







Social Health Equity Project Community Mini Town Hall March 22, 2023





Logistics

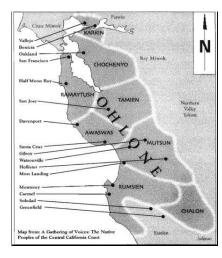
- Locate the globe at the bottom of your screen and select English or Spanish
- Please hold your questions at the end and place them in the Q and A function
- This town hall is being recorded and will be posted on the BACHAC website



Land Acknowledgement

We acknowledge that we stand on lands of the Ramaytush Ohlone Nation <u>www.native-land.ca</u>

https://native-land.ca/maps/territories/ramaytush/







Agenda

- 1. About BACHAC (3 min)
- 2. Overview of Community Health Needs Assessments (5 min)
- 3. Project Overview & Timeline (5 min)
- 4. San Mateo County Population Overview (5 min)
- 5. Data Review (5 min)
- 6. Prioritized Community Health Needs (20 min)
- 7. Visualization & Policy Examples (10 min)
- 8. Community Dialogue & Input Q & A (30 min)
- 9. Announcements & Acknowledgements (3 min)
- 10. Gift Card Drawing (4 min)



About BACHAC

- A 27+ year grassroots community organization
- Address health disparities in diverse communities across generations
- Through awareness, education, access to resources & advocacy
- In partnership/collaboration with a diverse groups
- Supporting a culture of Equity, Innovation and inclusion



Collaboration & Partnership

Goal: From needs assessment to transformational systems change

- Together Towards Health & BACHAC partnership through COVID-19 response
- Assess policies and practices that affect health equity and racial justice
- Increase transparency to the community about Community Health Needs Assessments
- Transformational change is possible with collaboration and coordinated efforts





Community Health Needs Assessments

History and Requirements

- California created the state requirement SB 697 for Community Health Needs Assessments in 1994
- The Affordable Care Act introduced this requirement for non-profit hospitals nationwide
- Completed every 3 years
- Include the Social Determinants of Health (Education, Housing, Food Access, etc)
- Community Input: "persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health."

Outcomes

• Implementation plans and community benefit programs

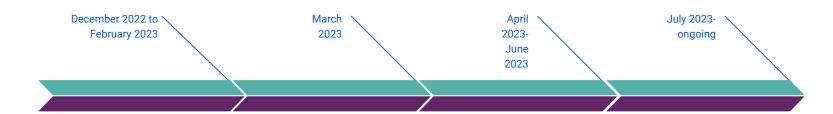
Opportunities

- Advocacy
- Accountability





Project Overview



Phase I: Needs Assessment Review

Review of Community Health Needs Assessments (Stanford Healthcare/Children's, Sutter, Dignity and Kaiser RWC/SSF) SMC Health not available at this time

- Review common themes/trends across reports
- Evaluation of data using a racial equity lens

Phase II: Community Collaboration

Community Mini Town hall & Meetings with Hospital Stakeholders

- Present findings for community members
- Include community voice in development of 1 to 2 policy recommendations to address prioritized needs

Phase III: Creating system transformation

Continued collaboration with system stakeholders for sustainable change

- Collaborate with hospital stakeholders to lift up community identified solutions
- Develop strategy and action plan to influence change

Phase IV: Continued Collaboration

There are ample opportunities for continued collaboration with additional funding.



San Mateo County Overview

Total Population: 767,423

Race/Ethnicity	San Mateo County Total percentage of County (alone or in combination with other races)
White	39.2%
Asian	38.3%
Hispanic//Latinx	24.4%
Black/African American	2.2%
Native Hawaiian/Pacific Islander	1.3%
American Indian/Alaska Native	0.2%
Multiracial	4.0%
Another race	0.4%

Data Review Results

Secondary Data Collection

Primary Data

Prioritization

- Various data sources including (Census, California Health Interview Survey, California Healthy Kids Survey, San Mateo County Health, Centers for Disease Control, etc.)
- Kaiser created a data platform with over 100 data indicators "Community Health Data Platform"

- Key informant interviews used by all hospital organizations
 - Engaged 12-21 Public health and CBO leaders
- Focus groups
 - 77 attendees
- Surveys
 - 141 surveys completed by the broad community and 57 by family members and caregivers of people with special needs

Each organizations had different methodologies for prioritization of needs all included primary and secondary data, as well assessing severity, availability of resources, evidence of clear disparities or inequities and the multiplier effect



Prioritized Community Health Needs

Mental/Behavioral Health

Includes trauma, anxiety, depression, frequent mental distress and suicidal ideation as well as consequences such as substance use and domestic violence.

Income & Employment/ Economic Stability

Includes income inequality, access to jobs, education, food security and ability to improve your economic circumstance.



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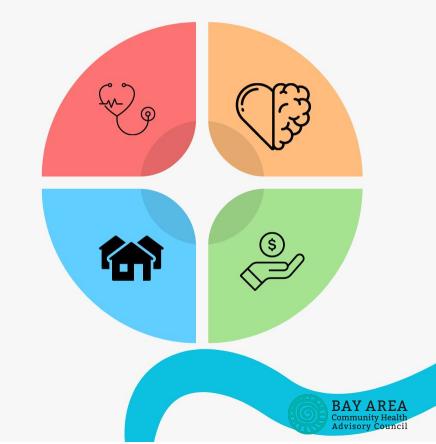
Housing and homelessness

Includes housing costs, homeownership affordability, overcrowding, as well as prevention of homelessness and out-migration.



Access to Care

Includes a lack of health insurance coverage, lack of access to medical care, oral health as well as barriers such as language, transportation, and racism.



Mental/Behavioral Health Data



Adult Mental Health

- Anxiety, depression and suicidal ideation on the rise due to COVID-19 particularly affecting Black and Latinx communities
- RWC lower rates of deaths of despair when compared to the state and higher rates of mental health providers
- LGBTQ⁺ adults higher rates of having seriously thought about committing suicide
- RWC area with highest reported frequent mental distress followed by San Mateo and East Palo Alto
- Adults who needed help but did not receive it 52.7% Healthy People 2030 target is 68.8%
- Chronic depression rates
 - One in four residents (26% experience symptoms of chronic depression)
 - Higher rates among Black (37%), Latinx (34%) and Coastside (33%) communities



Mental/Behavioral Health Data



Youth Mental Health

- Reported lower rates of depression than state but SMC high schoolers were more likely to seriously consider suicide in the past year than high schoolers statewide
- Rates of suicidal ideation were higher among girls for 9th graders (21.6% vs 11.3%)
- Suicidal ideation was more prevalent among Native Hawaiian/PI students (30.2%) Multi-racial students (22.4%) Black Students (17.4%) Asian (16.9%), Latinx students (16.3%) and White students (14.9%)
- LGBTQ+ youth 44% had seriously considered suicide
- Children and youth 5-20 had higher rates of hospital admissions due to self inflicted injuries (67.7/100,000) vs. CA (36.5/100,000) discharges
- Mental health hospitalizations among Youth (ages 15-19) per 1,000 11.6 vs CA benchmark 9.8
- Drug overdose deaths, CA 14, Black 24, White 17, Latinx 9, Asian 3 no data for PI , Native American



Income & Employment/Economic Stability

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Income & Employment

- People that live in low income areas more likely to live in neighborhoods lacking access to healthy food, safe physical activity and higher exposure to environmental pollutants
- Census tracts in RWC, Menlo Park, EPA have highest percentages of households using CalFresh
- Racial disparities in per capita income, PI and Latinx residents earning \$28,000 per capita while white residents earn \$86,000 per capita
- Income inequality in Silicon Valley is 1.5 times higher than the state level
- In SMC a minimum wage earner in a two parent, two child household must work 158 hour per week in order to make ends meet



Income & Employment/Economic Stability



Education

- County has lower proportions of BIPOC students who met or exceeded English language arts and math standards and who completed college-preparatory courses
- Economically precarious households by education level, HS diploma or GED 64% vs CA 50%
- Economically precarious households by education level, Less than HS diploma 89% vs CA 69%

Poverty

- Highest poverty and low income rates are found in RWC ZIP code 94063 where 15.9% of the population lives in poverty and 38.9% identify as low income
- SMC 32% of students are eligible for free and reduced meals



Housing & Homelessness

Affordability

- Shortage of affordable housing, median rental cost 2,451 50% higher than the state for \$1,689
- Zip Codes with highest percentage of household spending 30% or more of their income on housing are Redwood City ZIP code 94063 (51.3%), San Mateo ZIP 94401(46%) Redwood City ZIP 94061 (40.4% and East Palo Alto 94303 (40.2%)
- Latinx, Black, and PI families in SMC have higher cost burden 51-60% spending more than 30% of their income on rent

Quality of housing

Children with Blood lead levels of 4.5mcg/dL among those tested (0-5) 1.7% vs CA 1.2% (no data on location or area)

Homelessness

- People experiencing homelessness 19% Black, 43% Latinx, 44% White
- 2019 one day homeless count was 21% higher than 2017 count



Access to Care

Health Insurance

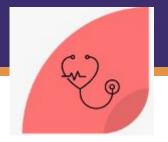
- 96.4% of population in SMC have health insurance
- RWC 94063 has lowest rate overall 85.5% of health insurance coverage
- 31.6% have Medi-Cal Coverage in the county
- RWC and NFO uninsured rates are over 10% in Latinx community
- Coastside communities have a greater percentage of uninsured children
- Fewer adults with routine check-ups NFO (65%), EPA (67%) lower than SMC overall (72%)

Quality of care

- Preventable hospital stays Native Americans (27,270) Black(3,686) vs the CA benchmark 3,358
- Black residents have the shortest expected lifespan 79 yrs, SMC life expectancy 85 yrs
- Premature death (years of potential life lost before age 75) Black (6,800) highest in county
- Ratio of primary care providers (not physicians) is (2130 to one) vs. State ratio (1,480 to one)







Community Input

Mental/Behavioral Health

- Greater need for **diverse providers with language capacity (culturally responsive services**), better coordination of care between providers
- Less access to services in BIPOC communities because of stigma, increase education and advertisement about services and programs

Income & employment

- Advocate for workforce training, and pathways to quality, local jobs, including healthcare careers
- Universal preschool, Universal Basic Income
- Youth worried about economic hardships of families and sought employment themselves to reduce burden

Housing and Homelessness

- Out-migration of families because of high cost of housing, difficulty recruiting employees for this reason
- Higher housing costs drive overcrowding, which contributes to the spread of infectious disease, i.e. COVID-19

Access to Care

- Bias, distrust, racism, insufficient coverage, cost, long emergency wait times, lack of local accessible community clinics
- Training needs for providers for trauma informed care, greater respect for patients with mental health issues, LGBTQ+ appropriate care, monolingual non-English speakers
- Low Medi-Cal reimbursement and annual requirement to retain coverage
- Need for knowledge about available resources especially those linguistically and culturally specific, better coordination of care



Additional Data

Cancer

- Breast cancer in women higher in SMC than state
 - SMC Dignity Service Area: 77.9% of women obtained mammograms
 - Mammography screening levels among Black women are lower in San Mateo County vs the State.
 - Stanford: Benchmark: 36%; San Mateo: 33% Black, 35% Latinx
- Black community members have higher incidence of breast cancer, lung cancer, prostate cancer, and a higher prevalence of cancer of all sites combined
- Latinx community members have a substantially higher incidence of cervical cancer

Asthma

- Child asthma diagnoses are higher in San Mateo County than for all California children
- Asthma emergency department visits are much higher for Black (50 per 10,000 ed visits) and Latinx children (39.1 per 10,000 ed visits) ages 0-17 vs SMC average 33.5 vs California average (63.4 per 10,000)

School to Prison Pipeline

- Black youth in SMC over 8% suspension rate compared to 1% for asian, 2% for white, and 5% for latinx
- Black and Latinx youth (ages 10-17) have higher rates of juvenile felony arrests are higher than the State.
- CA 4.1 vs San Mateo (Black 39.8; Latinx 5.9)



Limitations

- Data collection and community engagement were affected by the COVID-19 pandemic
- Disaggregated data by race/ethnicity or geography was limited
- Variety of data points used across the CHNA's, told conflicting stories
- Data benchmarks varied from Healthy People 2030 to State of CA benchmarks
- Data visualizations greatly varied, as well as definitions of indicators
- Under representation of data for North County
- Community engagement was limited due to safety and resources
- Focus on top 3 needs



Recommendations

Data

- More disaggregated data is needed for by race/ethnicity, as well as geography
 - Working with Universities/Governmental Organizations etc. on addressing data gaps
- Increase data visualization as well as one pagers that are accessible to community members

Community Engagement

- Increase of community centered engagement
 - Community residents/leaders co-designing the engagement process from the beginning
- Increase collaboration on community reports being used as data sources
- Increase use of data for advocacy by community members
 - Presentation of CHNA results to community organizations





Policy Examples

"Policy" is a law, regulation, procedure, administrative action, incentive or voluntary practice of governments and other institutions. (Centers for Disease Control & Prevention)





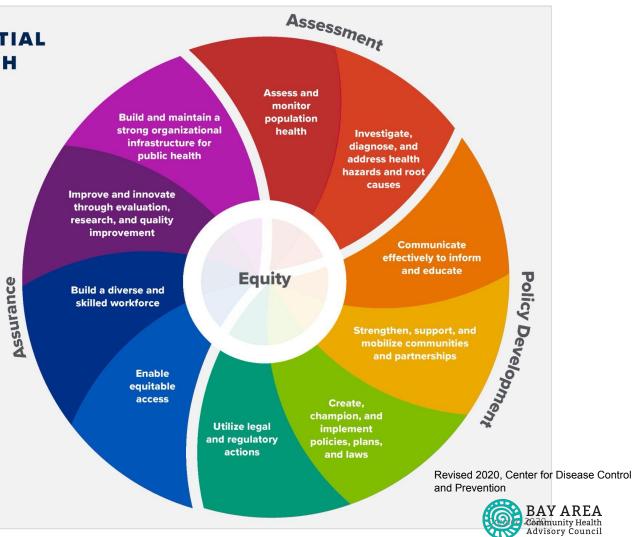




THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



Dialogue with Community

• Do you agree with the prioritized needs? Is there additional information you would like to know?

 What policies would you recommend to address the 4 prioritized needs? 1) Mental/Behavioral Health 2) Income & Employment/Economic Stability 3) Housing & Homelessness 4) Access to Care





• Summarize Community Input

• Meet with Health care organizational leadership

• Present to key stakeholder organizations

• Identify 1-2 policies for transformational change



Announcements

• County Sponsored Vax Clinics (COVID & Flu)

This Week:

- **Redwood City** Summit Everest/Everest Public High School, Thursday, 3/23/23 from 5:00 PM 7:30 PM
- San Bruno Sneath Lane Cultural Center, Saturday, 3/25/23 from 10am-NOON
- **East Palo Alto** St. Francis of Assisi, Sunday, 3/26/23 from 8:30 AM 3:30 PM

Next Week:

- **East Palo Alto** Cesar Chavez Ravenswood Middle School; Wednesday, 3/29/23 from 3:00 PM 6:00 PM
- East Palo Alto Los Robles-Ronald McNair Academy, Wednesday, 3/29/23 from 5:30 PM 8:00 PM



Announcements - Soul Stroll Outside



- May 20, 8am-NOON
- Coyote Point, San Mateo
- Only paid event BACHAC
- More details re: registration, volunteering & sponsorship, promotion toolkit @ bachac.org

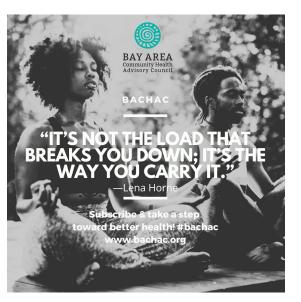


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Thank You!

Together Towards Health (TTH) Tania Perez, BACHAC Consultant & Social Health Equity Advocate Dr. Leticia Marquez-Magaña & SFSU Undergraduate Students Ximena & Melida our wonderful interpreters Kaiser Permanente (RWC, SSF) Sequoia Hospital (Dignity Health) Stanford Children's Stanford Health Care Mills-Peninsula (Sutter Health) The Diverse Voices of the Community





Gift Card Drawing! Two Opportunities to Win

