





525 Veterans Blvd.  
Redwood City, CA 94063

650-421-2155 Phone  
650-421-2159 Fax

**AGENDA**  
**SEQUOIA HEALTHCARE DISTRICT**  
**SPECIAL BOARD OF DIRECTORS STUDY SESSION**  
**9:00 AM, Tuesday, December 6, 2016**  
**Conference Room**  
**525 Veterans Blvd., Redwood City, CA 94063**

No action will be taken at this meeting

1. Call To Order And Roll Call
2. Public Comment On Non-Agenda Items\*
3. For Discussion - Mr. Michelson and Ms. Kurtzman
  - A. Meeting Overview
  - B. Review Of Financial Commitments For 2017-2020 And Anticipated Available Income For Grants And Programs
  - C. Review Of Our Current Plan And Update On Our Proposed 2016 Actions
  - D. The Next Strategic Plan: Format, Timeline, Facilitation, Participants
  - E. Review Current Health Data As Provided By ASR: Demographics And Health Indicators
  - F. Healthy Schools Initiative: Past, Current And Future
  - G. Community Grants Program 2017-18
  - H. Wrap-Up, Summary And Next Steps
4. Adjourn. The Next Regular Meeting Of The Board Of Directors Of Sequoia Healthcare District Is Scheduled For 4:30 PM, Wednesday, December 7, 2016, District Conference Room, 525 Veterans Blvd., Redwood City, CA 94063

  
Arthur Faro  
Board President 

\*Public comment will be taken for each agenda item prior to the board's consideration on that item.

Any writings or documents provided to a majority of the Board of Directors regarding any item on this agenda will be made available for public inspection at the District office, 525 Veterans Blvd., Redwood City, CA, during normal business hours. Please telephone 650-421-2155 to arrange an appointment. If you are an individual with a disability and need an accommodation to participate in this meeting, please contact Sequoia Healthcare District at least 48-hours in advance at 650-421-2155.



## **Board/ Staff Retreat Dec. 6, 2016**

### **Framework**

For the past 7.5 years, SHD has taken a very broad approach to health with concerns addressing many issues targeting all areas of our District and all population groups. It has been our philosophy that all residents should benefit from our efforts either directly, though not necessarily equally, or by way of support for their loved ones, friends, and neighbors

It has also been our approach to partner with a large number of providers of various types: community clinics, non-profits, school districts and other government agencies.

We have focused on addressing treatment concerns, promoted prevention and wellness and have tried to be a catalyst for making new things happens while supporting tried and true program services. We have also put resources to capital projects like Mission House and the South County Clinic.

Though we have remained primarily a funder, we have also been a direct program provider with our staff and consultants offering things like CPR and health education classes.

As the Board/ Staff looks to the future it should consider whether or not it wants to remain going down this more general road or to become more focused or narrow in its interest. If more narrow, which areas and approaches should be highlighted and which ones should we move away from? If we are to remain focused on current district-run programs, we should consider conducting a thorough analysis of these programs to assure they continue to fill a need, are fiscally sound, high quality, and impactful.

We should also explore, or at least discuss, areas that we may have missed for example we have done very little in pre-natal care, eating disorders, heart and stroke care, and developmentally challenged issues. It has also been several years since we assertively addressed disaster issues.

We have few ongoing financial commitments and therefore great flexibility to stay the course, make incremental changes or even more radical adjustments.

## Ongoing Commitments (as of 9-27-2016) and Estimated Income Available 2017-2020

<b>2017-18</b> \$11.8 million		<b>2018-19</b> \$12.5 million	<b>2019-20</b> \$13.2 million
Commitments		No commitments at this time	No commitments at this time
1. Ravenswood	\$700,000		
2. Samaritan House	\$703,000		
3. SMMC	\$340,250		
4. 70 Strong	\$731,000		
5. Healthy Schools	TBD		
6. HeartSafe	TBD		
7. Living Healthy Workshops	TBD		
8. Caring community Awards	TBD		
9. Other	TBD		
<b>Total committed to date: \$2.5 million</b> <b>Amount still available: \$9.3 million</b>		\$0	\$0
<i>*Note: if items 5-8 above get funded at 2016-17 level we would still have \$3.3 million available for other-TBD</i>			

## **The Next Strategic Plan: 2017-2020**

- 1.** Review of current plan: the current plan was created and adopted in 2014 to provide direction through 2017. Eleven key indicators were identified that were the result of Board and staff discussion along with input by more than 50 community leaders that attended several discussion group meetings that were held with our ad-hoc strategic planning committee. These community leaders consisted of representatives from non –profits, school districts, government organizations and a few identified unaffiliated residents of the District. The Ad-hoc committee consisted of two Board members (Faro and Shefren) and two staff members (Michelson and Kurtzman).
- 2.** The plan was presented to the Board and was adopted in 2014 and CEO Michelson has reported on the plans progress at both the February 2015 Board meeting and the February 2016 Board meeting.
- 3.** A new plan for the period of 2017-2020 is recommended with the planning period to start in January 2017 and finalized by the end of April 2017 and to be presented to the Board for adoption no later than June 2017 with progress reports presented at the February and April 2017 Board meetings.
- 4.** To move forward the staff recommends the following actions:

  - A. That the Board President establishes the Ad-hoc committee by early December.
  - B. That the committee meets prior to the end of 2016 to discuss and agreed to a format and plan of action.
  - C. That the CEO be designated as the planning coordinator and will be responsible for managing the process.

# Sequoia Healthcare District Needs Assessment

## Summary Report

This summary report displays data found on health need indicators in the Sequoia Healthcare District (SHD). The SHD's status on each health indicator is compared to Healthy People 2020 targets (when available) and state and county averages. The SHD includes: Atherton (94027), Belmont (94002), Foster City (94404), Menlo Park (94025), Portola Valley (94028), Redwood City (94019, 94061, 94063, and 94065), San Carlos (94070), San Mateo (94403), and Woodside (94062). Comparison counties for this report include: San Mateo County as well as Alameda County, Napa County, and Santa Clara County.

The SHD covers an area with a total population of 313,219. The majority of the population in the SHD is White (69%) and 23% of the population is Latino. The median family income for families in San Mateo County is \$117,149, higher than the median family income reported for families in the Redwood City Elementary District (\$107,034) but lower than reported for the Sequoia High School District (\$134,974). Compared to the state and the other comparison counties, the SHD has a smaller percentage of the population in poverty (18% versus 20%-28% in comparison counties and 36% for the state).

## Healthcare Access

### Healthcare access is lower than comparison counties.

- The rate of primary care physicians (per 100,000) is lower in the SHD (97.5) than San Mateo (99.1), Alameda (106.1), Napa (101.9) and Santa Clara Counties (105.9). However, the SHD rate is higher compared to the state rate (78.5).
- The density rate of Federally Qualified Health Centers (per 100,000) is lower in the SHD (0.33) compared to each comparison county (between 0.56-5.86) and the state rate (2.37).

## Major Health Conditions

### Asthma prevalence in San Mateo County is higher than the state.

- Sixteen percent of adults 18 and older in San Mateo County have asthma, similar to the 16% of adults in Alameda County. Asthma prevalence is higher in San Mateo County than Napa County (14%), Santa Clara County (14%), and the state (14%).

### Breast, colorectal, and prostate cancer incidence rates in San Mateo County are higher than benchmarks.

#### **San Mateo County compared to the state:**

- Slightly higher percentage of low birth weight births
- Slightly higher percentage of adults with no HIV/AIDS screening.
- Slightly lower percentage of adults managing their diabetes.
- Higher percentage of adults drinking excessively.

- Prostate and breast cancer incidence rates for San Mateo County (140.0 and 138.3, respectively) are higher than the state targets (126.9 and 122.1, respectively). Compared to the HP2020 benchmark (38.7), San Mateo County has a higher colorectal incidence rate (40.0).

### Excessive alcohol consumption in San Mateo County is higher than the state.

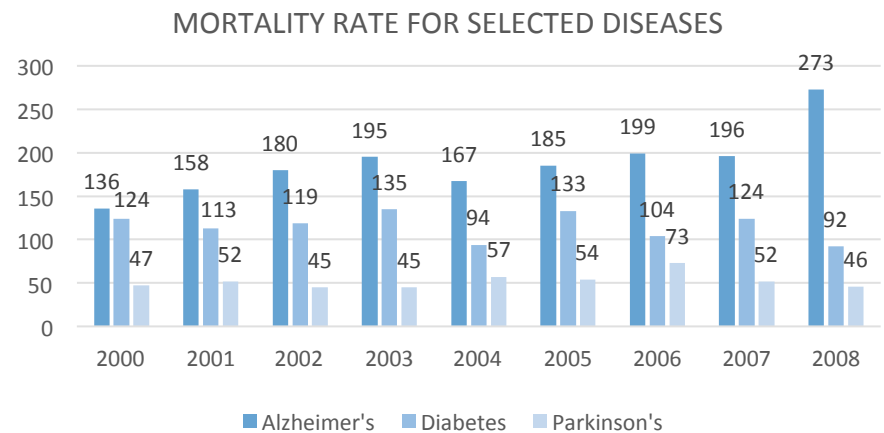
- The percentage of adults drinking excessively in San Mateo County (22%) is higher than Alameda (20%) and Santa Clara Counties (14%) and the state (17%).

### The mortality rate due to intentional self-harm (suicide) is higher than comparison counties but lower than benchmarks.

- The age-adjusted mortality rate (per 100,000) due to intentional self-harm (suicide) is higher in the SHD (8.62) than San Mateo (8.29), Alameda (8.16), and Santa Clara Counties (7.90). However, the SHD fared well compared to benchmarks having lower rates than the HP2020 target (10.2) and the state rate (9.80).

### The number of deaths due to Alzheimer’s disease is rising.

- The mortality rate for Alzheimer’s has been growing, while the mortality rate for other diseases of “old age” are shrinking (see chart to the right).



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

### The mortality rate for coronary heart disease is higher than the HP 2020 benchmark.

- The age-adjusted mortality rate (per 100,000) for coronary heart disease is higher in the SHD (113.4) than the HP2020 target (100.8). However, the SHD rate is lower than each of the other comparison counties.

### Special education enrollment is increasing.

- The percentage of students enrolled in special education has increased for each school district in the SHD with the exception of Sequoia Union which declined slightly from 13% in 2011 to 11% in 2015.

### Other related indicators for major health conditions are faring well compared to the benchmarks.

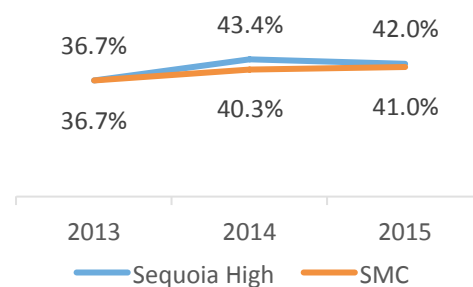
- The percentage of adults in San Mateo County smoking cigarettes (11%) is lower than the state (13%).
- The percentage of adults with poor mental health in San Mateo County (11%) is lower than the state (16%).
- Youth mental health indicators such as depression-related feelings and suicidal ideation are lower for students in the Sequoia Union School District compared to the state.

## Physical Health

### Disparities are found among students who meet healthy fitness standards.

- Wide disparities exist across school districts and grades in students meeting all fitness standards. In 2015, three-quarters of 7<sup>th</sup> grade students in Belmont-Redwood Shores met all fitness standards higher than students in Menlo Park City (62%), San Carlos (27%) and Redwood City (19%) School Districts.
- For 5<sup>th</sup> grade, more than half of students in Belmont-Redwood Shores and Menlo Park City School Districts met the standards compared to less than a quarter in San Carlos and Redwood City School Districts.
- The percentage of 9<sup>th</sup> graders in the Sequoia Union District meeting all the fitness standards has been increasing since 2013 (See chart above).
- Ethnic disparities can also be seen in 9<sup>th</sup> graders meeting the fitness standards. Asian students (60%) are more likely to meet all the fitness standards compared to other race/ethnicities and two times more likely than Latino students (27%).

Grade 9 Students Meeting All Fitness Standards, 2015



Source: As cited on kidsdata.org, California Dept. of Education, Physical Fitness Testing Research Files (Dec. 2015).

### The Redwood City School District is not faring as well as the state in regard to student healthy weight.

- A higher percentage of 5<sup>th</sup> and 7<sup>th</sup> grade students in the Redwood City Elementary School District (45% and 44%, respectively) are overweight or obese compared to the state (40% and 39%, respectively).

### Ethnic disparities are found among students who are overweight or obese.

- For 5<sup>th</sup> and 7<sup>th</sup> grade students, Latinos are more likely to be overweight or obese. For 9<sup>th</sup> grade students, Latino and Native Hawaiian/Pacific Islander are more likely than other race/ethnicities to be overweight or obese.

### The rate of fast food restaurants is higher than the state.

- The SHD (79.53) has a higher rate of fast food restaurants (per 100,000) than San Mateo (73.77), Napa (63.01), and Santa Clara (78.69) Counties and the state (74.51).

#### **San Mateo County compared to the state:**

- Slightly higher percentage of youth with inadequate fruit and vegetable consumption.
- Lower percentage of adults who are overweight



# Sequoia Healthcare District

Needs Assessment 2016



[www.appliedsurveyresearch.org](http://www.appliedsurveyresearch.org)

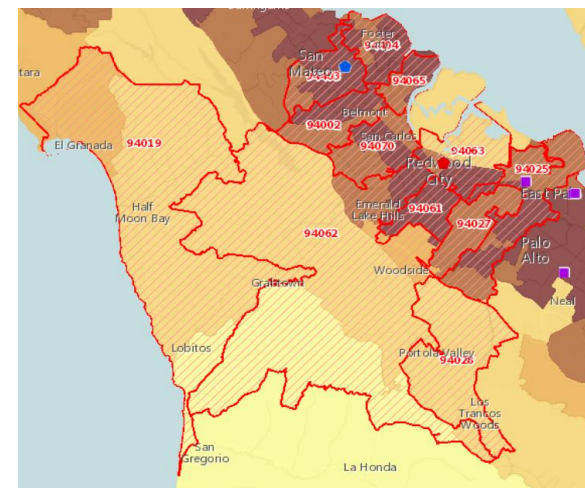
Locations on the Central Coast and the Bay Area | (877) 728-4545



# Data

- Themes
  - » Healthcare access
  - » Behavioral and mental health
  - » Physical health
- Data Sources
  - » Community Commons
  - » Kidsdata.org
  - » Other data reports
- Data notes
  - » Created Sequoia Healthcare District (SHD) custom area based on ZIP codes
  - » Included trend and race/ethnicity breakdowns when available

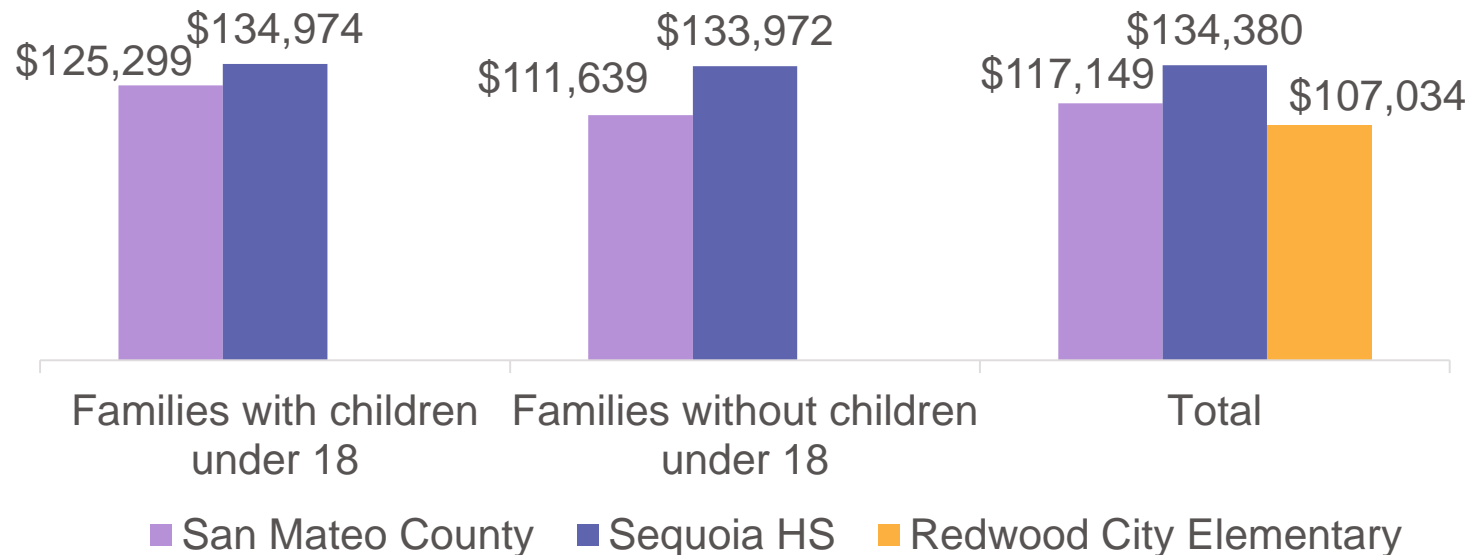
# Sequoia Healthcare District



Demographic Data	SHD	San Mateo	Alameda	Napa	Santa Clara
<b>Total Population</b>	313,219	739,837	1,559,308	139,253	1,841,569
White	69.4%	56.4%	45.3%	77.2%	49.3%
Asian	16.7%	26.0%	27.2%	7.4%	33.2%
Latino	23.3%	25.4%	22.6%	33.0%	26.8%
Black	2.0%	2.6%	11.9%	2.2%	2.6%
Pacific Islander/ Native Hawaiian	0.6%	1.4%	0.8%	0.3%	0.4%
Native American/ Alaskan Native	0.3%	0.3%	0.6%	0.5%	0.5%
Some Other Race	6.5%	8.4%	8.1%	8.9%	9.5%
Multiple Races	4.5%	4.8%	6.1%	3.6%	4.6%

# Median Family Income

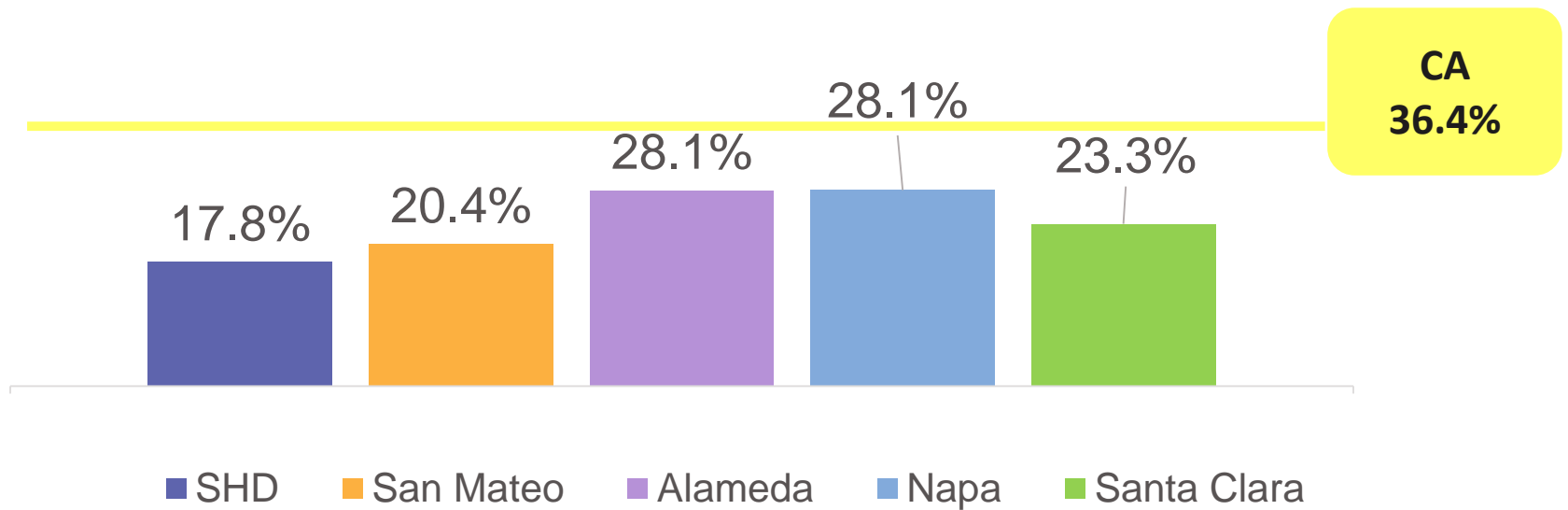
## Median Family Income, by Family Type and School District, 2015



Source: As cited on kidsdata.org, U.S. Census Bureau, American Community Survey (Sept. 2015).

# Poverty

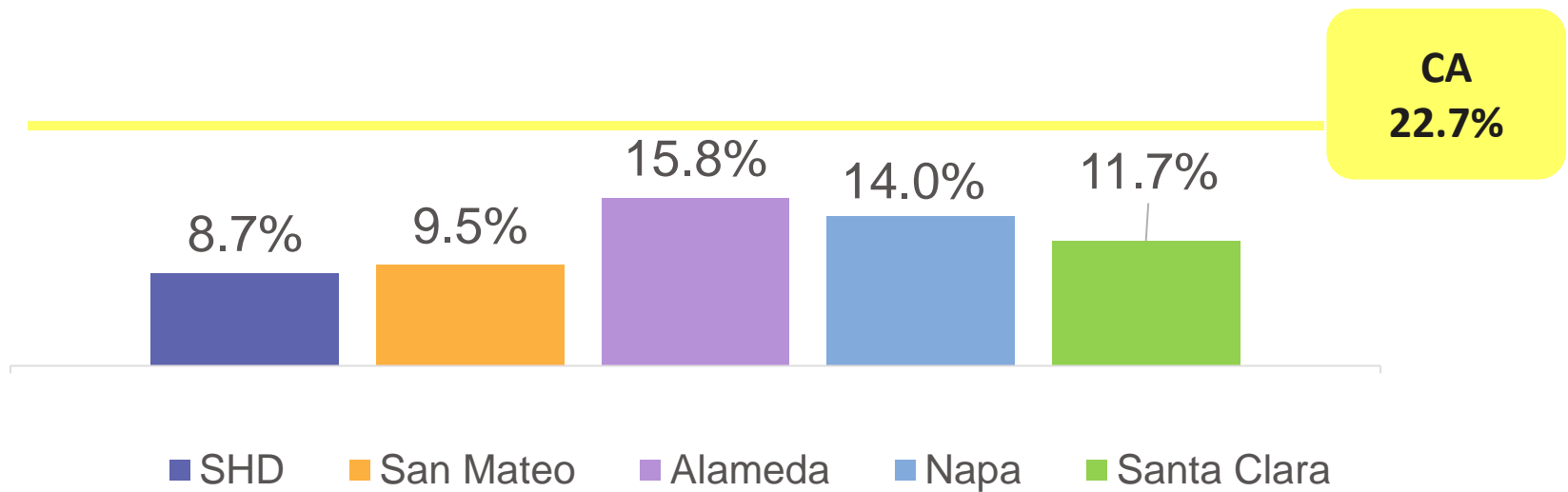
## Percentage of Population with Income at or Below 200% FPL, 2010-14



Source: US Census Bureau, American Community Survey. 2010-14.

# Poverty

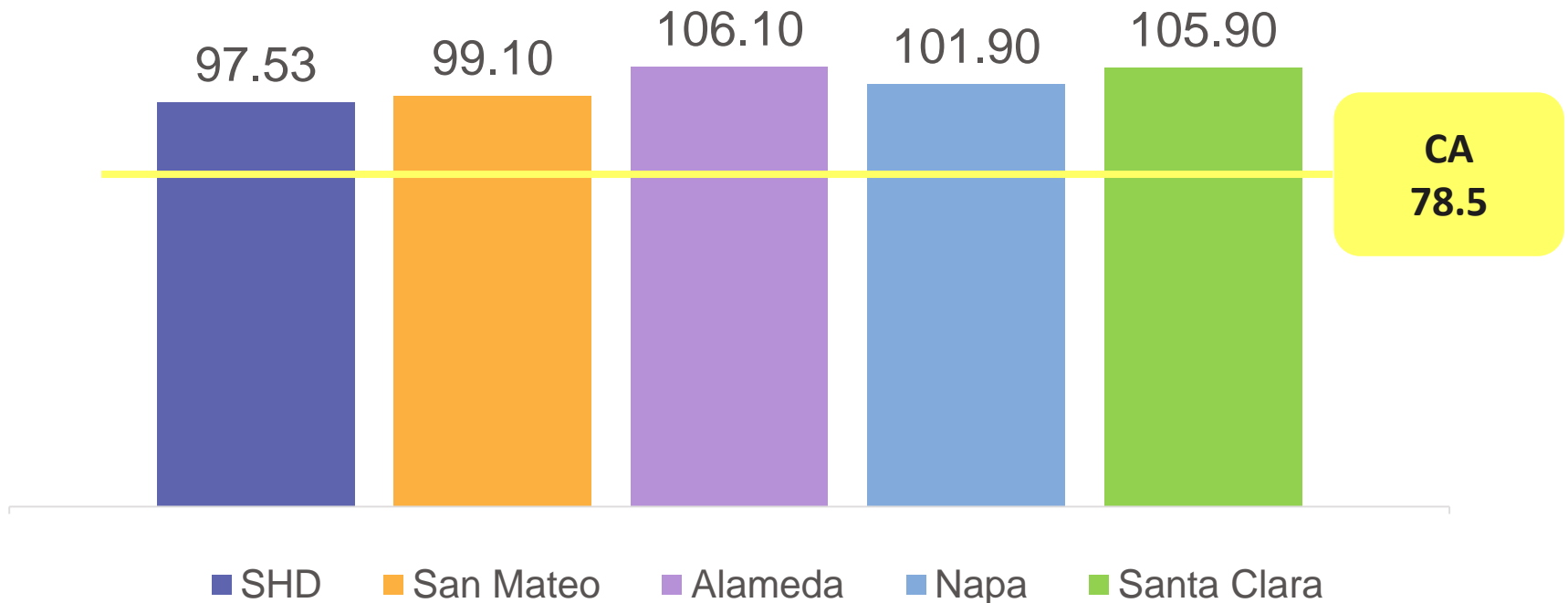
## Percentage of Population Under Age 18 in Poverty, 2010-14



Source: US Census Bureau, American Community Survey. 2010-14.

# Access to Care

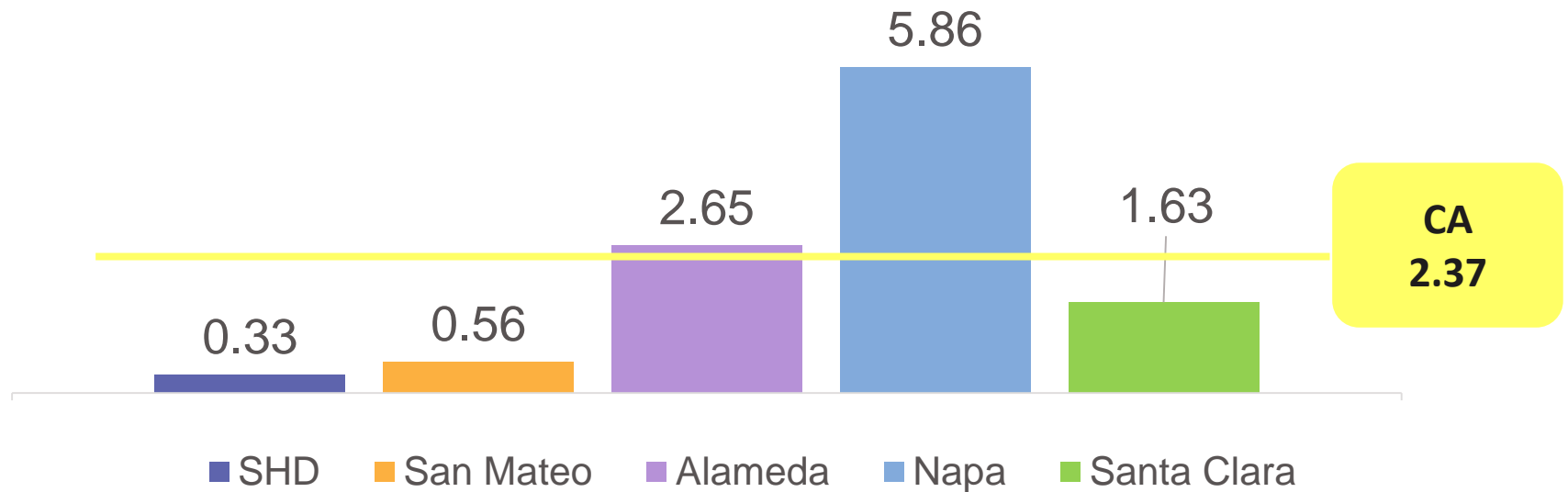
## Primary Care Physicians Rate (per 100,000 Population), 2013



Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013.

# Federally Qualified Health Centers

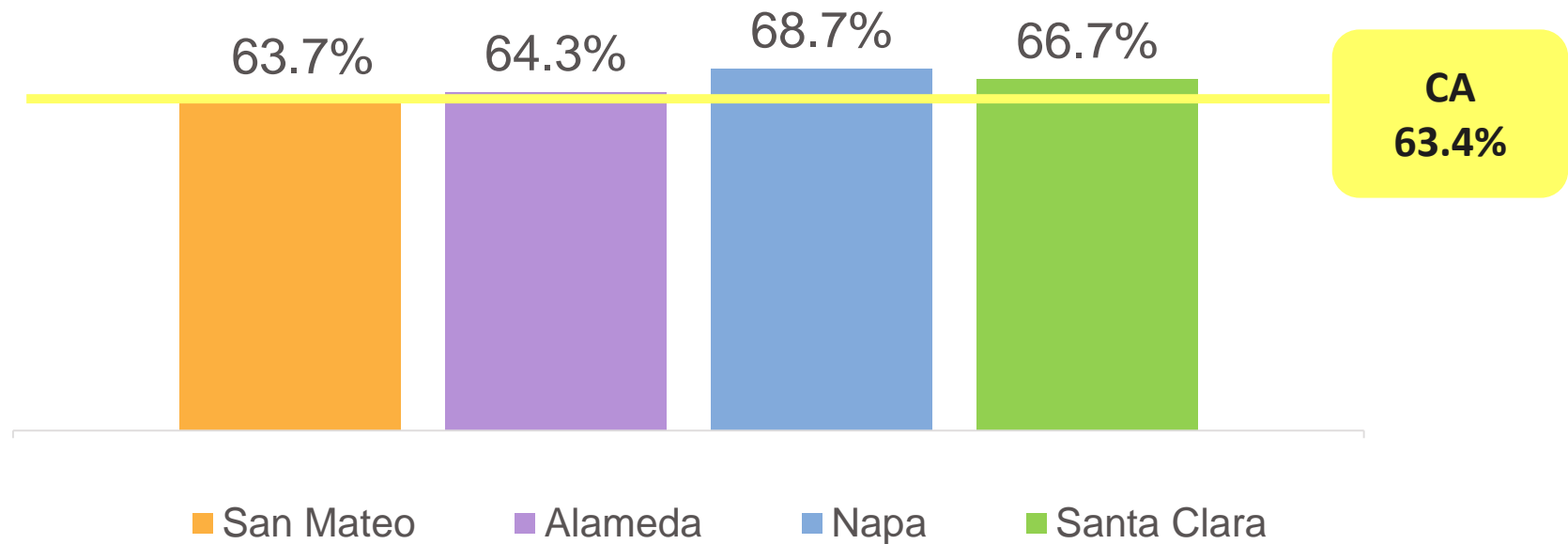
## Federally Qualified Health Centers, Rate per 100,000 Population, 2016



Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. Jun. 2016.

# Vaccinations

**Percentage of Population Age 65+ with Pneumonia Vaccination (Age-Adjusted), 2006-12**

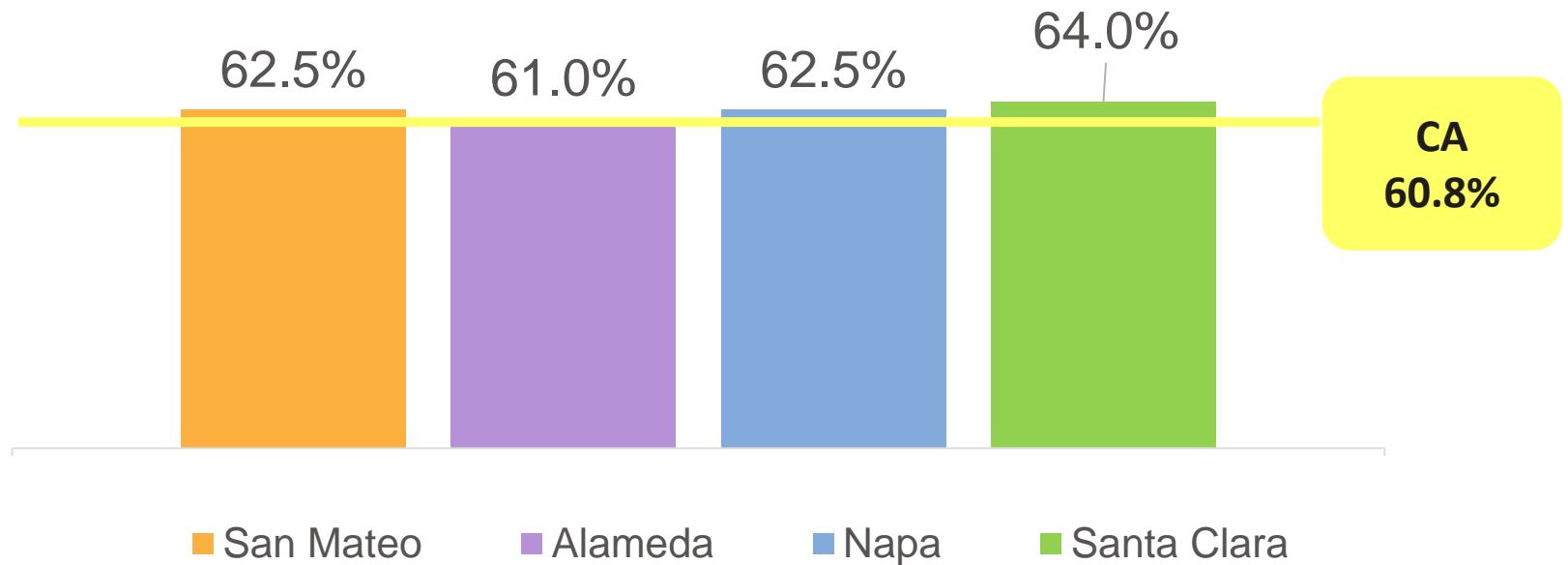


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.



# HIV Screening

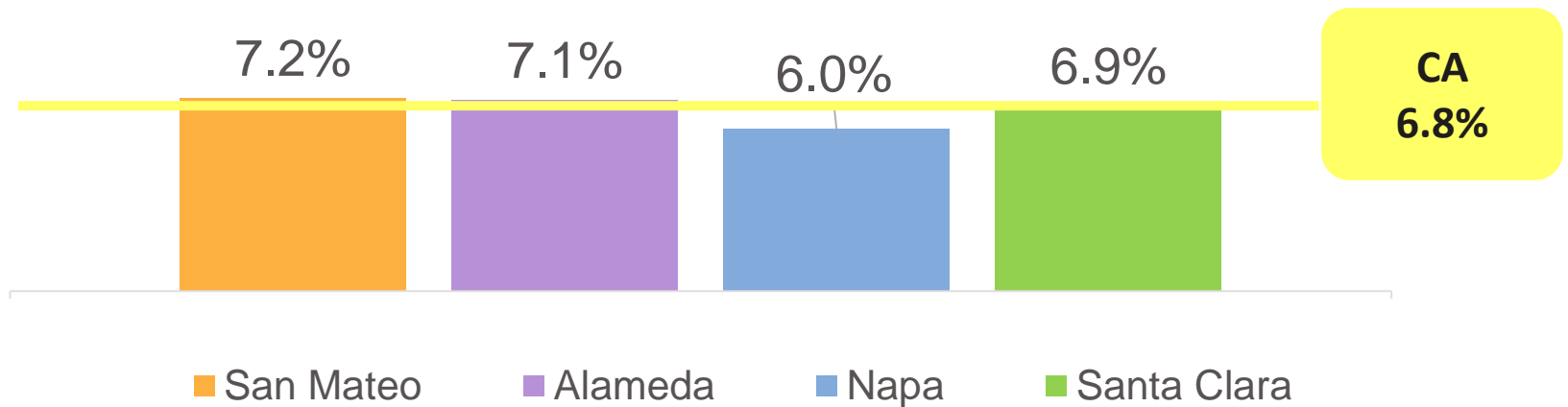
**Percentage of Adults Never Screened for HIV / AIDS,  
2011-12**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

# Low Birth Weight

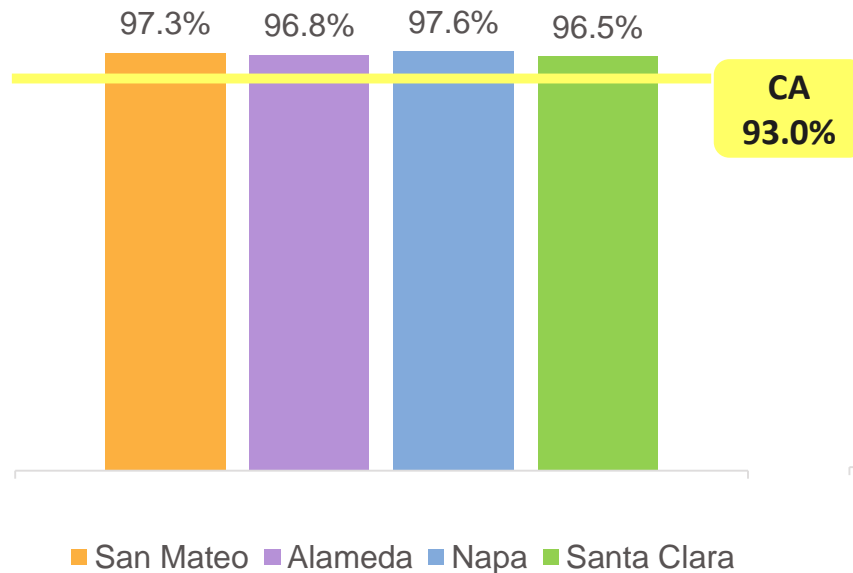
## Percentage of Low Birth Weight Births, 2011



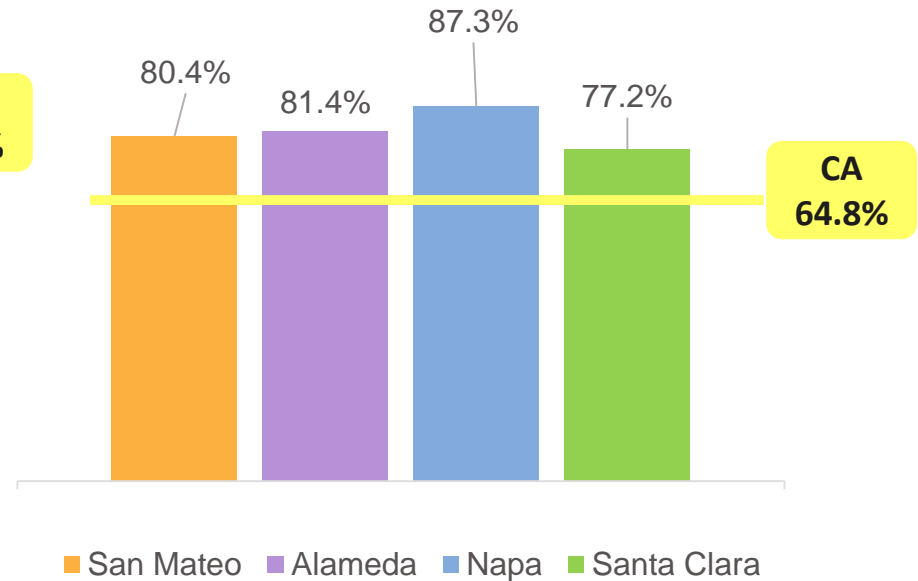
Source: California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011.

# Breastfeeding

## Percentage of Mothers Breastfeeding (Any), 2012



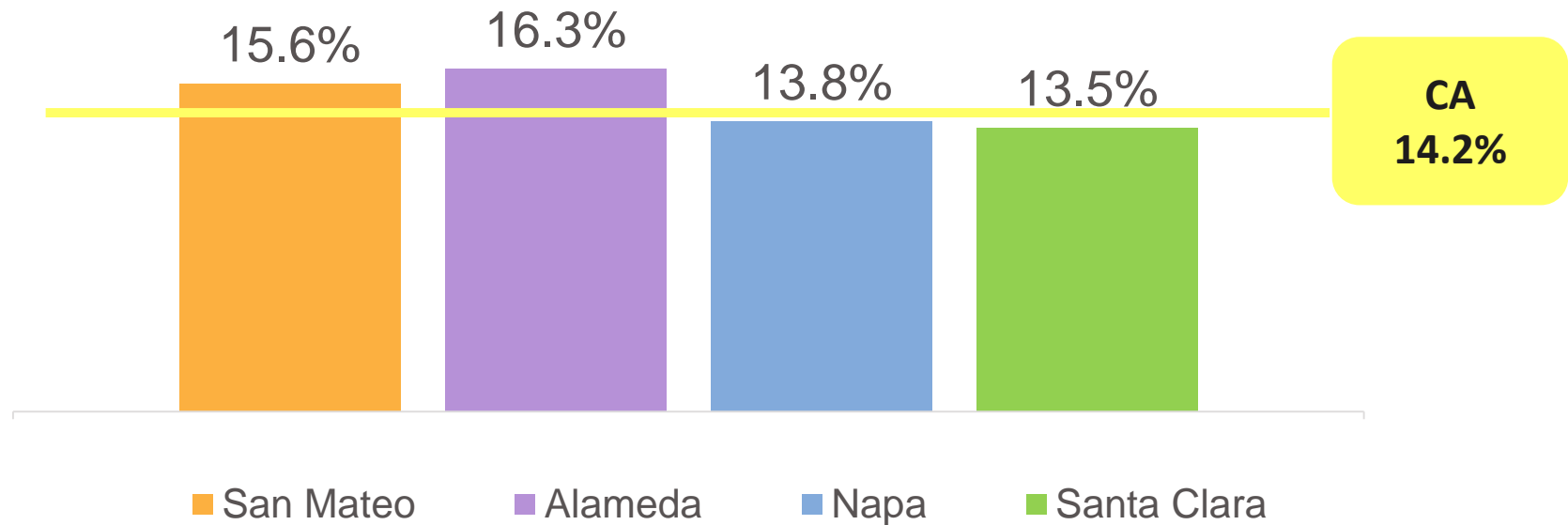
## Percentage of Mothers Breastfeeding (Exclusively), 2012



Source: California Department of Public Health, CDPH - Breastfeeding Statistics. 2012.

# Asthma

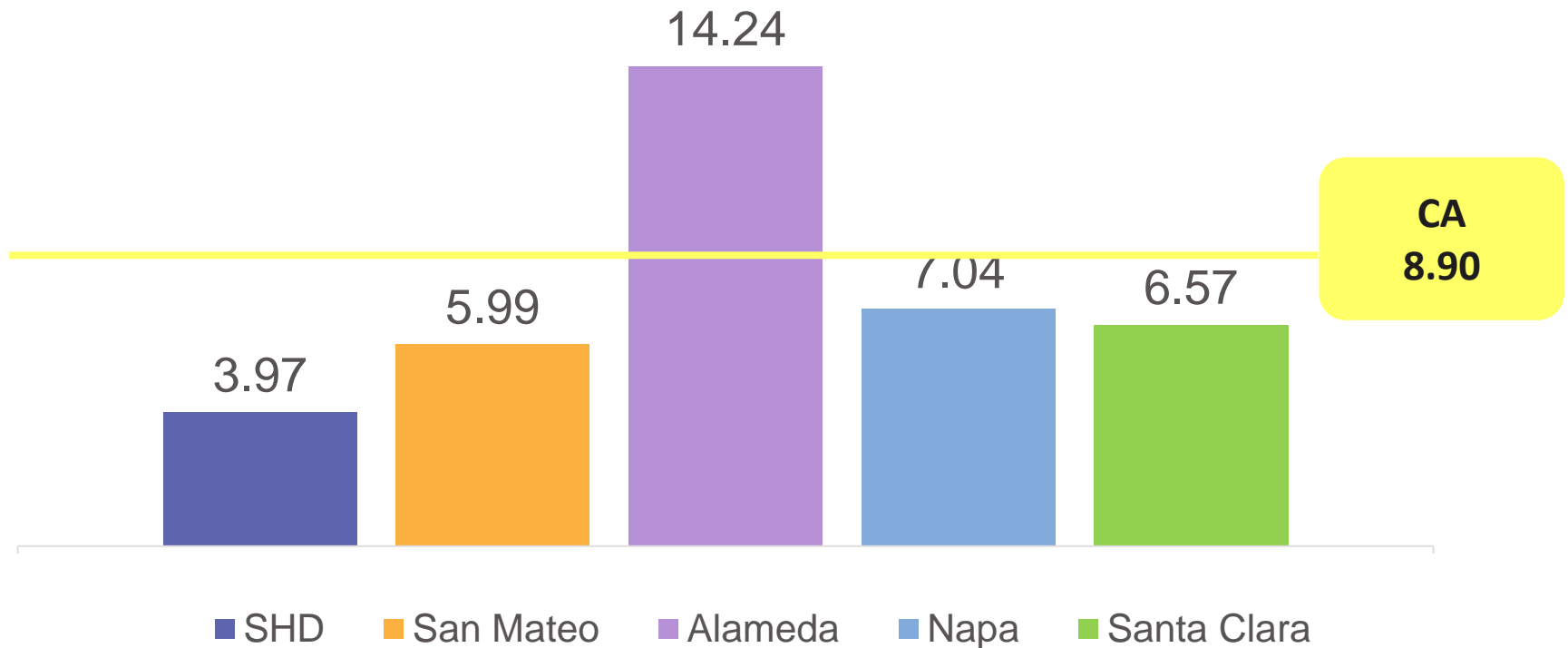
## Percentage of Adults (18 and older) with Asthma, 2011-12



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

# Asthma

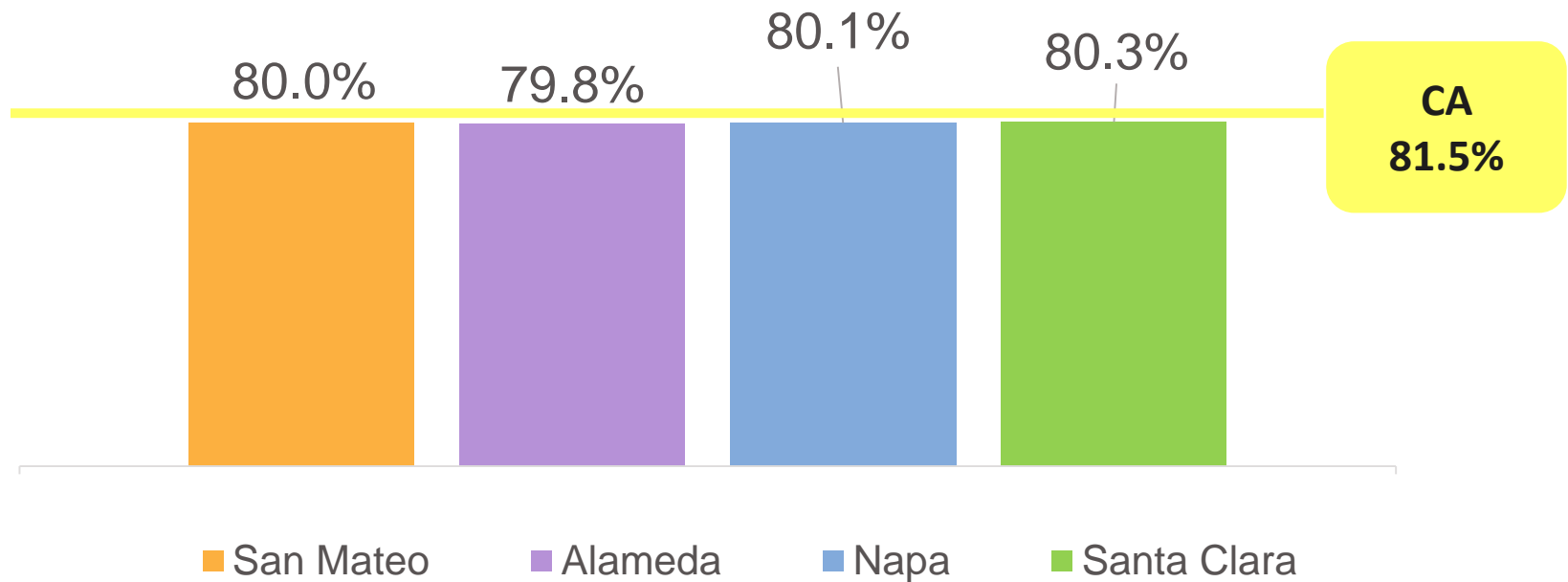
## Age-Adjusted Discharge Rate (Per 10,000 Pop.) for Asthma, 2011



Source: California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011

# Diabetes

**Percentage of Medicare Enrollees with Diabetes with Annual Exam, 2012**



Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012.

# Cancer

Indicator	Target	SHD	San Mateo	Alameda	Napa	Santa Clara
All cancers: mortality	160.6 (HP) 157.1 (CA)	144.26	144.61	153.1	167.81	140.79
Breast: incidence	122.1 (CA)	NA	138.3	122.0	131.6	121.5
Cervical: incidence	7.1 (HP) 7.7 (CA)	NA	6.4	6.6	6.5	5.9
Colorectal: incidence	38.7 (HP) 40.0 (CA)	NA	40.0	39.4	42.8	38.7
Lung: incidence	48.0 (CA)	NA	46.0	47.0	57.7	41.3
Prostate: incidence	126.9 (CA)	NA	140.0	127.5	156.4	140.6

Source: Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. Red indicates a rate above the target.

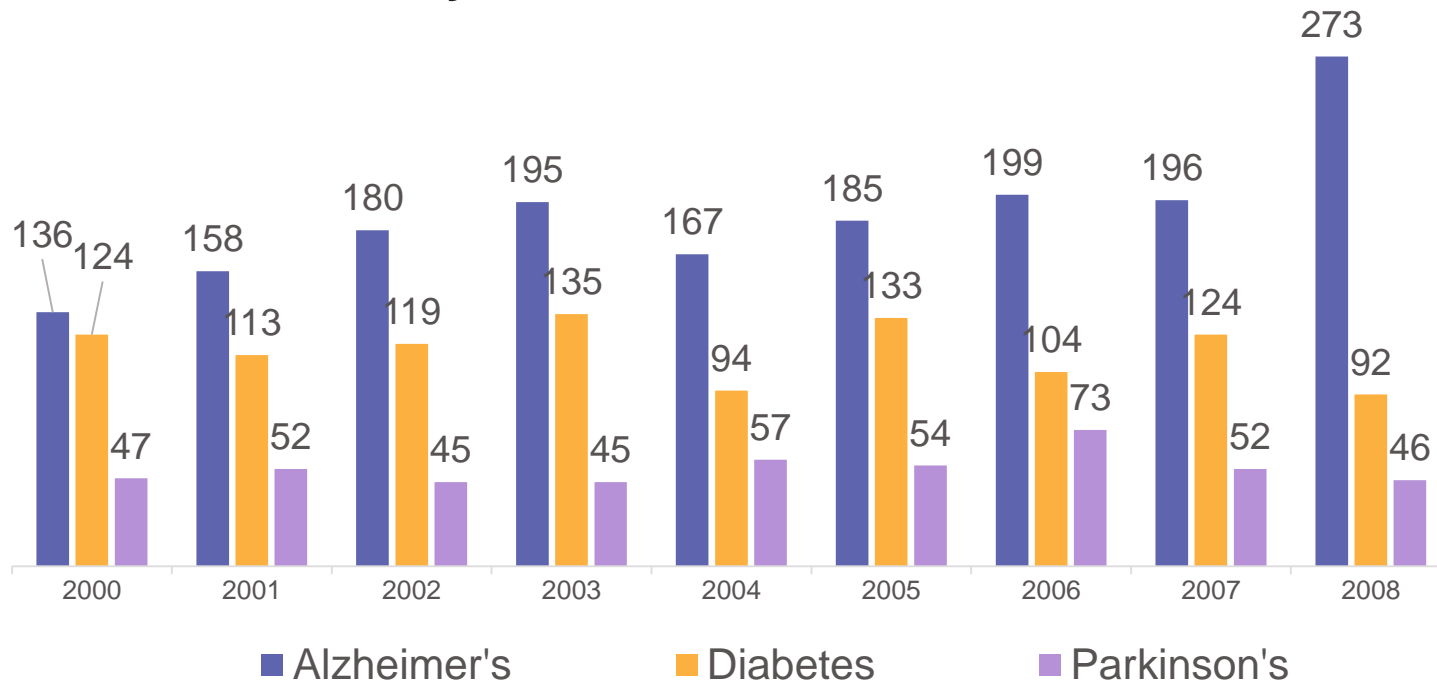
# Dementia & Alzheimer's

- Median age
  - » SMC: 39.4 years – CA: 35.6 years
- Alzheimer's is the 3<sup>rd</sup> leading cause of death in San Mateo County (CA – 5<sup>th</sup>) in 2013
- Alzheimer's death rate in county: 29.7 (CA: 28.2)



# Alzheimer's Disease

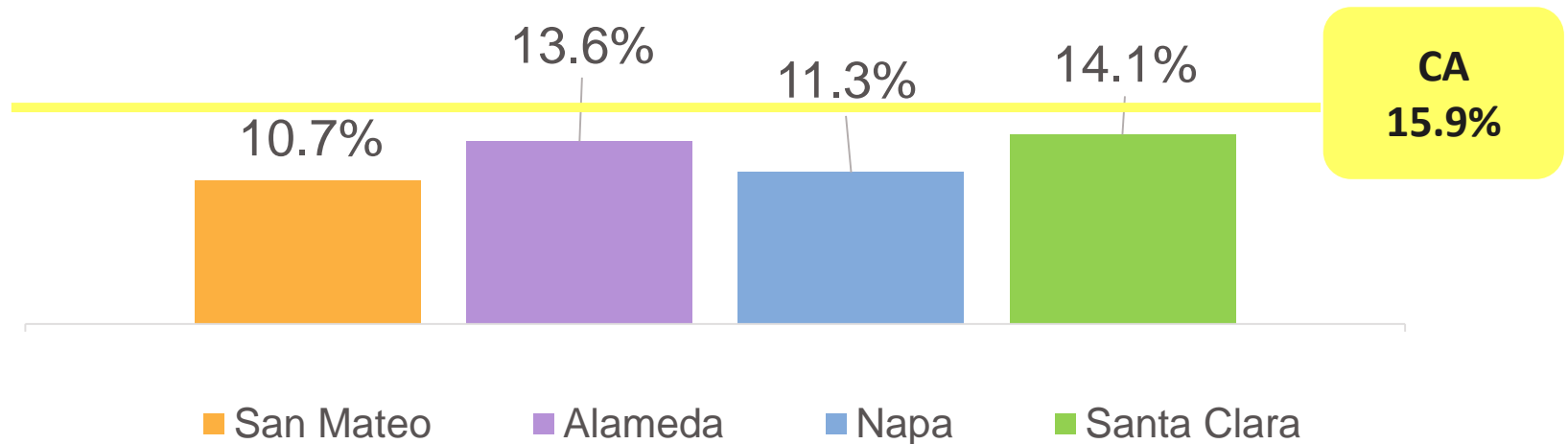
## Mortality Rate for Selected Diseases



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

# Mental Health

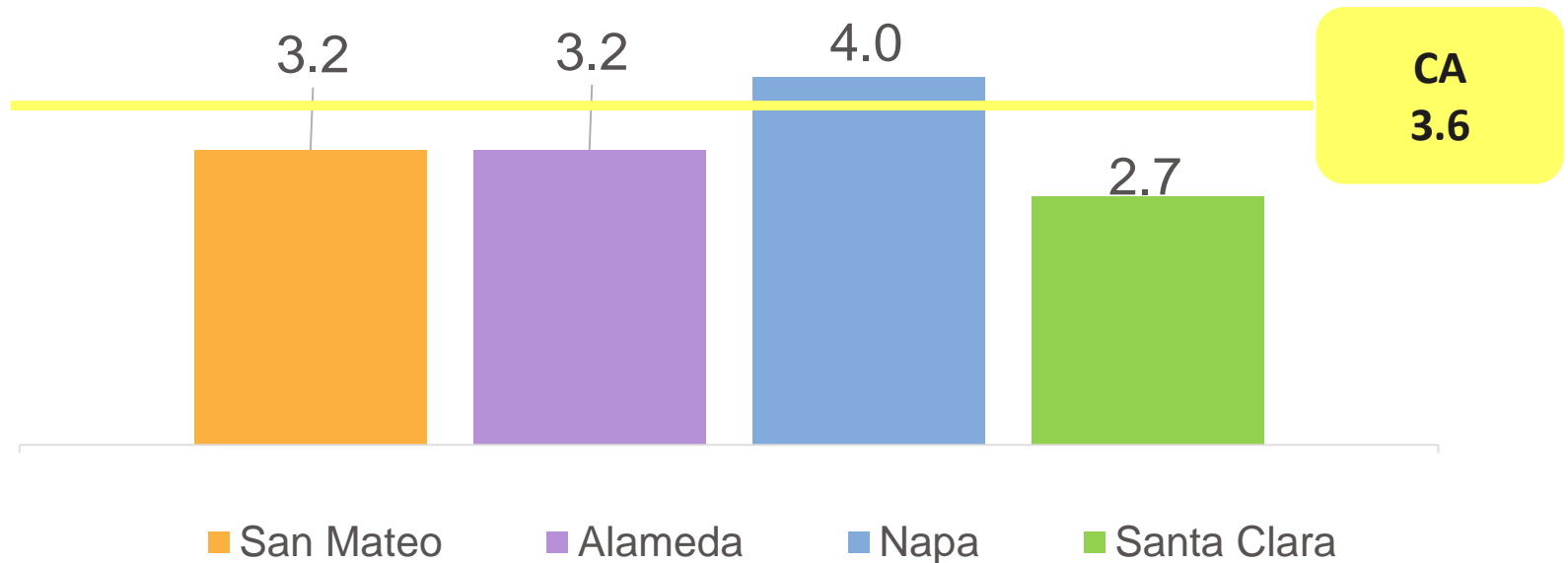
## Percentage of Adults (18 and older) with Poor Mental Health, 2013-14



Source: University of California Center for Health Policy Research, California Health Interview Survey. 2013-14.

# Mental Health

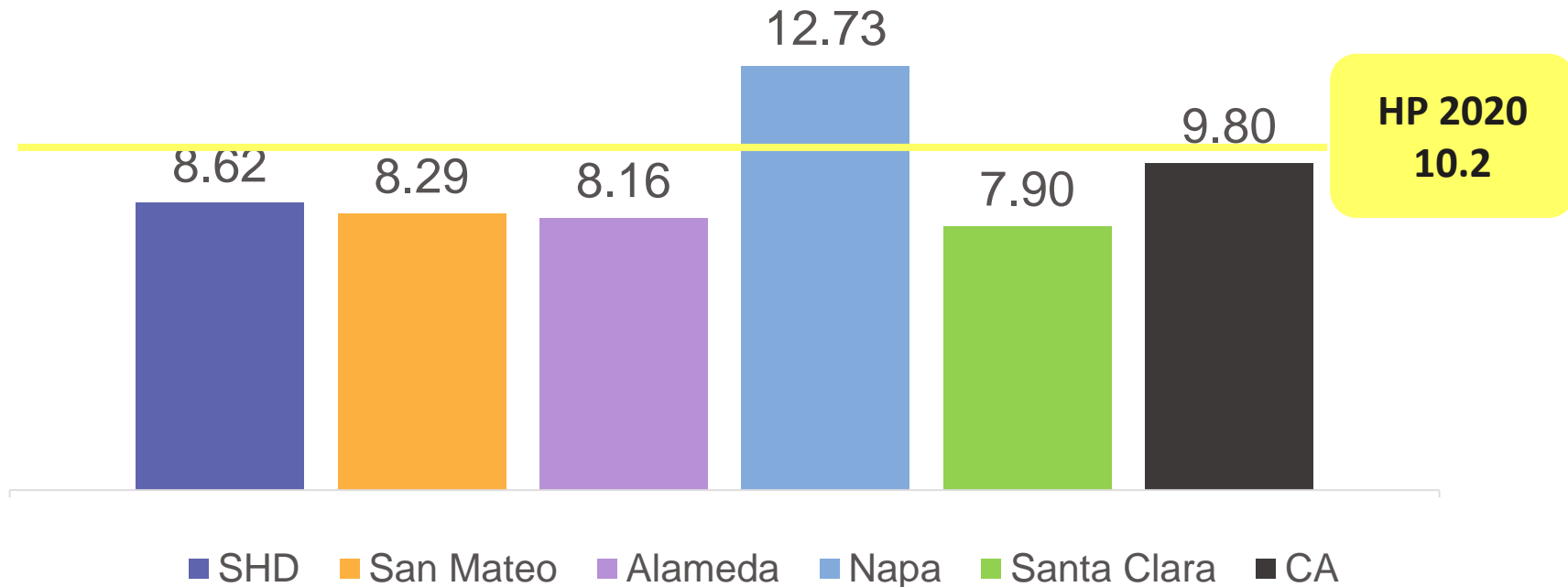
**Average Number of Reported 'Mentally Unhealthy' Days per Month, 2006-12**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. 2006-12.

# Mental Health

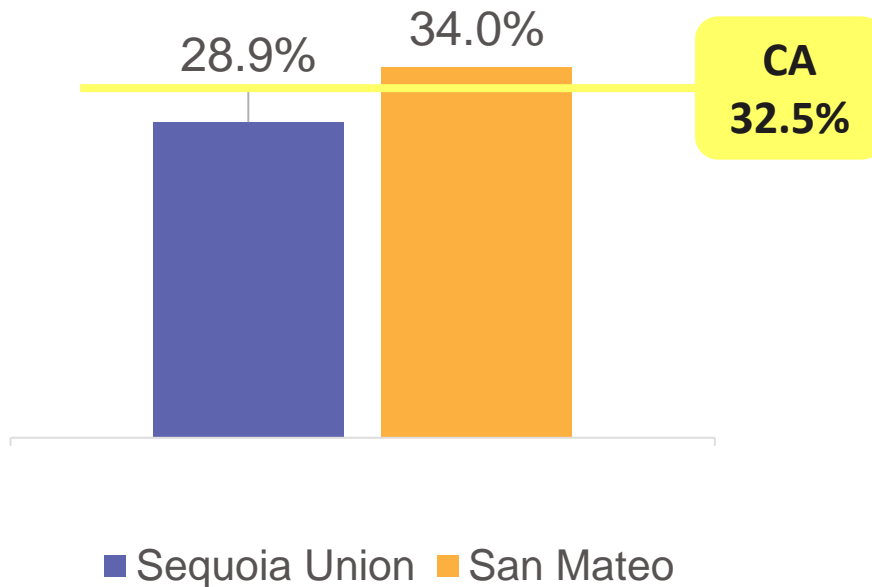
## Suicide, Age-Adjusted Mortality Rate (per 100,000 Population), 2010-12



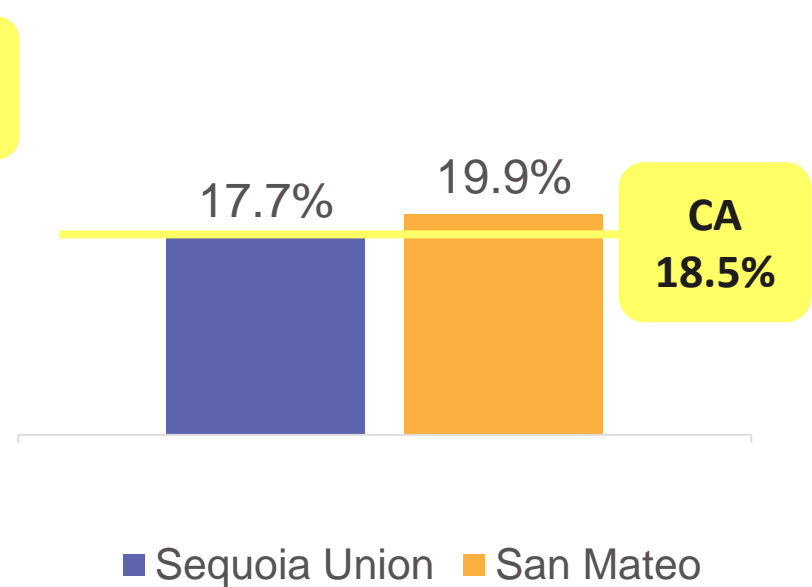
Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.

# Youth Mental Health

**Depression-Related Feelings  
(Student Reported), Grade 11  
Students, 2011-13**



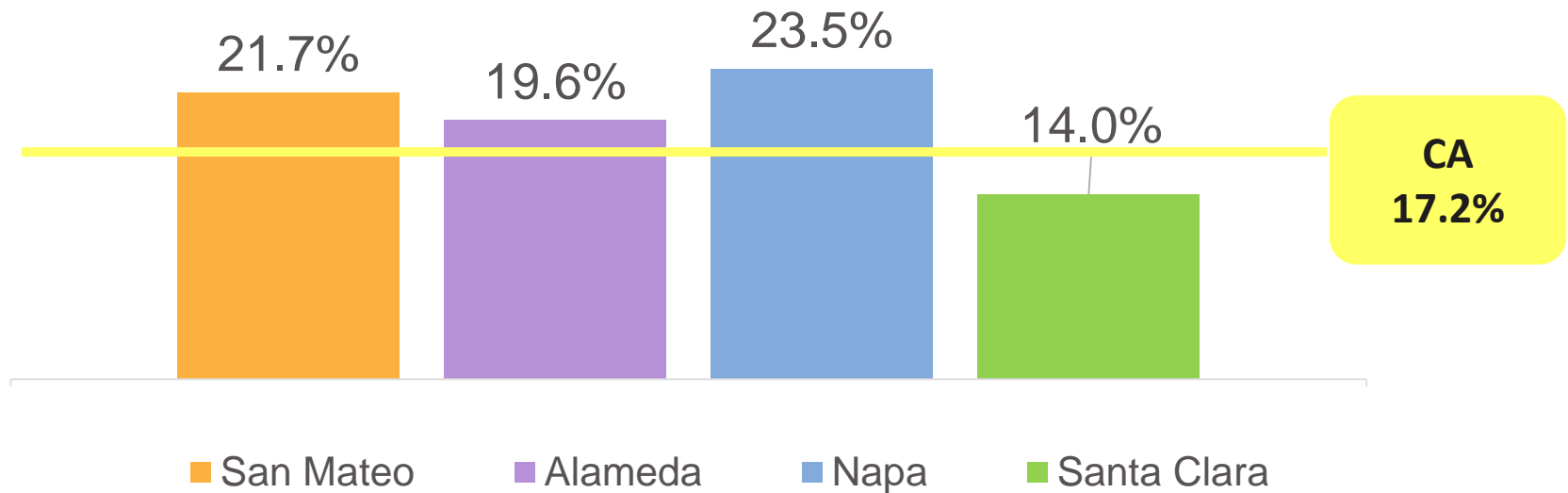
**Suicidal Ideation (Student  
Reported), Grade 9, 11, and Non-  
Traditional Students, 2011-13**



Source: As cited on kidsdata.org, California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

# Alcohol-Excessive Consumption

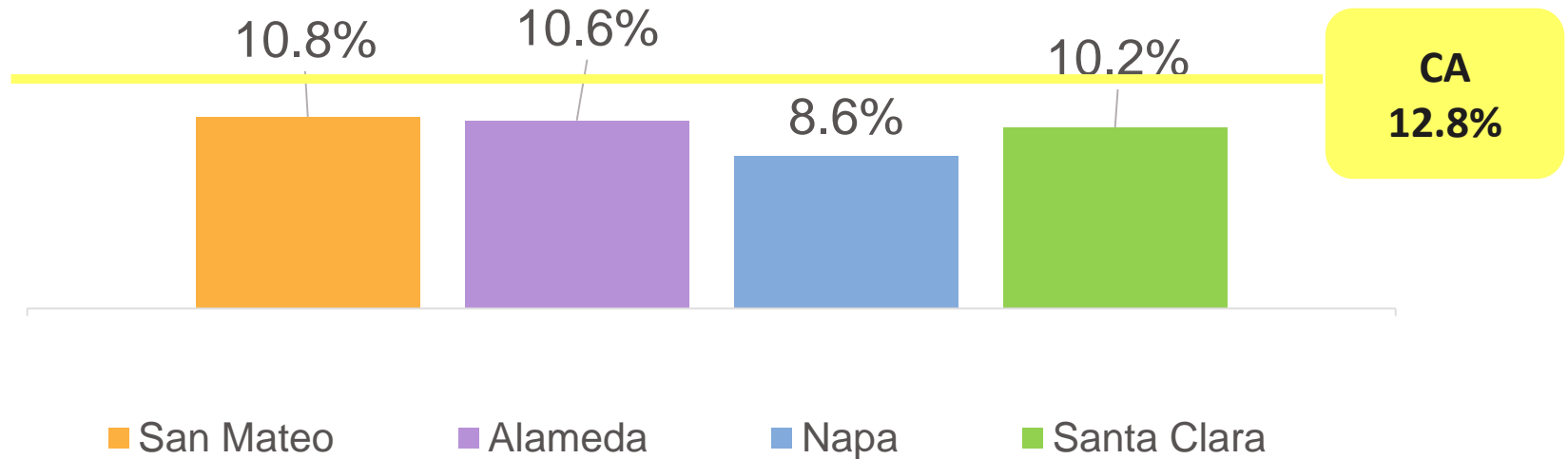
## Estimated Adults Drinking Excessively (Age-Adjusted Percentage), 2006-12



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

# Tobacco Usage

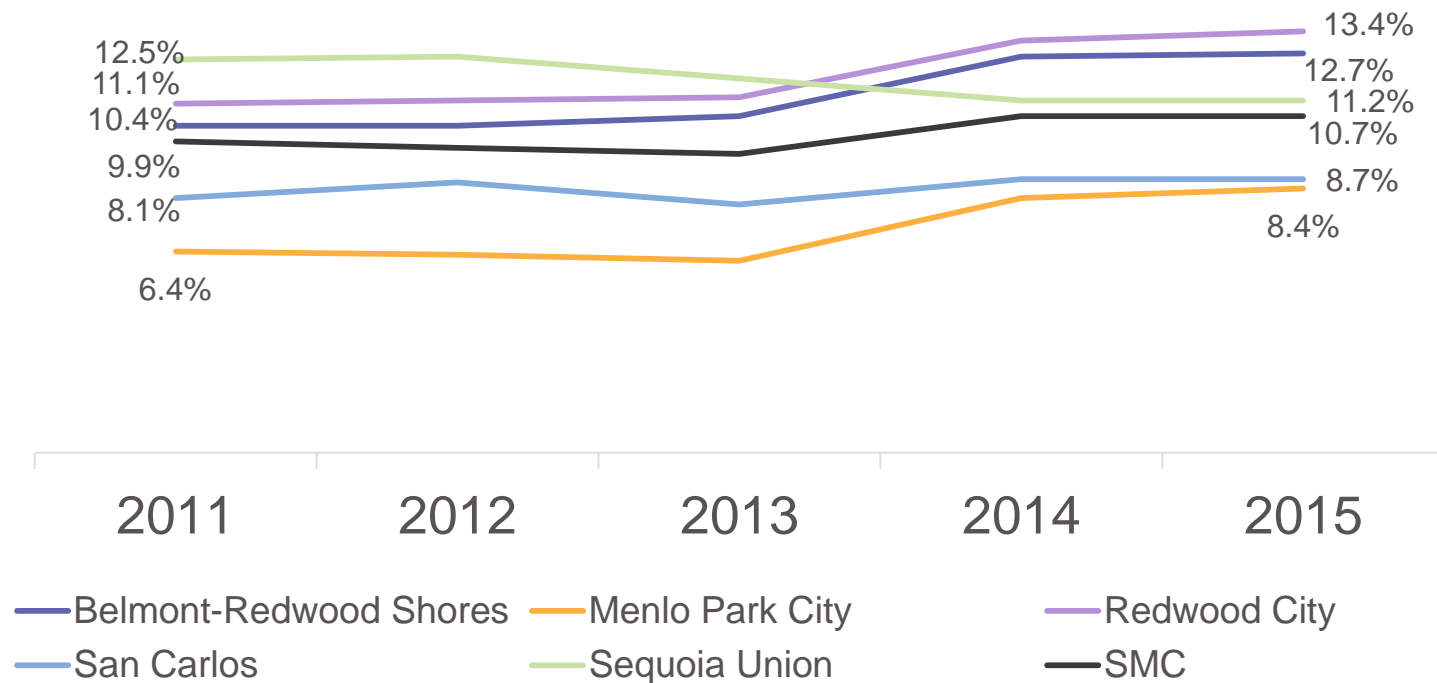
## Percentage of Population Smoking Cigarettes (Age-Adjusted), 2006-12



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

# Special Education

## Special Education Enrollment, 2011-15

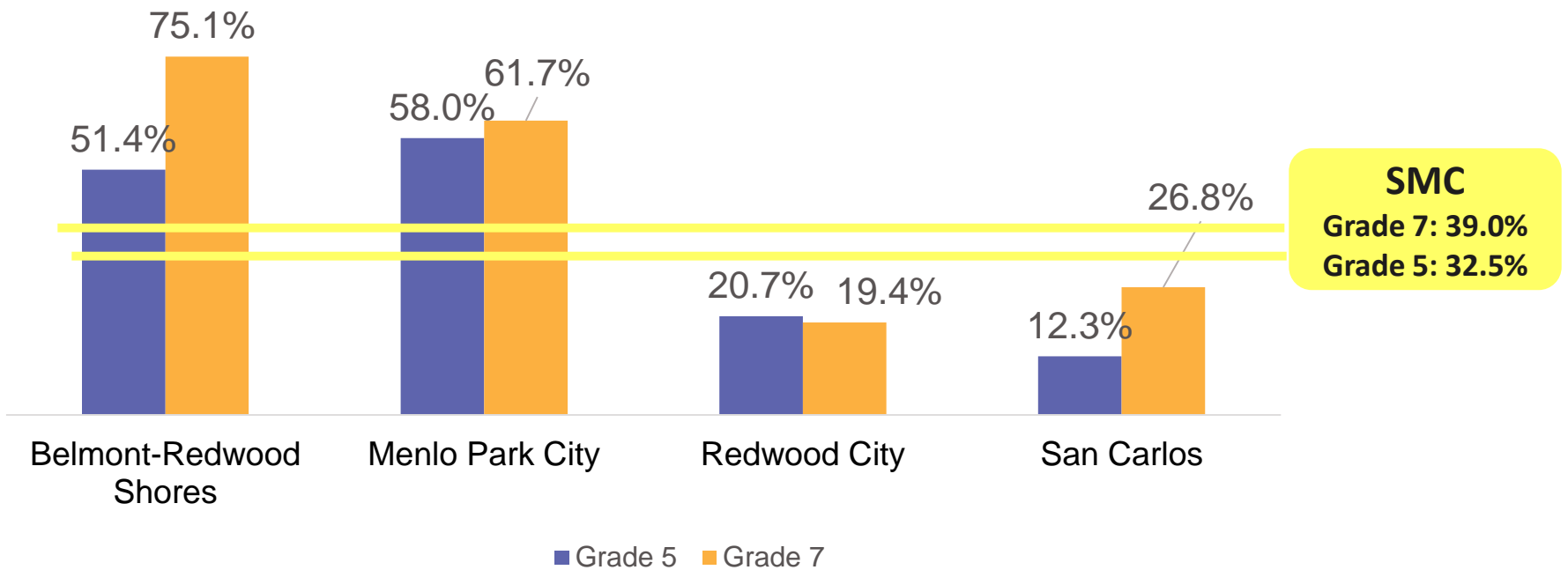


Source: s cited on kidsdata.org, Special Tabulation by the California Dept. of Education, Special Education Division; Assessment, Evaluation and Support (Oct. 2015); California Dept. of Education, California Basic Educational Data System (CBEDS); National Center for Education Statistics, Digest of Education Statistics, 2014, Table 204.30: "Children 3 to 21 years old served under Individuals with Disabilities Education Act (IDEA), Part B, by type of disability: Selected years, 1976-77 through 2012-13" (Oct. 2015).



# Fitness Standards

## Students Meeting All Fitness Standards, by District and Grade Level: 2015



Source: As cited on kidsdata.org, California Dept. of Education, Physical Fitness Testing Research Files (Dec. 2015).

# Fitness Standards

## Grade 5 Students Meeting All Fitness Standards, 2015

Race/Ethnicity	Belmont-Redwood Shores	Menlo Park City	Redwood City	San Carlos	SMC
White	52.0%	60.8%	40.6%	14.7%	42.1%
Asian	60.7%	-	-	-	41.7%
Latino	-	-	13.0%	-	19.7%
Multiple Races	-	62.9%	-	-	31.1%

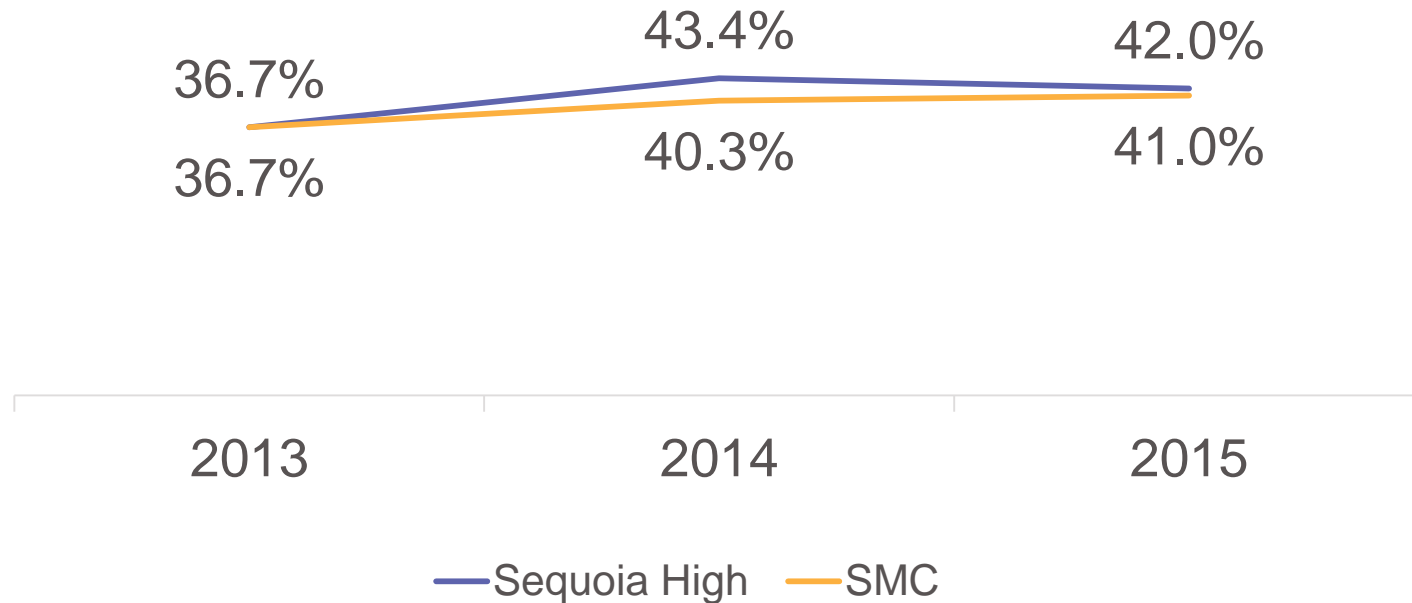
## Grade 7 Students Meeting All Fitness Standards, 2015

Race/Ethnicity	Belmont-Redwood Shores	Menlo Park City	Redwood City	San Carlos	SMC
White	73.3%	67.3%	36.4%	29.7%	47.7%
Asian	72.4%	-	-	-	56.3%
Latino	76.5%	-	12.8%	-	26.2%
Multiple Races	91.3%	54.4%	-	-	34.1%

Source: As cited on kidsdata.org, California Dept. of Education, Physical Fitness Testing Research Files (Dec. 2015).

# Fitness Standards

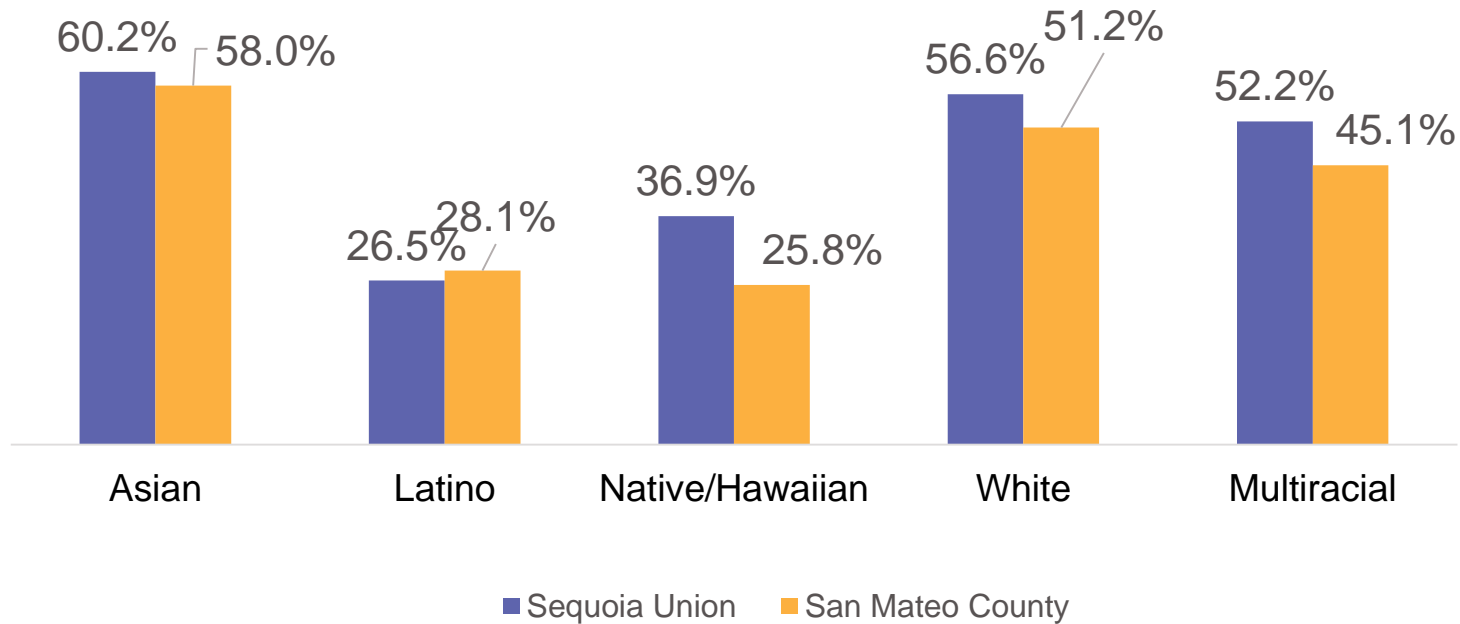
## Grade 9 Students Meeting All Fitness Standards, 2015



Source: As cited on kidsdata.org, California Dept. of Education, Physical Fitness Testing Research Files (Dec. 2015).

# Fitness Standards

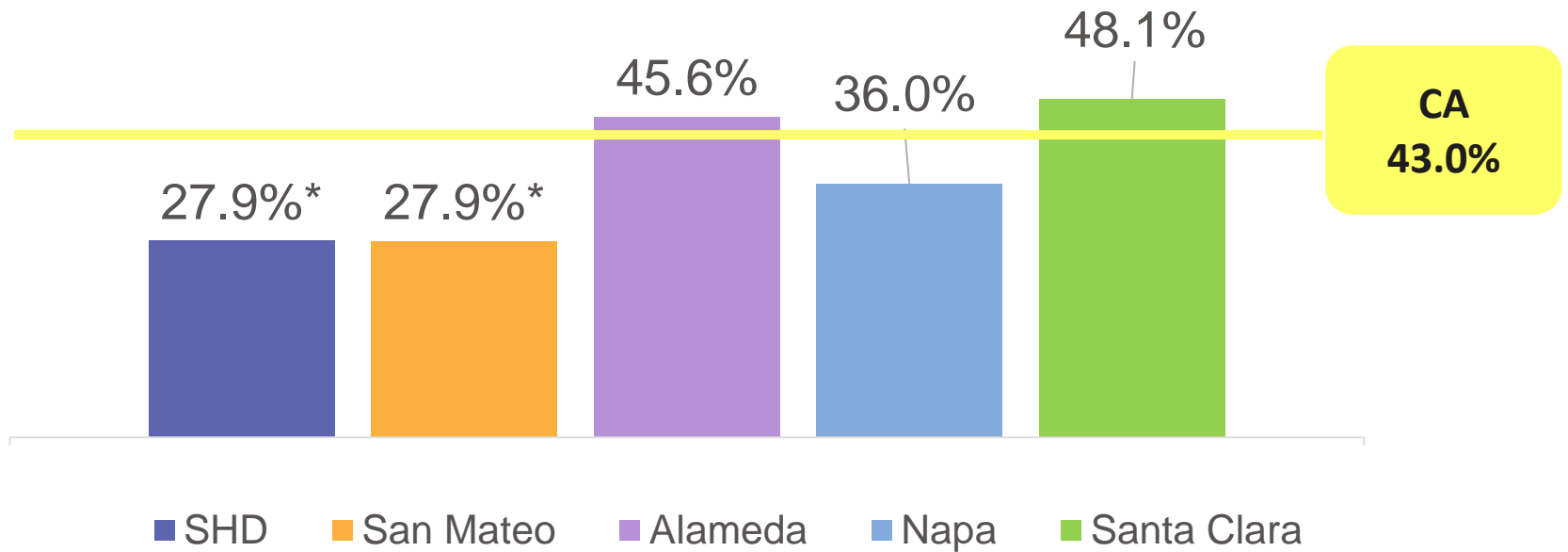
## Grade 9 Students Meeting All Fitness Standards, by Race/Ethnicity: 2015



Source: As cited on kidsdata.org, California Dept. of Education, Physical Fitness Testing Research Files (Dec. 2015).

# Physical Activity

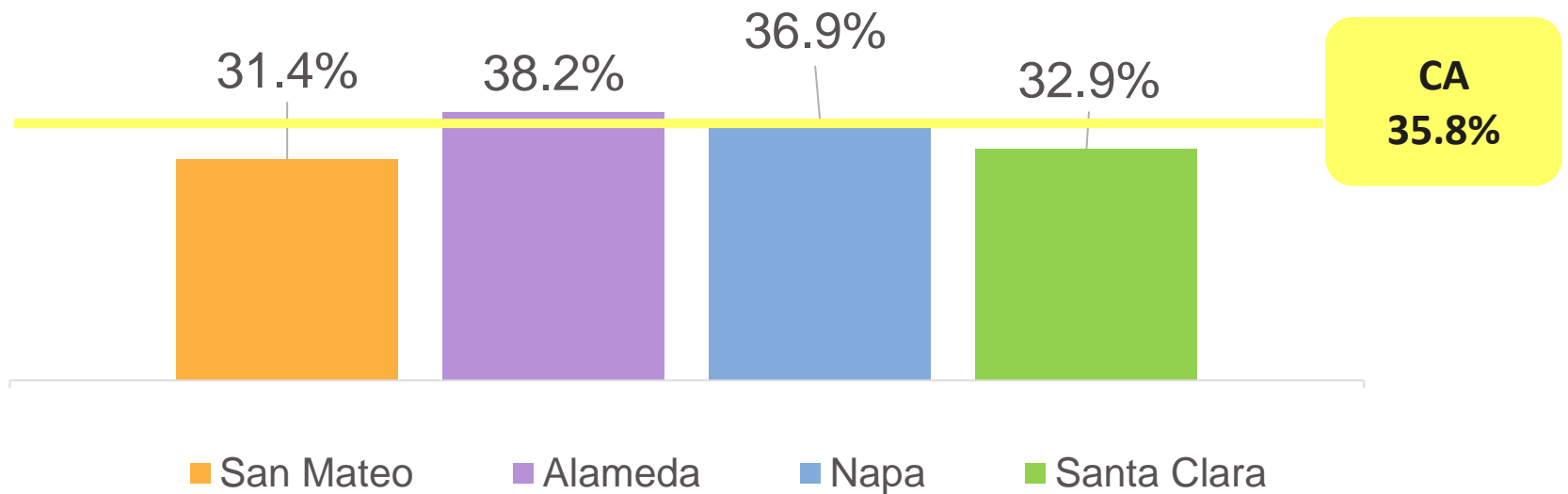
## Percentage of Population (Age 5-17) Walking/Skating/Biking to School, 2011-12



Source: University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.

# Overweight (Adults)

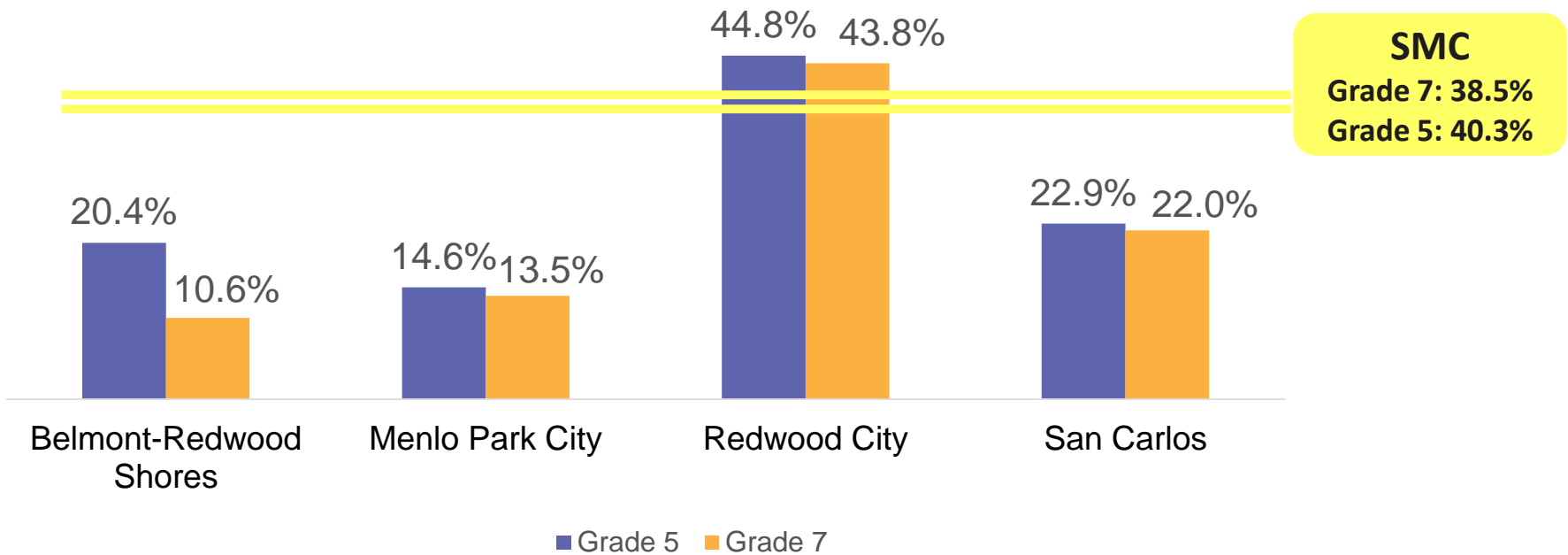
## Percentage of Adults (18 and older) Overweight, 2011-12



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

# Overweight or Obese

## Students Who Are Overweight or Obese, by District and Grade Level: 2015



Source: As cited on kidsdata.org, California Dept. of Education, Physical Fitness Testing Research Files (Dec. 2015).

# Overweight or Obese

## Grade 5 Students Who Are Overweight or Obese, 2015

Race/Ethnicity	Belmont-Redwood Shores	Menlo Park City	Redwood City	San Carlos	SMC
White	23.1%	11.6%	23.6%	16.1%	22.7%
Asian	11.2%	-	15.6%	16.1%	25.0%
Latino	29.8%	34.1%	52.6%	40.9%	49.3%
Multiple Races	10.3%	11.2%	-	24.4%	38.1%

## Grade 7 Students Who Are Overweight or Obese, 2015

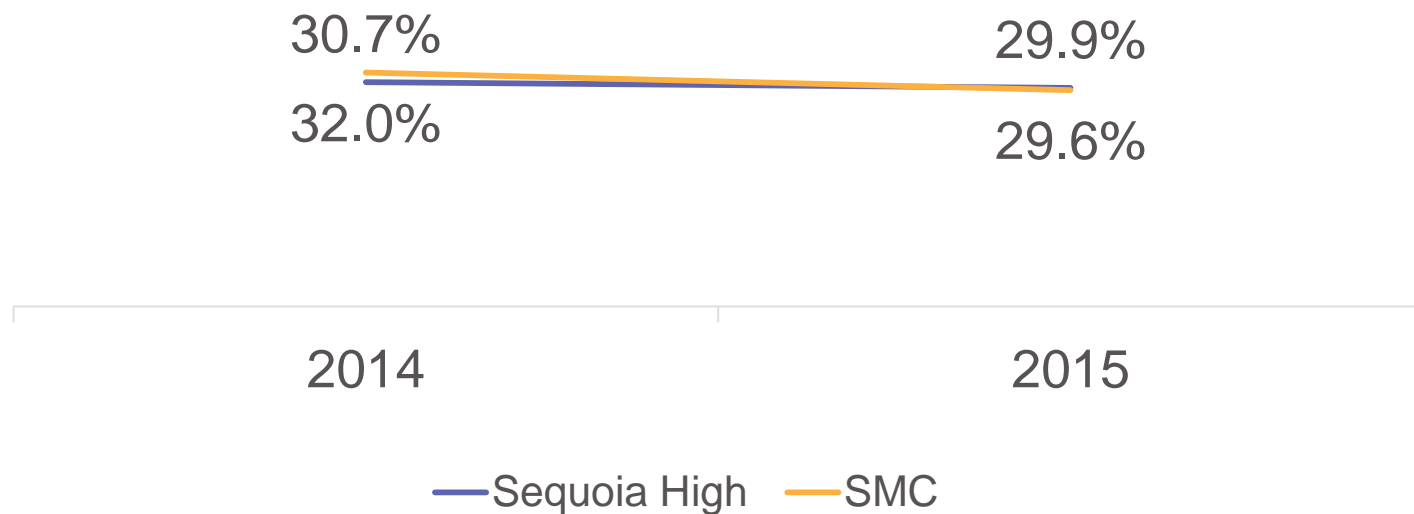
Race/Ethnicity	Belmont-Redwood Shores	Menlo Park City	Redwood City	San Carlos	SMC
White	12.3%	9.5%	23.9%	16.0%	19.3%
Asian	9.2%	-	-	20.0%	16.6%
Latino	11.8%	32.3%	50.8%	47.9%	44.4%
Multiple Races	0.0%	11.8%	-	18.2%	37.9%

Source: As cited on kidsdata.org, California Dept. of Education, Physical Fitness Testing Research Files (Dec. 2015).



# Overweight or Obese

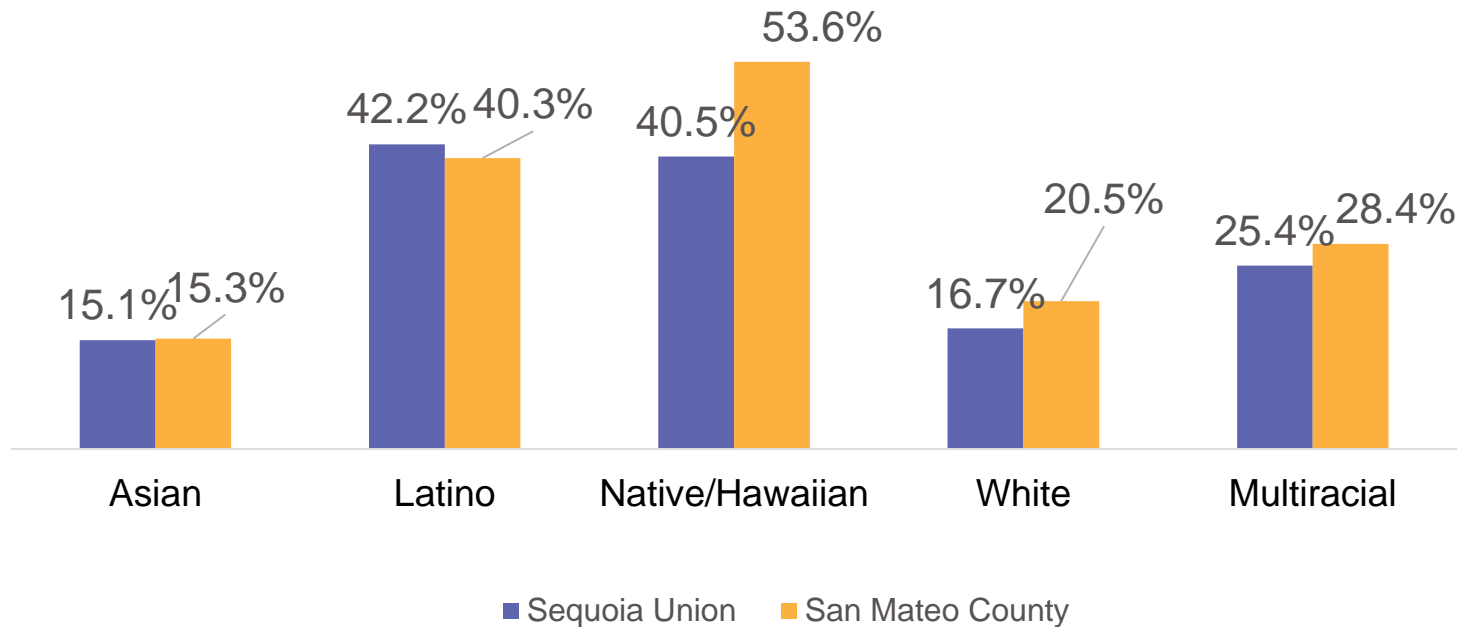
## Grade 9 Students Who Are Overweight or Obese, 2015



Source: As cited on kidsdata.org, California Dept. of Education, Physical Fitness Testing Research Files (Dec. 2015).

# Overweight or Obese

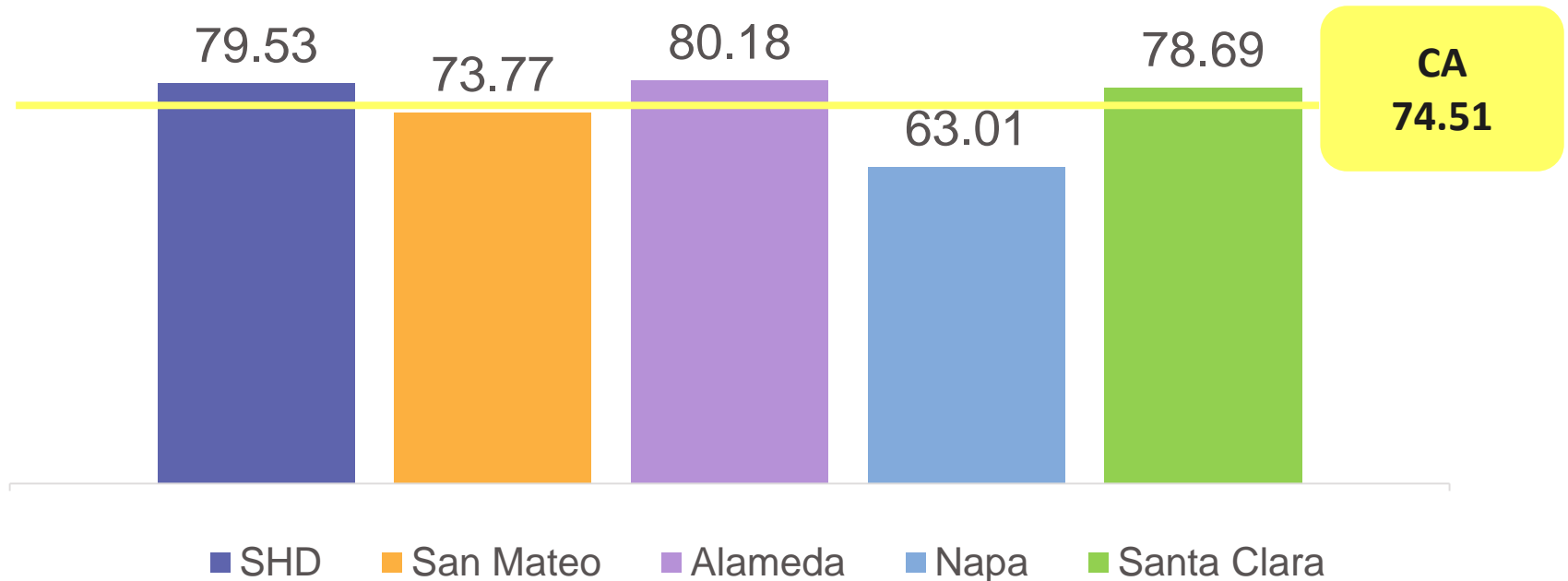
## Grade 9 Students Who Are Overweight or Obese, by Race/Ethnicity: 2015



Source: As cited on kidsdata.org, California Dept. of Education, Physical Fitness Testing Research Files (Dec. 2015).

# Fast Food Restaurants

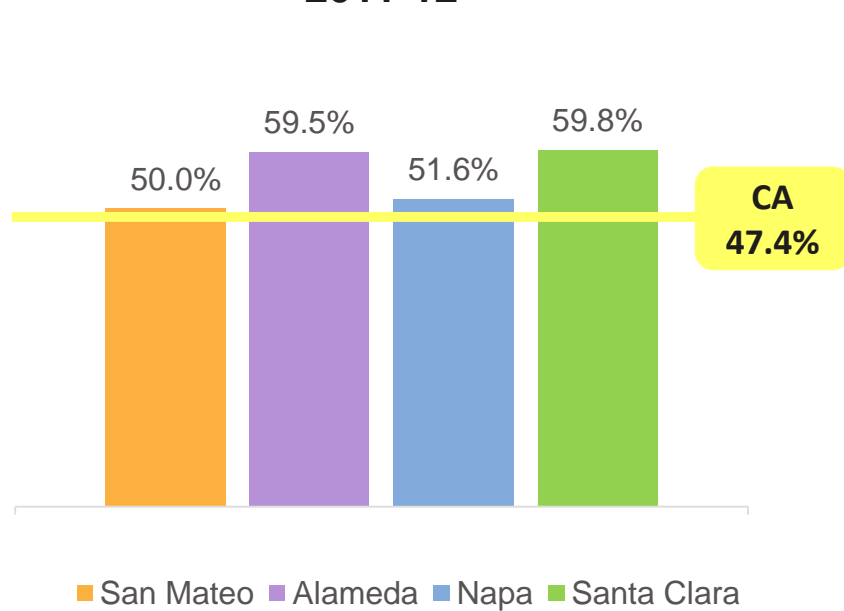
**Fast Food Restaurants, Rate (Per 100,000 Population), 2011**



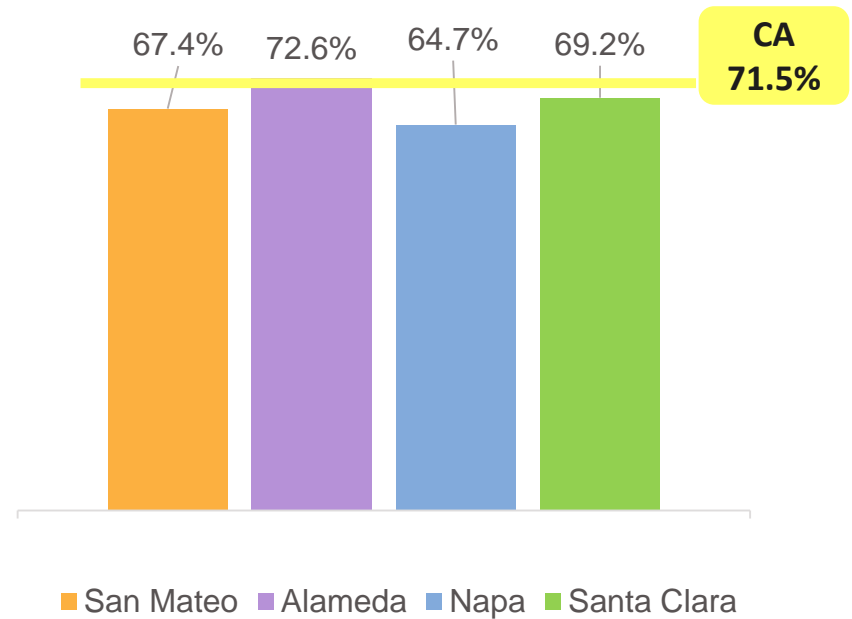
Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2011.

# Fruit/Vegetable Consumption

**Percentage of Population Age 2-13 with Inadequate Fruit/Vegetable Consumption, 2011-12**



**Percentage of Adults with Inadequate Fruit / Vegetable Consumption, 2005-09**

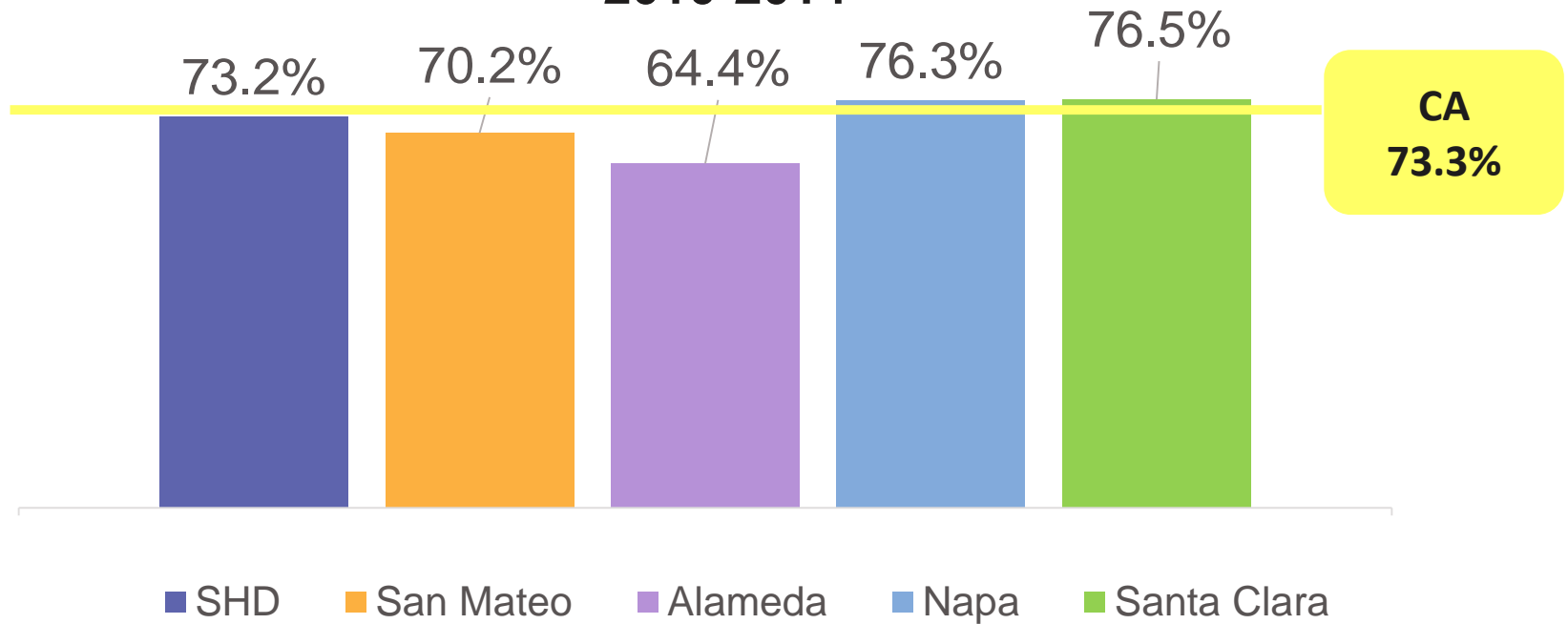


Source: Youth - University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.

Adult - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09.

# Commute to Work

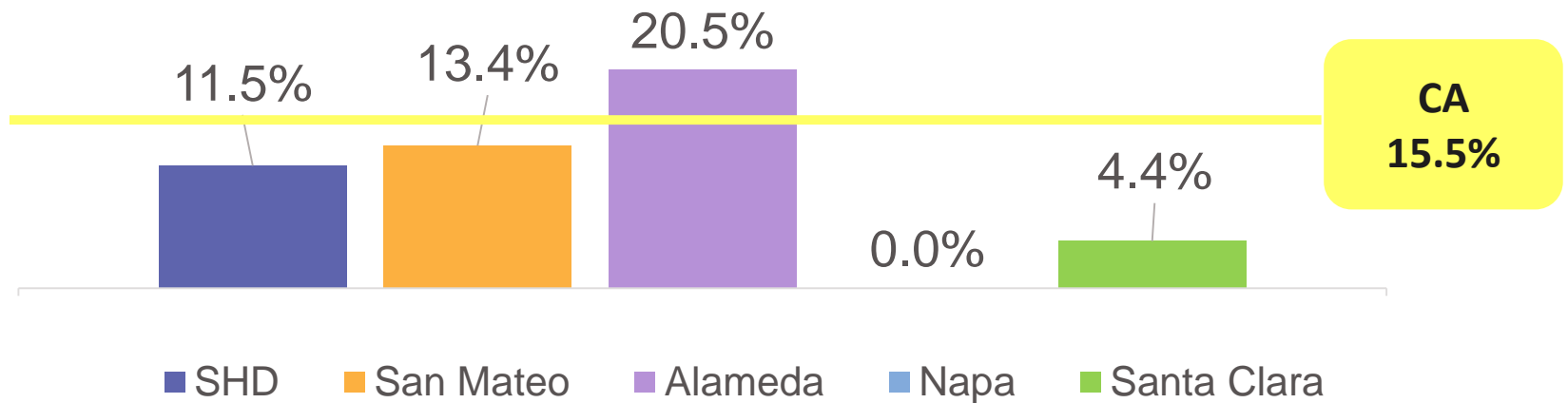
**Percentage of Workers Commuting by Car, Alone, 2010-2014**



Source: US Census Bureau, American Community Survey. 2010-14.

# Public Transit

## Percentage of Population within Half Mile of Public Transit, 2011



Source: Environmental Protection Agency, EPA Smart Location Database. 2011.

---

*Data sources: All indicator data was pulled from Community Commons with the exception of income, fitness, youth obesity, special education, school mental health data (kidsdata.org) and Alzheimer's disease data (Senior Health in San Mateo County – Current Status and Future Trends 2012).*



## HSI Budget Summary- FYE 2017

<i>School Districts</i>	<b>Recommended Allocation 2016-17</b>	<b>Allocation 2015-16</b>	<b>Difference</b>	<b>Comments</b>
San Carlos	475,800	\$425,800	\$50,000	<i>Suggesting \$50k for additional nursing services (matching grant to equal 1.0 FTE RN)</i>
Redwood City	587,000	\$494,000	\$93,000	<i>Suggest \$80k increase in funding for additional .8 FTE RN. Move \$10K for Adaptive PE from grants program to district budget, increased LVN salary by \$3,000.</i>
Belmont-Redwood Shores	386,100	\$386,100	\$0	<i>No change this year</i>
Sequoia Union	\$475,600	\$405,600	\$70,000	<i>Suggest partial funding of \$50k for Community School Health Coordinator (to be matched by Grove Foundation), added partial funding (\$20k) for Quiet Time Program (to be matched through fundraising).</i>
Woodside	50,000	\$50,000	\$0	<i>No change</i>
Portola Valley	50,000	\$50,000	\$0	<i>no change</i>
Las Lomas	75,000	\$50,000	\$25,000	<i>Added \$25k for Wellness Coordinator. Nurses currently assume that role, but cannot continue due to demand of nursing duties. Will maintain funding to support current level of nursing services.</i>
Menlo Park City	110,000	\$85,000	\$25,000	<i>Suggesting increase from .25 school nurse (RN) to .50 nurse</i>
<b>Total to Schools</b>	<b>\$2,209,500</b>	<b>\$1,946,500</b>	<b>\$263,000</b>	
<b>Program Staff and Contractors</b>				
Program Director Salary	\$91,930	\$89,080	\$2,851	<i>Represents 3.2% COL</i>



(FTE .80)				<i>increase</i>
HSI Program Admin Support (FTE .30)	\$31,500	\$51,270	(\$19,770)	<i>.30 Admin staff (2015-16 budget based on J. Gabet Salary)</i>
PE+ Health Huddles Support	\$12,500	19,250	(\$6,750)	<i>Less time needed</i>
Evaluation and School support contractor	\$25,000	\$43,500	(\$18,500)	<i>Some work completed in 2015-16</i>
<b>Total Program Management</b>	<b>\$160,930</b>	<b>\$203,100</b>	<b>(\$42,170)</b>	
<b>Special Programs</b>				
PE for RCSD academic year	\$725,000	\$725,000	\$0	<i>Total school/school district contribution = \$244,000</i>
PE+ Summer Program	\$12,560	\$18,028	(\$5,468)	<i>Represents second half of program funding. First half from 2015-16 budget</i>
School project mini grants	\$20,000	\$15,000	\$5,000	<i>Will be first full year for mini-grants- expect increased interest in 2016-17.</i>
Newsletter, SCSD, BRSSD, RWC	\$5,000	\$5,000	\$0	<i>Newsletter currently going well</i>
Fruit Guys produce delivery pilot	\$0	\$6,000	(\$6,000)	<i>Did not come to <b>fruition</b></i>
PE+ Water Safety Program- NEW	\$43,000	\$0	\$43,000	<i>New program with PCC</i>
<b>Total Special Programs</b>	<b>\$805,560</b>	<b>\$769,028</b>	<b>\$36,532</b>	
<b>Grants to Non-Profits</b>				
	<b>\$285,500</b>	<b>\$275,000</b>	<b>\$10,500</b>	<i>4 new programs this year, some moved to subcontractor status, some not renewed</i>
<b>Other Expenses</b>				
Promotional materials/suppl./ website	\$10,000	\$15,000	(\$5,000)	<i>Less needed for these items</i>
Meetings, travel, professional development	\$5,000	\$7,500	(\$2,500)	<i>Less needed for this expense</i>
RWC 20/20	\$15,000	\$15,000	\$0	<i>Dues are \$25k. \$10K to come from membership budget</i>
Discretionary Funds	\$5,000	\$15,000	(\$10,00)	<i>Less anticipated</i>
<b>Total Other</b>	<b>\$35,000</b>	<b>\$52,500</b>	<b>(\$17,500)</b>	
<b>Total Projected Budget 2016-17</b>	<b>\$3,496,490</b>	<b>\$3,246,128</b>	<b>\$250,362</b>	<i>Allowance increase \$253,870 Difference \$3,508</i>



## Projected Budget 2016-17 Narrative

### Overview:

Our expansion of wellness coordinators across all 8 school districts has greatly enhanced our ability to further develop projects and identify new potentially impactful ones. For 2016-17, we are requesting a total of \$3,496,460. This reflects an increase of \$263,000 from 2015-16, but remains 32 percent of the District's total budget. The majority of the budget increase will fund additional, critically needed, school nursing services. As school enrollment has dramatically increased over the past few years and more and more medically fragile students have been mainstreamed into our public schools, the demand for skilled nursing services on site has skyrocketed and nurses are struggling to meet the daily needs of all students. We are also recommending partial funding for a new Community School Health Coordinator at Redwood High School and share this cost with the Grove Foundation. We feel this position is important for helping students from economically disadvantaged backgrounds and difficult circumstances to receive coordinated support to help them thrive. Healthy School Initiative goals for 2016-17 include:

- Further identify strengths and weaknesses of school district health and safety policies and programs and develop plans for improvements.
- Create innovative and economical approaches to address the complex social and emotional health needs of students
- Begin larger- scale outcomes assessment and impact measures
- Develop a systematic and economically sound approach to address the increased school nursing needs
- Pilot new PE+ Water Safety Program for 3<sup>rd</sup> graders at Hoover School

### Total Budget:

Total Budget Requested 2016-17	Budget 2015-16	Difference	Percent change of SHD total budget
\$3,496,490	\$3,222,960	\$250,362	0

### Direct Funding to School Districts:

2016-17	2015-16	Difference
2,209,500	\$1,952,580	+\$263,000

Nearly 65% of the total budget is allocated to school districts to support key wellness staff and programs. Total does not include 3<sup>rd</sup> party contractors or PE+ program staff.

- Direct staff (n=29): \$1,687,500
- Subcontracted services: \$467,000
- Materials, curriculum, training: \$55,000

### Special Programs and PE+:

2016-17	2015-16	Difference
805,560	\$769,028	36,532,00

**PE+:** As the PE+ program continues to grow in depth and breadth, so has the fiscal commitment to the program by the RCSD and the individual schools that benefit from the program. The Redwood City School

District will contribute \$98,000 toward the cost of PE+ and each of the 11 schools contributes between \$8,000 and \$16,000 (based on a sliding fee scale) for a total \$244,000. In addition, RCSD has committed to funding 11 PE+ coaches to obtain their sub-teaching credentials and an added monthly salary bonus. Based on the success of the summer program last year, we will offer a summer program again this year in partnership with Police Activities League (PAL) and pilot a water Safety program with PCC.

<b>2015-16 PE+ budget:</b> \$725,000 <ul style="list-style-type: none"> <li>Add Adelante school (\$41,000)</li> <li>Misc equipment, data entry (\$5,500)</li> </ul>	<b>2016-17 PE+ budget:</b> \$725,000
---	--------------------------------------

<b>2015-16 Special Programs:</b> \$23,960 <ul style="list-style-type: none"> <li>expansion of HSI newsletter (\$5,000)</li> <li>Pilot breakfast program to low income students (\$6,000)</li> <li>HSI mini-grants: \$15,000</li> <li>Summer program (\$18,028)</li> </ul>	<b>2016-17 Special Programs:</b> \$93,120 <ul style="list-style-type: none"> <li>HSI newsletter (\$5,000)</li> <li>School mini-grants (\$20,000)</li> <li>PE+ Summer program (\$25,120)</li> <li>PE+ Water Safety Pilot Program (\$43,000)</li> </ul>
---	---

**Program Staff and Contractors:**

2016-2017	2015-16	Difference
\$160,930	\$203,100	(\$42,170)

The reduction in program staffing costs is due to a redistribution of program management responsibilities. It's anticipated that new staff will provide mainly administrative support and will be a .50 who will divide his/her time between HSI administration duties and a smaller percent of time on grants administration. We also budgeted for program evaluation support (\$25K), mainly to assist schools with data collection and program assessment. Only minor adjustments for COLA are recommended for current program management staff.

**Other Program Expenses:**

2016-17	2015-16	Difference
\$35,000	\$52,500	(\$17,500)

These costs include RWC 2020 membership fees, supplies, travel for conferences, staff training and development, and promotional materials. We anticipate less funding needed for staff development and promotional items.

**HSI Grants:**

2016-17	2015-16	Difference
\$285,500	\$275,000	\$10,500

There are 16 grants recommended for the 2016-17 grants cycle totaling \$285,500 (*Please see HSI Grant Recommendations handout*). This amount is up a modest \$10,500 from last year. Of the 15 recommended, 11 are renewals of currently funded programs and 4 are new programs.



## Healthy Schools Initiative Discussion: Past, Present and Future

**Past:** HSI was launched in 2010 to work with local schools to provide resources, develop strategies, and create an infrastructure that supports continuous improvements in the health of students and staff.

The initial goals and priorities of HSI reflected discussions among a diverse group of school staff and administrators, students, parents, community leaders and research from experts in the field of school health. Objectives align with those established by the California Department of Education, the California Department of Health Services, San Mateo County Offices of Education, and numerous national and local community organizations.

We began working with 4 school districts and a budget of about \$1.5 million dollars. It was modeled on the Coordinated School Health Model and was established as a K-12 program for public school children. In 2014 the program expanded to all 8 school districts in SHD region and a physical education program was developed called PE+ for the Redwood City elementary schools for grades K-5.

**Present:** Now fully established in the 8 school district the program is reaching more than 28,000 children annually. The program budget has grown to \$3.5 million dollars. We've had many successful outcomes working with our schools over the years. Overall, we have greatly strengthened our community relationships, positively affected the health of thousands of district residents of all ages, increased awareness of our District priorities and funding activities and created trust among our residents. As we move into the next phase of the Initiative, we want to assure that lessons learned over the past 5 years are incorporated into our strategies moving forward, and that our resources are used in the most economical and impactful way.

**Future:** As we look to the future several questions need to be addressed including but not limited to the following:

1. Should HSI continue to work with all 8 districts? If not, how will we select which ones to work with?

2. Should we expand our reach to include pre-school (3-5 year olds) and /or on the other end college age students?
3. How should we handle private and charter schools?
4. Should we continue with the coordinated school model (a broad approach) or should we consider one that is more focused on one or two key areas? If we focus, where?
5. What should our budget be for this program? Should the commitment always be one year or can it be a two or even three year commitment?
6. Should we place any time or financial restrictions on our support?
7. What minimum commitment do we need from each of our school district partners?
8. Should we invest in improve school nursing services? If so, do we increase funding to this area or shift funding from other areas?
9. Should we plan additional follow up meetings?