exhaustive list)

Health Plan of San Mateo

Samaritan House

Mills-Peninsula Sutter Health

Sonrisas Dental Health

San Mateo County Health Foundation (*3D mammography unit*)

College of San Mateo (*Nursing program for BP screenings, glucose strip***)

Bay Area Community Health Advisory Council (BACHAC)

Healthy Kids Foundation (*Hearing, vision*)

**Other Community Grantees (2023-2024)



DISTRICTWIDE STRATEGIC FRAMEWORK

Background

Since its establishment on December 2, 1947, Peninsula Health Care District (PHCD), overseen by a publicly elected 5-member board of directors, has diligently served the community's health needs. Beginning with the construction, ownership, and governance of Peninsula Hospital, over the years, PHCD has evolved into a provider, community partner, and advocate of comprehensive health-focused programs and services aimed at helping residents achieve optimal health throughout the life course.

Mission & Vision

Peninsula Health Care District is guided by a mission that *all District residents are living their optimal health* and a vision that supports the achievement of optimal health and wellness at all ages *through education, prevention, advocacy, and safeguarding community access to basic health services*.

Values

As a government entity accountable to residents from the cities of San Bruno, Burlingame, Millbrae, Hillsborough, San Mateo, and parts of South San Francisco and Foster City, PHCD upholds the following core values:

- **Stewardship:** Ensuring all District assets are used for the community's health benefit.
- **Collaboration:** Working in partnership with others committed to improving the health of the community.
- **Inclusion:** Ensuring the health care needs of all District residents are considered, regardless of financial and health status.
- **Transparency:** Conducting District business through processes that encourage public input, review, and comment.

Guiding Principles

Peninsula Health Care District ascribes to these guiding principles which remain, irrespective of changes in goals, strategies, and programs.

- Optimal health for District residents - children, youth, adults, and seniors.
- A strong network of non-profit, government and for-profit organizations focused on health and well-being working together for the community's benefit.
- Equity in health care access for all.
- Preventive health services to enable early detection, identification, and treatment.
- Increased knowledge to empower individuals and communities to make informed decisions about their health.
- Improved quality of life across the life course (healthy aging).
- Less burden of disease in the community, which protects limited resources.
- Contribute to decrease in health care costs.

Roles and Objectives

Through its diverse efforts, PHCD embodies three key roles: provider, community partner, and advocate for community health, each playing a vital part in its function and impact on the community:

1. Provider

As a provider of health, mental & behavioral health, and wellness services, the District:

- **Owns and/or manages various centers, facilities, and programs**, including allcove San Mateo (for mental health), The Trousdale (assisted living and memory care), Sonrisas Dental Health (oral & dental health), and PHCD Health & Fitness Center (physical fitness and wellness).

2. Community Partner

As a partner in the community, PHCD:

- **Promotes health and wellness in the community** through the implementation of key programs and initiatives aimed at primary and secondary prevention, such as community education, vaccination clinics, health screenings, and chronic disease management.
- **Builds and nurtures partnerships with health care and behavioral health providers, community organizations, nonprofits, and advocacy groups** to promote wellness and address access to care issues, thereby contributing to equitable health outcomes and a more seamless health care delivery system.
- **Facilitates interagency collaboration to address complex health and system issues**, including coordination with other government agencies, such as the County Public Health, County Office of Education and School Districts, as well as health providers and insurers.

3. Advocate for Community Health

As an advocate for community health and wellness, Peninsula Health Care District:

- **Monitors and routinely examines data** to identify community health status, needs and service gaps, as well as addresses health inequities in health care access, quality of care, and health outcomes among different population groups.
- **Engages with nonprofits, local government agencies, health care providers and other community stakeholders** to gather diverse perspectives and insights to safeguard resources and services.
- **Raises awareness about important health issues and disparities in the community** through public education campaigns, community forums, and media outreach.
- **Identifies opportunities for innovation and out-of-the box thinking, and influencing programmatic and systems change** that will benefit the District community.

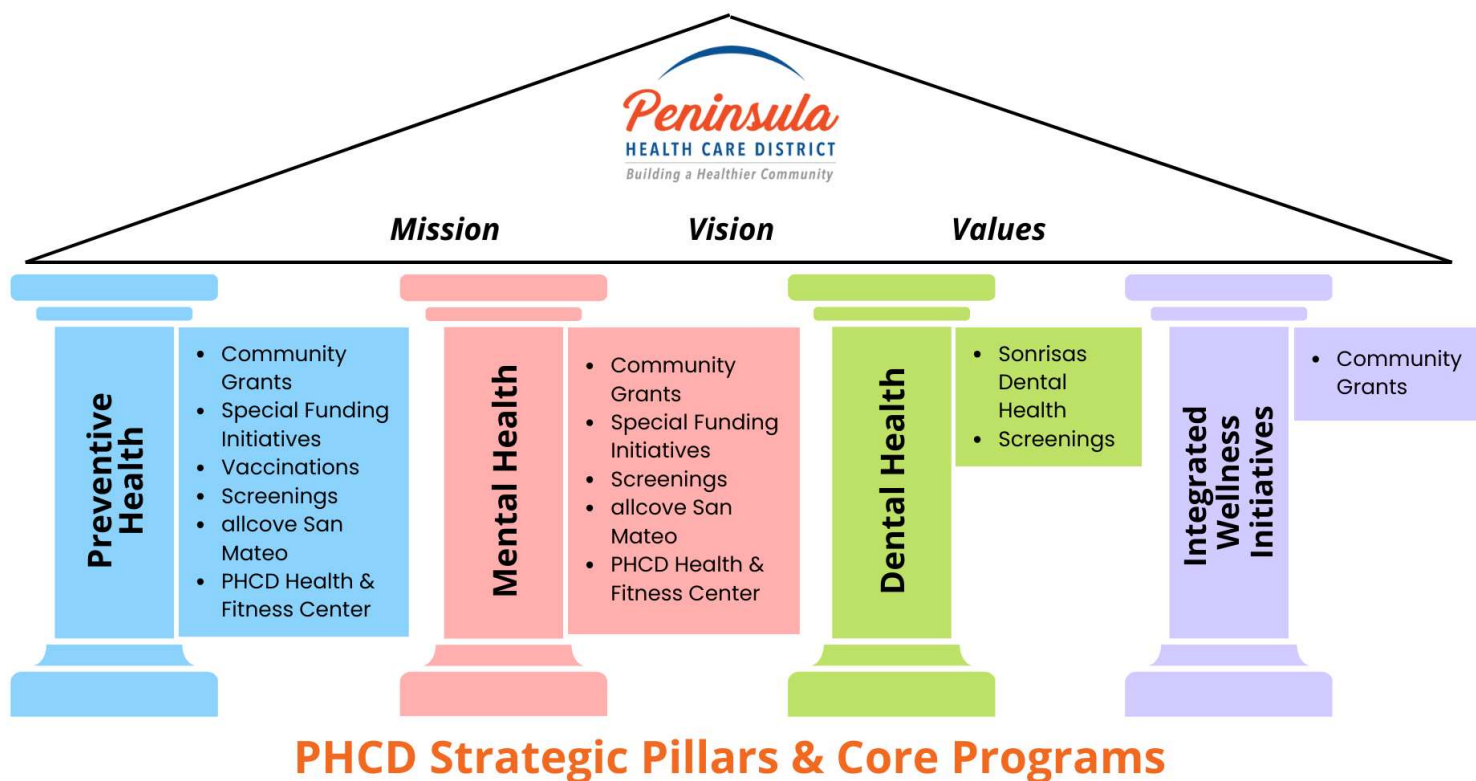
Strategy

In support of the Mission, Vision, and Values, PHCD has identified four strategic pillars, which not only serve as the foundation for its efforts, but also act as guideposts where the

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District can have the greatest impact: 1) Preventive Health, 2) Mental Health, 3) Dental Health, and 4) Integrated Wellness Initiatives.

PHCD core programs are interwoven with strategic partnerships, thus offering direct services and extending the District's reach to achieve optimal health and wellness.



Core Programs

The District's Strategy is achieved by the following core programs^{1,2,3}:

(1) Grants Portfolio

The Grants Portfolio, consisting of Community Grants (1 or 2 year), Impact Partner Grants (3-year), and Seed Grants (or Small Grants), represents an important mechanism by which the District makes a range of strategic health investments that are informed by ongoing monitoring and assessment of community health needs and service gaps.

¹ Please refer to Logic Models for additional details, developed for allcove San Mateo, Vaccinations and Immunizations, Health Screenings, and Health & Fitness Center programs: Steady Steps and Forever Fit.

² The visual incorporates the Grants Portfolio, given its contributions to Screenings, Mental Health, Healthy Aging, etc.; however, a logic model was not developed as part of this phase of the work.

³ Logic models for Sonrisas Dental Health and The Trousdale are in development.

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Through the portfolio, PHCD collaborates with and supports service providers and community-based organizations that specialize in addressing the specific health needs identified among our residents. Grantees or partner organizations provide an array of programs and services – covering several aspects of health and well-being, for individuals, families, and communities from diverse backgrounds (i.e., ages, race/ethnicity, abilities, socioeconomic background, etc.). Each program presents defined goals and objectives that are intended to advance improvements in individual, family, and community health.

Every year, the Community Health Investment Committee performs key actions that inform and guide the annual grant cycle. These include: (1) the review of the Committee's charge; (2) evaluation of the previous grant cycle, and (3) refinement and approval of annual focus areas and grants schedule.

Data supporting the Grants Portfolio:

(Forthcoming)

(2) allcove San Mateo

The District is committed to addressing the unprecedented youth mental health needs facing young people. Opened in January 2024, allcove is the first youth mental health drop-in center designed with, by, and for youth ages 12-25 looking for support with mild to moderate needs in San Mateo County.

The Center offers mental health, physical health, substance use, family support, peer support, supported education and employment services, and a space for youth to hang out or study.

The following data supports allcove San Mateo:

- San Mateo County youth with serious thoughts of suicide in the past year exceed the rates observed in the other six counties and statewide (e.g., 16% among 9th and 18% for 11th graders).
- Youth psychiatric hospitalization rates for all youth in SMC (9.9 per 1,000 for 15 to 19-year-olds) are consistent with those observed in most of the surrounding counties but surpass California's statewide averages.
- Youth suicide rate stands at 10.1 per 100,000, ranking second highest among neighboring counties and surpassing both California and US rates.

- Per San Mateo Medical Center psychiatric emergency services (SMMC PES) data, we may have less youth admitted to PES, but notice a trend of youth staying for longer periods of time.

(3) Vaccination Clinics

Vaccination clinics represent a fairly new focus area for the District, and largely driven by the COVID pandemic, when Peninsula Health Care District emerged as a contributor to boosting COVID vaccination rates, particularly focused on undeserved communities facing access barriers. Collaborating with a school district and church, efforts emphasized the District's agility and resourcefulness to fill gaps during a public health crisis – which can arise at any time.

PHCD has been approached to support compliance with the administration of childhood immunizations required for school entry, as well as explore opportunities in preparation for the annual season for flu and paired COVID vaccinations. There is a significant shortfall in State and County programs (317, BAP, and COVID) that provided vaccinations for uninsured and publicly insured populations in community health clinics.

The vaccination challenge shows up as on-the-ground logical, programmatic, and systemic roadblocks, with County providers, educational institutions, and community clinics scrambling for resources and finding significant gaps in capacity, capabilities, and funding. Given its community partner and advocacy roles, the District can contribute to finding solutions.

Support for Vaccinations Clinics⁴:

- Every year, communities are adversely affected by vaccine-preventable diseases, with the more serious cases leading to emergency room visits, hospitalizations, and death.
- Despite the challenge to obtain the most up-to-date vaccination rates to help prioritize interventions, we know there is a recurring need to protect the public against Influenza (flu), Respiratory syncytial virus (RSV), and Pneumonia, as well as COVID, and that there are generally lower rates for particular groups based on age, race/ethnicity, and where people live (i.e., zip codes).
- Although San Mateo County is doing better for most vaccine-related indicators as compared to other CA Counties and the State, in some cases, there are higher ER

⁴ For additional data, please refer to the Logic Models for Vaccinations and Immunizations.

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and hospitalization rates among specific subgroups, such as by age, gender, and race/ethnicity.

- For example, the Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza in SMC is higher (24.9/10,000) than the California value. As compared to the overall value in SMC, this rate is also significantly worse for persons ages 18-24 and 25-34, females, Hispanics, and those living in District zip codes 94401 (San Mateo) and 94066 (San Bruno).
- The Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza in SMC is lower (1.5/10,000 persons) than the State and other CA counties. However, the older demographic has the highest rates of hospitalizations at 17.3 for 85+ and 4.6 for 65-84, as well as higher rates are observed in certain District zip codes (94066, 94403, and 94401).

(4) Health Screenings

County assessments and reports show various areas of concern, where targeted health screenings could facilitate greater awareness, access to preventive measures, and referrals to providers for follow-up care (if needed).

Through its Grants Portfolio, and other strategic partnerships in the community, PHCD is contributing to health screenings by supporting programs aimed at improving the detection of various health diseases and conditions and creating pathways to referrals for care and treatment. Screenings include, but are not limited to: mammography, hearing, vision, dental and depression.

The District is also exploring collaboration opportunities with community-based organizations and health providers to provide screenings in the community at health fairs and other pop-up events.

Key Data for Breast Cancer, Prostate Cancer, and Colorectal Cancer Screenings:

- Breast cancer incidence in San Mateo County (131.6/100,000 females) is higher than the U.S. (127) and State (121) values.
- 3.3% of women 45 years and older in SMC reported never having a breast cancer screening. The prior value was 1.7%. The Mid-County region has the highest rate of women never having a breast cancer screening (24.9%).
- There are 4 District zip codes with Mammography in the past two years for women ages 50-74 in the 25-50% quartile (72.4 -74.9%): 94066, 94030, 94401, and 94403.

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- The age-adjusted death rate due to breast cancer (14.0/100,000 females) in SMC meets 2030 HP targets (15.3), and is lower than U.S. (19.6), State (17.8), and State County values; however, there is no zip code or race/ethnicity data available to further examine whether and how disparities are manifested in the region.
- Prostate cancer incidence in SMC (97.2/100,000 males) is higher than the State value (95.4) but lower than the U.S. value (110.5). The rate is significantly higher for Black/African American (155.4) and White (110) populations. There is no zip code data available.
- The SMC Community Health Assessment does not report on prostate cancer screenings.
- The age-adjusted death rate due to prostate cancer (15.2/100,000) in SMC meets 2030 HP targets (16.9), and is lower than U.S. (18.8), State (18.4), and State County values; however, there is no zip code or race/ethnicity data available, which would allow further analysis.
- Colorectal cancer incidence in SMC (29.4/100,000 population) is lower than US (36.5), State (33.5), and California counties values. While there is no significant difference from the overall value, there are more cases for men than women, as well as higher observances among White, followed by Black/African American, Asian Pacific Islander, and Hispanic populations.
- 26% of Adults ages 45+ in SMC have never been screened for CRC. LGBTQ+ and Pacific Islander populations have a significant worse % as compared to the overall value. For this indicator, the Mid-County value is 23.4% and North County is 29.1%.
- The age-adjusted death rate due to colorectal cancer (7.8) in SMC meets 2030 HP targets (8.9), and is lower than U.S. (13.1), State (11.7), and State County values; however, there is no zip code or race/ethnicity data available.

(5) PHCD Health & Fitness Center Programs

The PHCD Health & Fitness Center has developed two programs to address fall risk among older persons and seniors, and healthy living through a focus on fitness, nutrition, and lifestyle behavior change.

Steady Steps Fall Prevention

"Steady Steps" is a comprehensive 12-week fall prevention program designed for older adults aiming to enhance their stability, mobility, and overall confidence in navigating daily

activities. Recognizing the significant impact falls can have on the health and independence of the elderly, Steady Steps offers a multifaceted approach to reduce the risk of falls through education, physical fitness, and social support with other seniors and fitness center staff.

Data in Support of Steady Steps, Fall Prevention program:

- In San Mateo County, falls account for 80% of accidental injury deaths in individuals over the age of 85, and 20% in ages 75 to 84.
- Falls are the top cause of injury, hospital visits, and death from injury for people 65 and older. In fact, 1 in 3 people 65 and older fall each year.
- Of those who fall, 20% to 30% suffer moderate to severe injuries such as hip fractures or head traumas that reduce mobility and independence and increase the risk of premature death.

Forever Fit

Forever Fit is a comprehensive 12-month wellness and nutrition program designed to foster lasting health improvements and lifestyle changes among individuals with sedentary lifestyles and at risk of chronic conditions. Adapted from a CDC curriculum, the program aims to empower participants to achieve and maintain optimal health through exercise classes, nutrition discussions, and wellness education.

Data in Support of Forever Fit:

- In 2022, 10.4% of residents 18 years old and over in San Mateo County have diabetes, a drop of 2% since 2018.
- The condition occurs mostly disproportionately in particular racial/ethnic groups, such as Pacific Islander (28.2%), Hispanics (10.9%), and Blacks (18.1%).
- 17.5% of adults 65 years and older have diabetes in San Mateo County vs. 8.5% of those under the age of 65 years.
- 60.4% of San Mateo County residents are considered overweight (BMI of 25-30), a 5% increase since 2013. 25.6% of the same population are considered obese (BMI of 30 or greater).

(6) Sonrisas Dental Health (in progress)

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Core Metrics and Health Outcomes

Being able to demonstrate impact is the desired goal of all public health programs. Ultimately, are we moving the needle? And, are our efforts meeting the identified needs, gaps, and challenges faced in the community? The table serves as a starting point for metrics identification, whereby the District has identified core metrics and short-term health outcomes for its programs.

| PROGRAM | CORE METRICS | SHORT-TERM HEALTH OUTCOMES |
|--------------------------|--|---|
| Grants Portfolio | In progress | In progress |
| allcove San Mateo | # of youth screened through datacove # of youth served unduplicated # of workshops at allcove # of individual counseling sessions # of group counseling sessions # of peer-to-peer sessions | (1) Improvement in symptoms since first initial visit and/or what brought them in (2) Increase in awareness of coping skills (3) Reduction in self-harm/suicide impulses (4) A decrease in depression among youth accessing services *Through post visit surveys |
| Vaccinations | # of District and/or sponsored events # of community partners providing vaccination opportunities # of District residents vaccinated # of childhood immunizations, prioritized vaccinations administered | Childhood Immunizations (1) Decreased vaccine hesitancy (survey) (2) Increased accessibility of information regarding vaccines and immunizations (survey) (3) Increased rates for key childhood immunizations required for school entry and prioritized vaccines* (school record, CAIR) Child and Adult Vaccinations (1) Decreased vaccine hesitancy (survey) (2) Increased accessibility to information regarding vaccines (survey) (3) Increased rates for prioritized* vaccinations (CAIR, CADPH data). (4) Decreased hospitalization rate for immunization-preventable diseases (SMC, Hospital data) |
| Health Screenings | # of District and/or sponsored events in the community # of community partners providing screening opportunities # of District residents screened # of health screenings* by type <ul style="list-style-type: none"> • Mammography | (1) Increased accessibility of information regarding preventive health screenings (survey) (2) Increased screening rates for **prioritized** diseases or conditions |

| | | |
|--|---|--|
| | <ul style="list-style-type: none"> • Hearing • Oral • Vision • Prostate Cancer • Colorectal Cancer • HepB • Diabetes - Glucose Screening • Blood Pressure • Mental Health <p># of referrals for follow-up care</p> | (3) (Process outcome): Established referral pathway for follow-up care |
| <p>Health & Fitness Center programs: Steady Steps Fall Prevention and Forever Fit</p> | <p>Steady Steps & Forever Fit</p> <p># of program participants # of health assessments and screenings # of fitness classes attended # of evidence-based educational workshops</p> | <p>Steady Steps</p> <p>(1) Improved knowledge of key exercises to strengthen body (survey)</p> <p>(2) Increased awareness and knowledge of fall hazards and prevention techniques (survey)</p> <p>(3) Increased confidence and reduction of fear of falling to improve participation in activities (FESI, FRAT)</p> <p>(4) Decreased fall risk (FRAT)</p> <p>Forever Fit</p> <p>(1) Increased awareness in behavior change/habits to adopt healthier lifestyle choices (survey)</p> <p>(2) Adoption of healthier habits and lifestyle choices related to nutrition, sleeping habits, and fitness routine (survey)</p> <p>(3) Weight and/or fat loss and body composition changes (scale) Improved blood glucose levels to improve insulin sensitivity (tool, lab test Hba1c score) Improvements in cardiovascular endurance, muscle strength, and flexibility (physical tests) Improvement in mental health with a reduction in stress, anxiety, and depression (PHQ-9).</p> |
| Sonrisas Dental Health | In progress | In progress |