



LONG TERM PLANNING COMMITTEE

Wednesday, June 5, 2019

District Office at 1819 Trousdale

Burlingame, CA 94010

Classroom

5:00-6:30 PM

A G E N D A

1. Call to Order
2. Approval of Minutes for May 1, 2019 *to be distributed at meeting* A.
3. Project Updates: CEO Monthly Report – Information B.
4. Strategic Financial Plan Development: Discussion Topic C.
 - A. Presentation of Verité Consultant's 5/23/19 Progress Report
 - B. Dr. Aubry and Mark Johnson's comments from interviews
 - C. Master Lease Agreement with Sutter and its impact on financial planning.
5. Strategic Plan Document: Discussion Topic (if time permits) D.
6. Adjournment

**Next Meeting: July 10*, 2019
(Second Wednesday proposed due to July 4th holiday)**



CEO
Long Term Planning Committee
Monthly Report for May 2019

THE PENINSULA WELLNESS COMMUNITY:

- The preferred Developer Team is in the process of re-evaluating the PWC vision to include more affordable housing while still retaining the additional health and wellness benefits focused on a connected aging, senior residential model.
- Editor Jon Mays had an editorial in the Friday, May 17 Daily Journal which included in May Board materials.
- District representatives attended Congresswoman Speier's *"Conversation About America: A Robust Economy and a Housing Crisis – What a...."* Saturday, May 18.

THE TROUSDALE AL/MC COMMUNITY:

- A. Occupancy as of 5-28-19 – 71 units/81 residents.
- B. White loading zone in front on Trousdale to be done soon.
- C. Gave Supervisor Groom a tour; residents offer spontaneous positive comments.

THE TROUSDALE WELLNESS/FITNESS CENTER:

- A. Membership holding at 215.
- B. Member Cantor Julius Blackman, SF 105 year old resident, passed away and family included the Wellness Center as a beneficiary for memorial gifts.
- C. The number and variety of classes will be significantly enhanced:
 1. Monthly Fall Prevention starting in June
 2. Balance Classes weekly
 3. Yoga will now be Chair Yoga
 4. "Pre-hab" and "Post-hab" program to be launched in Fall; classes directed at those strengthening before a planned surgery and then maintaining progress after medically required post-op therapy.
- D. Positive Yelp reviews coming in!
- E. UnitedHealthcare alternative to Silver Sneakers being pursued.

SONRISAS DENTAL HEALTH:

- A. **Executive Leadership Restructure:**
 - a. These changes are all positive and responsive to SDH's program growth, especially in school screenings, mobile services and community education.
 - b. The press release the follows provides more information.
- B. **Financial Performance, YTD July through March 2019:** YTD financial performance continues to be strong relative to budget. Visit by Payer constant; 69% are affordable scale, Denti-Cal and farmworkers.
- C. **County Health FQHC partnership making progress!**
- D. **Quarterly Progress Report per Funding Agreement:** Chair Taverner and CEO Jue presented to the Board at its May 23rd meeting.

2019 PHCD Financial Policy Review: Progress Report

Verité Healthcare Consulting, LLC
Keith Hearle, President

May 23, 2019

Discussion Outline

- Financial Policy Purpose
- Policy Review:
 - Original (2007/2009)
 - Current (2013)
- 2019 Update
 - Observations To Date
 - Next Steps

Financial Policy Purpose

- Guides annual budget process
 - Operating expenses
 - Resources to “preserve Peninsula Hospital”
 - End of lease obligations (fixed assets + working capital)
 - Core services at MPHS
 - Risks associated with Paramount Default
- Helps assure ongoing financial health and credit-worthiness

Original Financial Policy: 2007/2009

- Expense budget = 10% of prior year investments
- Target \$500 million in cash + debt at lease end
- Considerations:
 - Mostly focused on “preserving Peninsula Hospital”
 - Lease had just been signed (October 2005)
 - New hospital not yet built
 - Financial crisis/recession
 - Marin Healthcare District/Sutter situation
 - Clear incentives to build reserves

Original Financial Policy: 2007/2009

- Policy established after extensive study and public input, economic modeling
- “By building a substantial Board Strategic Fund the current and future Boards will retain all options for the future preservation of the Hospital and its core services, thus assuring that the Hospital remains a viable and effective community health asset”

Current Financial Policy: 2013

■ Considerations:

- Recovery from 2008 recession
- Successful rebuilding of the hospital (opened in 2011)
- Special project commitments (e.g., San Mateo ACE Program, Healthy Schools Initiative)
- Reduced risk of Paramount Default
- Plans for 1600 Trousdale and debt issuance
- Stakeholder input

Current Financial Policy: 2013

- Budget to achieve financial ratios associated with credit-worthy hospital organizations
- Monitor the ratios over time and adjust as needed
- Explicitly build reserves under specified circumstances
- Escrow funds for fixed assets purchased in last 25 years of the lease

Financial Policy: 2019 Update

■ Considerations:

- Consistent (Aa3) bond ratings for Sutter Health
- 1600 Trousdale opening
- Strong economy
- Persistent and evolving community health needs
 - Income inequality (division of wealth)
 - Opioid crisis, mental health, access to dental care
 - Seniors aging in place
 - Social Determinants of Health

Financial Policy: 2019 Update

- Considerations (continued):
 - Evolving community health improvement strategies
 - PHCD operating performance
 - 1600 Trousdale “ramp up”
 - Sonrisas Dental
 - Trousdale Wellness Center
 - Financial implications of land development
 - Limited public understanding of the PHCD and of the Sutter lease

Financial Policy: 2019 Update

- Initial ideas:
 - Update financial ratios
 - Present ratios on a *pro forma* basis
 - Fund depreciation (create board designated fund for building maintenance/investment)
 - Incorporate key milestones, e.g. facilities master (capital) plan(s) for MPMC
 - Others to be determined

Next Steps

- Study feedback on 2013 report
- Update financial projections
- Additional interviews
- Draft “two pager” on lease agreement
- Draft updated 2019 Financial Policy
- Review with PHCD management, Finance Committee, full Board



DATE: June 5, 2019
TO: Long Term Planning Committee
FROM: Ashley McDevitt, Community Benefit Manager
RE: Strategic Plan - Discussion Draft

On the following pages you will find the latest discussion draft of PHCD's Strategic Plan document which was approved by the Board at its May 23rd meeting as ready to be distributed for public input.

NEXT STEPS:

- 1) Distribute the discussion draft widely throughout the District and solicit feedback. Distribution channels include: PHCD E-Newsletter, Flashvote, Thrive Network for non-profits, Chambers, City bulletins, June 24th Town Hall, etc.
- 2) Incorporate public comments and feedback and present the next draft to the Board for approval at the June 27th meeting.

Your input and feedback are welcomed and encouraged. If we do not get to this agenda item at the June 5th meeting, please email your comments to Ashley.mcdevitt@peninsulahealthcaredistrict and cheryl.fama@peninsulahealthcaredistrict.org or provide your comments through the link that will be sent in the May E-newsletter.



Strategic Plan: 2019 – 2022

Discussion Draft for Public Input

Helping PHCD Residents Achieve Their Optimal Health

Why a Strategic Plan Update?

For the past 70 years, Peninsula Health Care District has been making a difference in the health of the community. What started as building, owning, operating and governing Peninsula Hospital has evolved into oversight of Sutter Hospital's commitment to core clinical services, identifying gaps in needed health services and using District assets, land and reserves, to address those needs and partnering with public and private service providers to leverage District assets for greater impact in addressing needs.

The 2015-2018 Strategic Plan transitioned PHCD from strategies focused on building reserves to ensuring the new hospital was completed; launching a master planning process for the PHCD land made available after PHCD's hospital was demolished and focusing on establishing the District's role as a partner in the health care provider community.

Since the last strategic plan, the District has:

- Constructed and opened an assisted living/memory care facility at 1600 Trousdale Drive in Burlingame.
- Established the vision and master plan for PHCD's *Peninsula Wellness Community*- an age-restricted residential community (including an affordable senior housing component) with support services, public amenities for all ages, and public open space; completed preliminary EIR work to confirm feasibility of such a community; conducted an RFQ/RFP process resulting in the selection of a developer team; and, signed an Exclusive Negotiating Agreement with that team to finalize the buildings, services, lease and business terms to carry out the envisioned development.
- Saved two dental centers (San Mateo and Half Moon Bay) that were planned for closure by the previous operator. They are the only non-profit, dental clinics in San Mateo County serving all residents regardless of age, mobility and insurance status. Through PHCD governance and Management Services Agreement, as well as, funding to address uncompensated care for the Denti-Cal, under- and un- insured, the Centers have opened access to thousands of residents previously denied basic oral health care.
- Served as leader, convener, facilitator in bringing partners to the table (San Mateo Union High School District and Stanford Psychiatry's Center for Youth Mental Health and Wellbeing, to develop a teen mental health program that is administered and operated by the school

district, supported by the Stanford team’s consultation/expertise, and funded by PHCD. This 3-year pilot funding by the District has covered 8 high schools and served 8,500 students and has been determined by the school district to be a critically needed improvement in addressing the growing teen behavioral health needs. The school district plans to fund the program after PHCD’s initial seed funding.

- Refined and identified improved outcomes measures for administering PHCD’s annual Community Grants Program and recruited a wide range of community-at-large professionals to serve on the Board’s Community Health Investment Committee.
- Achieved recognition from the California Special Districts Association for Excellence in Transparency and from the California Association of Healthcare Districts for Best Practices in Governance.

The healthcare environment continues to evolve, and the definition of health has been broadened nationally and locally to incorporate social and environmental indicators such as housing, safety, environment, public open space, etc. PHCD is at an “inflection point” in its 71-year history as several of its large, heavily resourced projects have moved from a “state of development” to a “state of oversight” making it time to set a fresh course for 2019-2022.

Strategic Planning Process - Information Gathering Activities/Sources:

Since August 2017, the District has been engaged in a thorough process for updating its strategic plan to set direction and guide District activities through 2022.

Activities:

- Conducting an environmental scan of our constituents’ health needs by reviewing a variety of health assessments, related research and relevant reports including:
 - SM County Triennial 2016 and 2019 Community Health Needs Assessments
 - SM County Oral Health Coalition Strategic Plan
 - Pacific Islander Needs Assessment
 - Robert Wood Johnson California Health Annual Rankings by County (2015-2019)
 - Sustainable San Mateo 2017 Impact and Indicators Reports
 - San Mateo County Youth Commission Adolescents Needs Assessment
 - Peninsula Family Service Environmental Scan Report 2017
- Conducting community Focus Groups.
- Analyzing PHCD grant recipient reports to track needs and impactful interventions.
- Conducting FlashVote social media surveys to participating District residents.
- Conducting a community needs workshop with Thrive Alliance members as the participants. (Thrive is a network of nonprofits in San Mateo County).
- Conducting one-on-one interviews with each PHCD Director and other healthcare leaders.
- Holding PHCD Board study sessions.
- Soliciting Community Health Investment Committee and Long-Term Planning Committee members’ input.

(Description of each assessment and report in Appendix A and the list of participants in Appendix B)

Methodology for Gathering Information:

- Expanded outreach methods from prior years to ensure a broader representation and participation of community members familiar with PHCD work.
- Considered current and future environmental drivers and trends that are and will impact health and health service needs.
- Assessed gaps in health programs and services available for District resident health priorities.
- Identified unique opportunities for PHCD to serve not available to other organizations.
- Explored opportunities with potential for high impact on many residents.

General Findings:

1. PHCD has successfully reached more individuals over the past three years than any other time in its history since it stepped down from directly running the hospital.
2. The Trousdale, Wellness Center and Dental Center are PHCD facilities and programs directly serving residents. These carry out the vision and mission and have directly and favorably impacted the community's awareness of PHCD and its impact.
3. The most recent Triennial County Wide Community Needs Assessment confirms that the District's focus on older adults, teen mental health, and access to basic dental care continue to be urgent health priorities.
4. The Grants Program is expanding the reach and impact of the District in serving the most vulnerable, as well as, galvanizing a team of partners that share our vision, collaborate candidly and productively, and are willing to work with PHCD to expand each organization's impact.
5. There are opportunities for PHCD to increase its impact – to “move the needle” – and there are respected provider partners that are hoping PHCD will take the lead in moving from concepts and possibilities to reality.

Assessment of Community Health Needs in the PHCD:

The community health needs assessment entailed analysis of both quantitative and qualitative data. Resources included documents and interviews with community leaders and residents with the purpose to identify:

- Foreseeable trends and shifts in the County that will affect community health outcomes
- Pervasive and shared needs among health providers in the community
- Great ideas and proven approaches to improving health outcomes
- Health care issues and problems that need leadership the District can provide
- “Gap areas” the current health care system is not addressing

The information gathered represents the most recent comprehensive review and therefore, the PHCD's strategic role and initiatives for 2019-2022 should incorporate these findings as it sets its goals, objectives and work plan.

PHCD Guiding Principles:

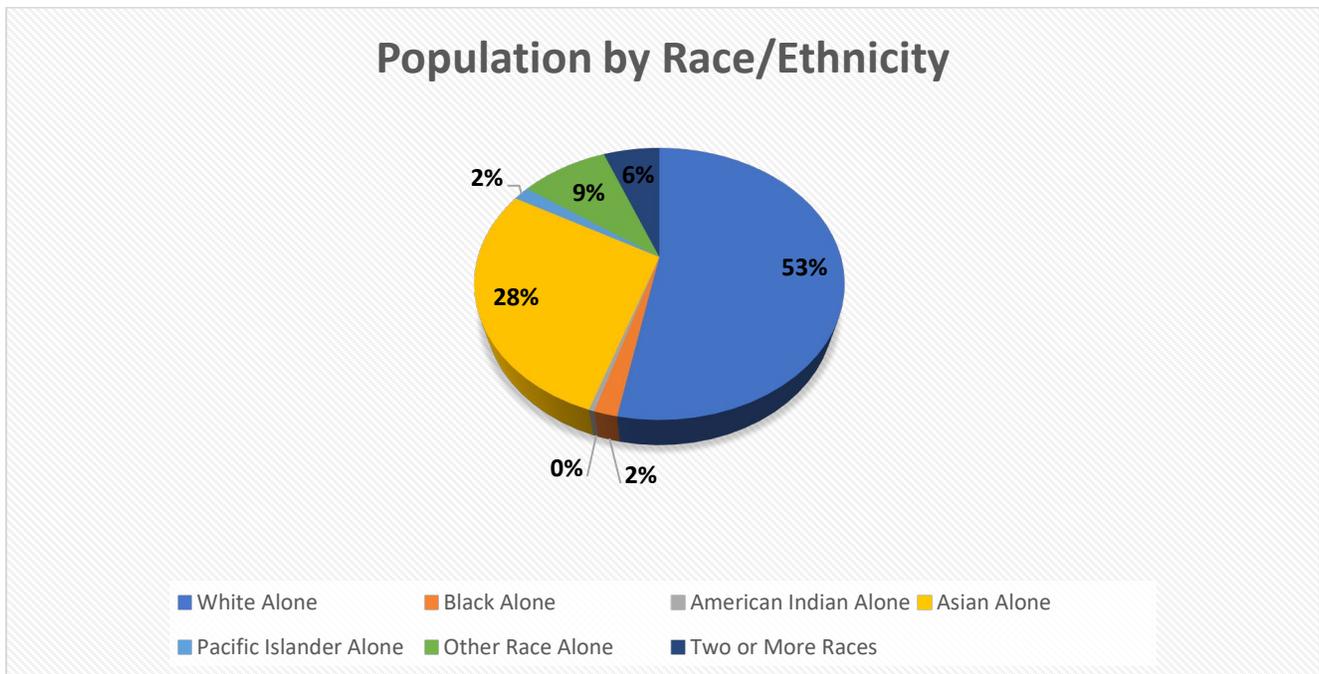
The Plan for 2019-2022 should also carry out the Vision, Mission, Values and guiding principles of the Board. The Plan must:

- Balance current health needs with future health needs
- Ensure relevancy and presence across the District- across geographic locations, all ages, socioeconomic status, and culture/ethnic backgrounds.
- Demonstrate collaboration with community health service providers with the goal to expand impact and avoid competition/duplication.
- Be evidence based and outcome driven
- Engender community engagement
- Be fully transparent

Peninsula Health Care District Profile

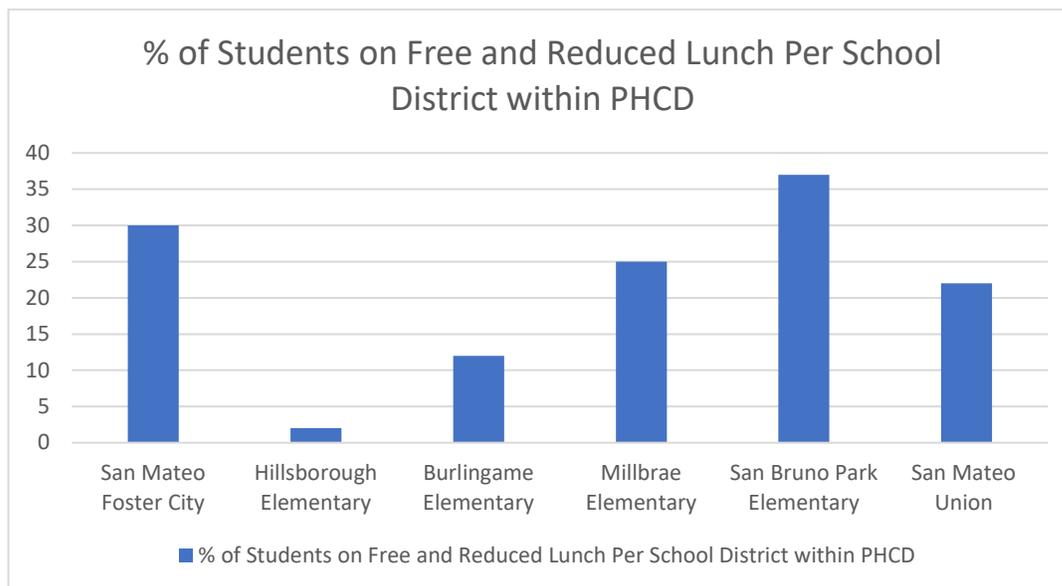
PHCD covers 220,000 residents, approximately 1/3 of the County's population. PHCD's boundaries include San Bruno, Millbrae, Burlingame, Hillsborough, San Mateo, half of Foster City and a small southeast corner South San Francisco, as well as parts of the unincorporated county.

The District is multi-racial and multi-ethnic with high percentages of Asian and Hispanic Populations.



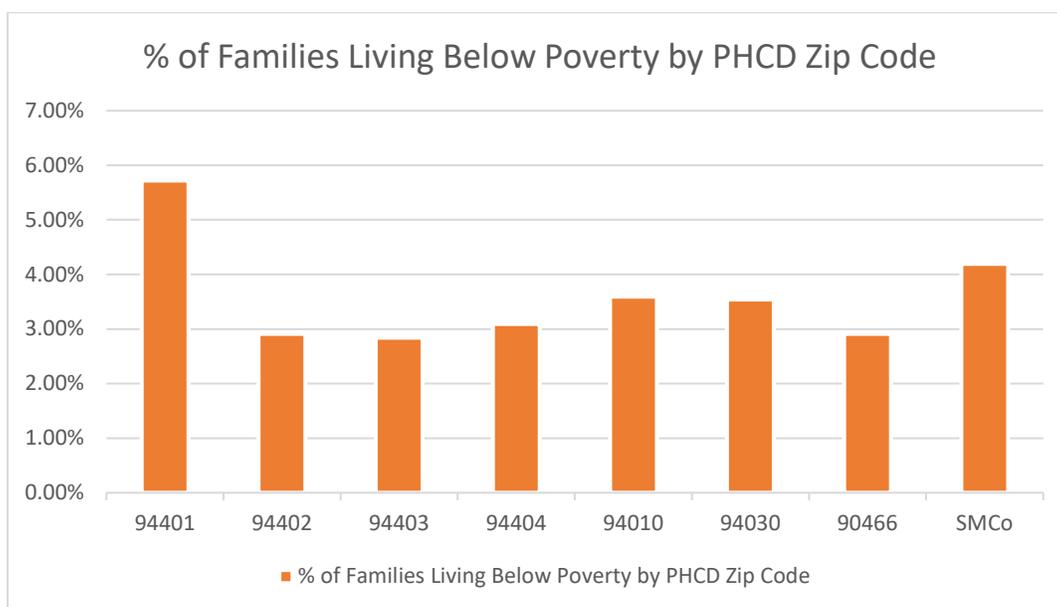
Source: 2010 US Census Bureau, Summary File and ESRI Forecast for 2016

- The District includes some of the most affluent areas in the County, as well as families in poverty. Median Household Income- \$93K
- San Bruno Park School District and San Mateo Foster City School District have the highest percentage of students eligible for the Free and Reduced Lunch Program at 37% and 30% respectively.



Source: California Department of Education Student Poverty FRPM Data

- 94401 [eastern San Mateo] has the highest percentage of families living below poverty level and is higher than the overall county percentage.



Source: smcalltogetherbetter.org

Population and Projected Growth

The 2010 US Census Bureau estimates the Peninsula Health Care District population to be 210,141 (29% of the total population of San Mateo County). The Association of Bay Area Governments (ABAG) projects a growth rate of 30% in PHCD's boundaries from 2010-2040.

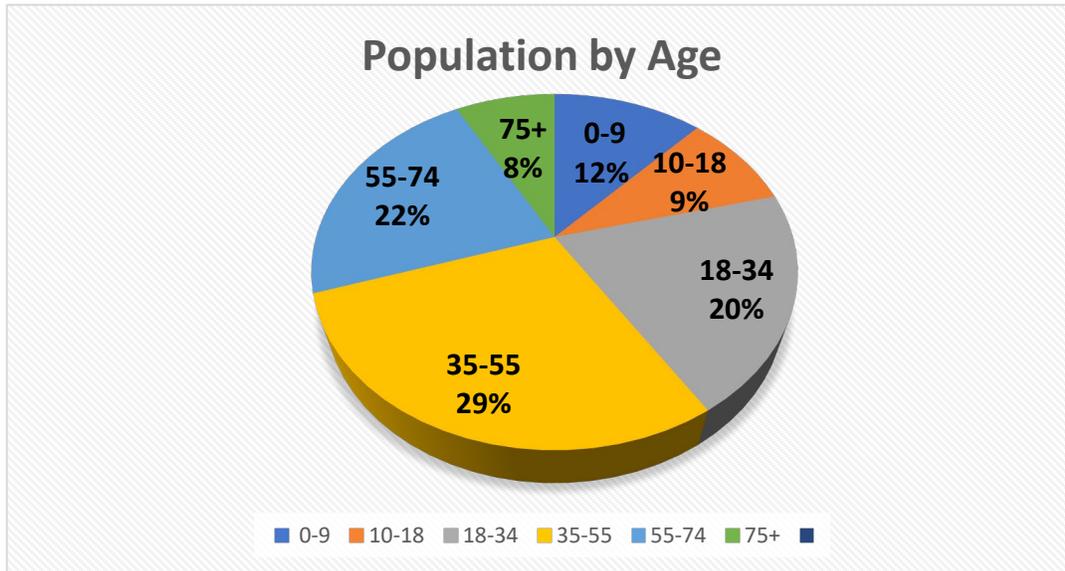
Projected Population Growth for Peninsula Health Care District

	2010	2020	2010-2020 Growth	2030	2040	2010-2040 Growth
Peninsula HCD	210,141	229,467	9%	250,260	273,600	30%

Source: Association of Bay Area Governments, 2014

Age of Population

According to LAFCO's 2017 Healthcare District's Municipal Service Review, the highest percentage of older adults is in the communities of Burlingame Hills/ Burlingame Southwest/ Hillsborough/Hillsdale/ Millbrae West/ San Bruno Central/ San Mateo West; all of which are within Peninsula Health Care District's boundaries. Additionally, in San Mateo County, from 2010 to 2030, the number of people over 65 will increase 72% and those over 85 will increase 148%. (*SMCo Aging Model: Better Planning for Tomorrow*).



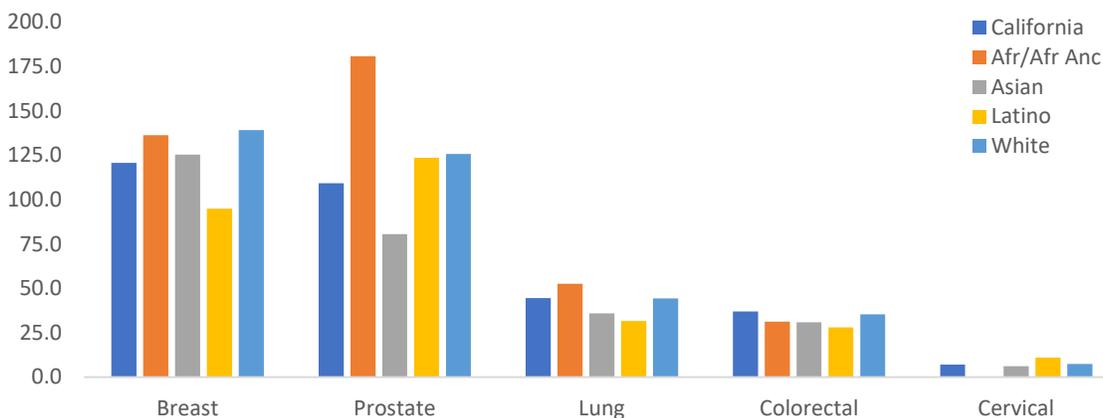
Source: 2010 US Census Bureau, Summary File and ESRI Forecast for 2016

As we reviewed research and conducted interviews, we confirmed that many health issues apply across all ages, geographies, socio-economic classes, and cultures- for instance, cancer, nutrition, obesity, diabetes, dental health, and mental health.

Cancer

Cancer is the leading cause of death in the county with overall cancer prevalence being significantly higher in the county than in the state.

Selected Cancer Incidence Rates by Ethnicity, San Mateo County



Note: All rates per 100,000 population. Breast and cervical cancer incidence rates for females only; prostate cancer incidence rate for males only. Source: State Cancer Profiles. 2010-2014.

Significant ethnic disparities in cancer occurrences are seen for White, African/African Ancestry, and Latinx populations. Unhealthy behaviors that increase cancer risk such as binge drinking, and lack of regular vigorous physical activity are on the rise.

The research also confirmed that chronic community health issues are still chronic. These include:

Nutrition

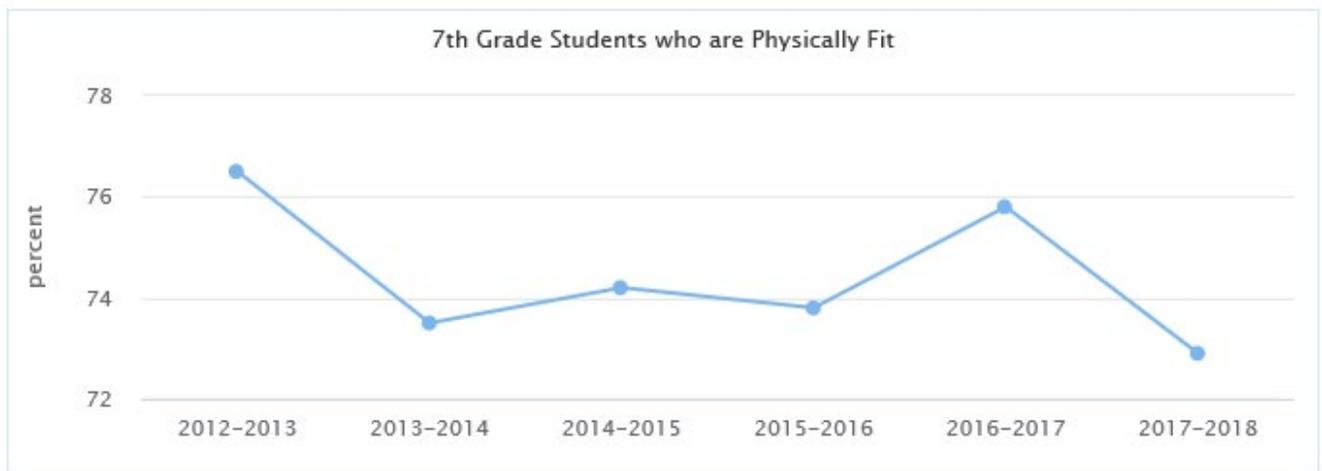
Nutrition issues including food choices, healthy food access, and food insecurity; obesity, and its resulting health outcomes: (unless noted otherwise, data points noted are from the San Mateo County Health and Quality of Life Survey 2018).

Food choices, access and insecurity:

- Youth in San Mateo County consume fruits/vegetables at rates significantly lower than the state average, and rates for Latinx youth and youth of “Other” ethnicities are even worse.
- Nearly 20% of residents reported consuming sugar-sweetened beverages daily; this proportion rises to over one in four among residents of low socioeconomic status.
- Countywide, the proportion of adults who engage in no vigorous physical activity at all has been rising since 2013, and the proportion of those who engage in a set of healthy behaviors (do not smoke cigarettes, are not overweight (based on BMI), exercise at least three times per week for at least 20 minutes each time and eat give or more servings of fruit/vegetables per day, has been dropping. The County’s population experiences food insecurity at a rate significantly higher than the benchmark, and more Health and Quality of Life survey respondents were food insecure than in any prior iteration of the survey.
- Significantly greater proportions of the food insecure population in the County, both adults and children, are ineligible for assistance compared to the same populations at the state level.
- Less than 1/3 of food stores in low-income neighborhoods meet “basic quality and affordability standards. (Get Healthy San Mateo County, 2016).

Obesity:

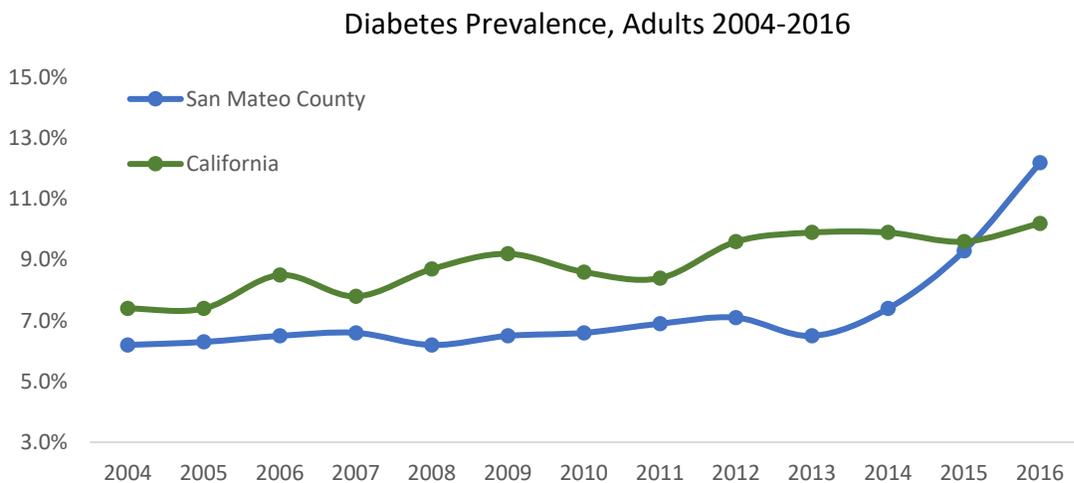
- Overall obesity rate for adults in San Mateo County (13.5%) is high but does fail Healthy People 2020 benchmarks (30.5%).
- However, certain groups in San Mateo County are failing State benchmarks: Latinx adults and youth, African/ African Ancestry residents, and adults of low socioeconomic status.
- 27% of 7th grade students in San Mateo County failed physical fitness standards, which includes BMI indicators for “healthy weight”.



Source: California Department of Education

Diabetes:

Diabetes ranks among the top 10 causes of death in the County. Adult diabetes prevalence is significantly higher in the county in the state and has been trending up both locally and in the state.



Source: Centers for Disease Control and Prevention, 2004-2015 (state 2004-2015, county 2004-2010). California Health Interview Survey, 2011-15 (county). Behavioral Risk Factors Surveillance System, 2016 (state). San Mateo County Health & Quality of Life Survey, 2018 (county).

- Prevalence is highest among African/African Ancestry and low socioeconomic status residents.
- Pacific Islanders and African /African Ancestry residents visited emergency rooms for diabetes at rates higher than other ethnic groups.

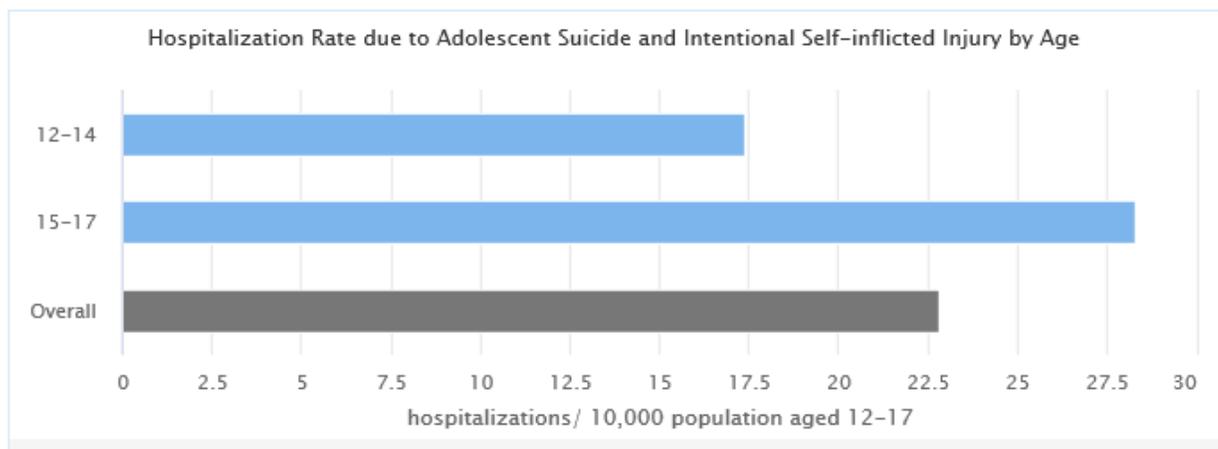
Dental Health

- One quarter of residents lack dental insurance and the number of uninsured individuals has been trending up since 2008.
- Tooth decay is prevalent in 10% of state’s 2-year old and 70% of state’s 6-year old children.
- About half of County residents with low socioeconomic status have not received a recent dental exam.
- 60% of children on Medi-Cal/Denti-Cal have not seen a dentist in more than a year.
- Over one in five Health and Quality of Life survey respondents reported that three or more of their permanent teeth had been removed due to tooth decay or gum disease. This figure rose to one in three among residents of low socioeconomic status.
- There is a lack of awareness of the importance of oral health on overall health.

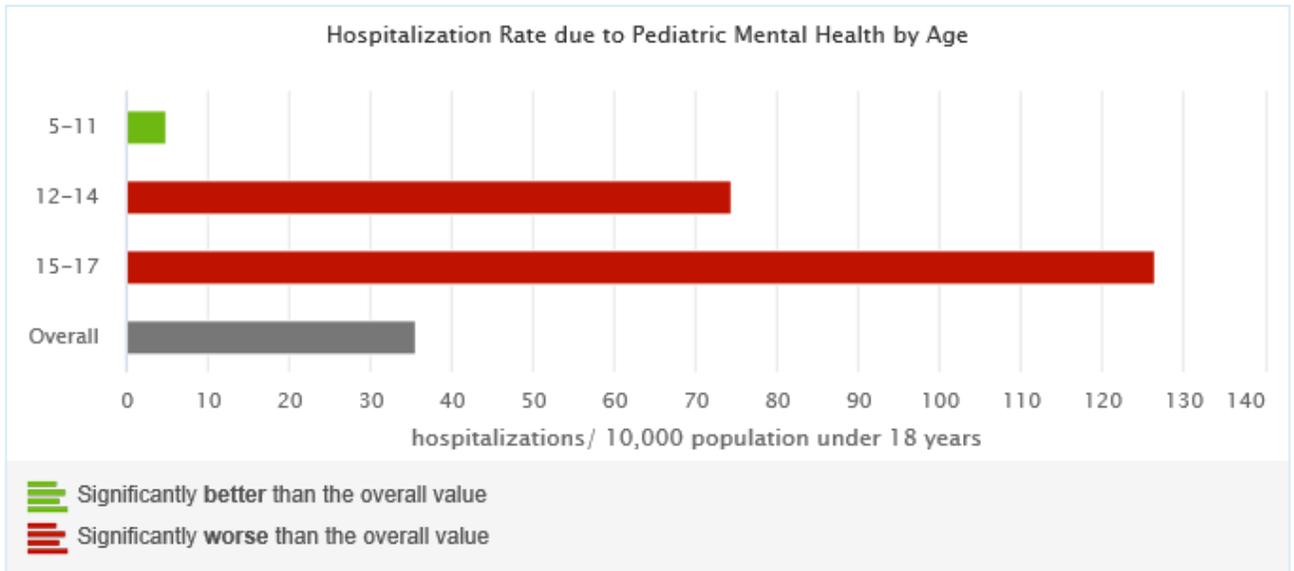
Mental Health

Youth

- 31% of high school students reported experiencing chronic sadness/hopelessness (California Healthy Kids Survey, 2018-2019)
- 16% of high school students within San Mateo Union High School District reported suicidal ideation. (California Healthy Kids Survey, 2018-2019)
- Hospitalization rates due to adolescent suicide and intentional self-inflicted injury and hospitalization for “pediatric mental health” are on the rise in San Mateo County and worse than State values.



Source: California Office of Statewide Health Planning and Development



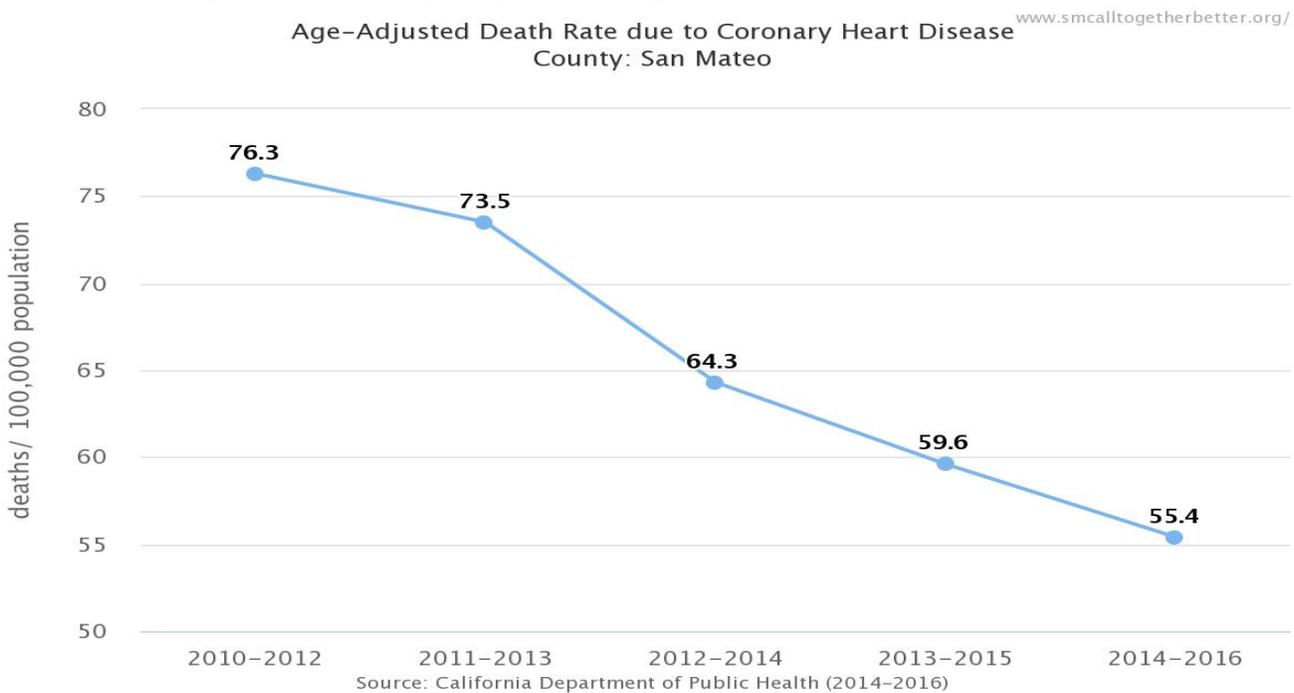
Source: California Office of Statewide Health Planning and Development

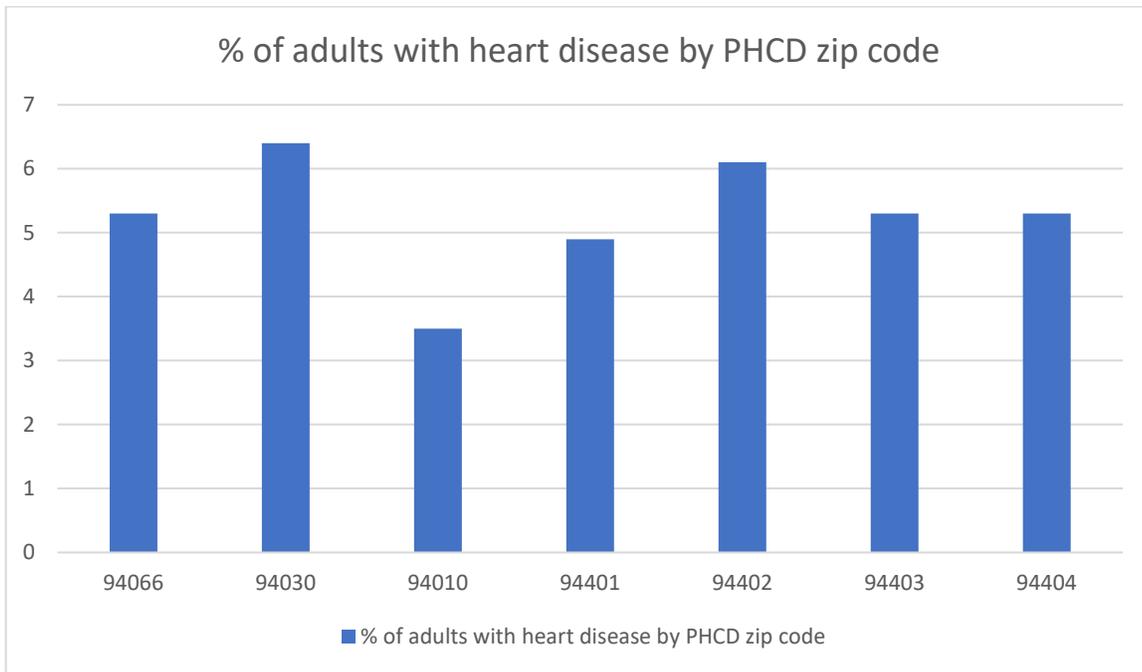
Adults

- Various mental health and well-being indicators are worsening, from insufficient sleep and inadequate social/emotional support to feelings of loneliness/isolation, fear, anxiety, and panic.
- Suicide rate in San Mateo County was highest for middle-aged adults (ages 45-64), and nearly three quarters of the suicides in the County between 2010 and 2015 were male.

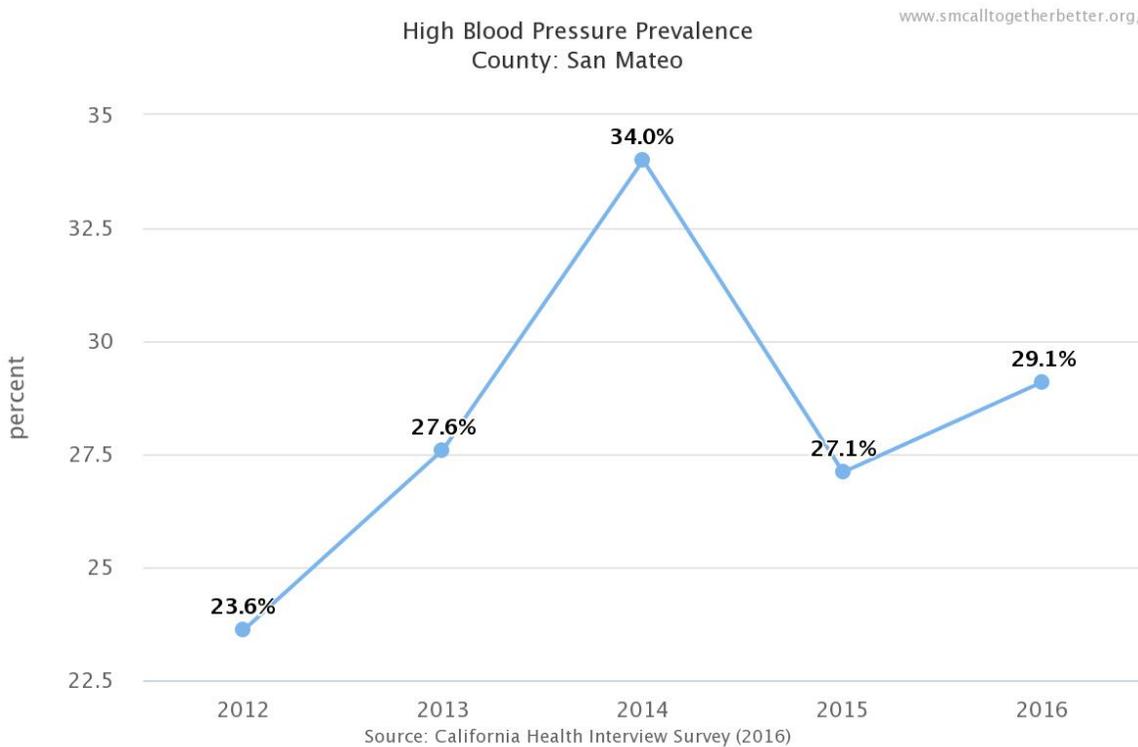
Cardiovascular Health

Rates of death due to coronary heart disease is decreasing in the County and are well below the Healthy People 2020 target of (103 per 100K deaths). However, high blood pressure prevalence is on the rise and is higher than Healthy People 2020 targets of (26.9%).





Source: California Health Review, 2013-2014



Source: California Health Interview Survey, 2016

Proposed Strategic Plan 2019-2022

Vision, Values and Mission

No changes to the District's Vision, Values, and Mission have been offered to date; therefore, it is proposed to continue with the current statements.

Our Vision: That all District residents achieve their optimal health through education, prevention and access to basic health care services- medical, behavioral, and dental.

Our Values:

- **Stewardship** -Ensuring that all District assets are used for the community's health benefit.
- **Collaboration**- Working in partnership with others committed to improving the health of our community.
- **Inclusion**- Ensuring that the health care needs of all District residents will be considered regardless of financial and health status.
- **Shared Responsibility**- Recognizing that improving health is a shared responsibility in which the Board, individuals, families, and communities play important shared roles.
- **Transparency**- Conducting the District's business through processes that encourage public input, review, and comment.

Our Mission: To ensure Mills Peninsula Medical Center provides needed core services; to support programs that share our vision; and to do so in collaboration with other providers and qualified members of our community.

Peninsula Health Care District Plan Drivers for 2019-2022



Goals and Objectives

Community Health Needs

Goal 1: Ensure Board and staff stay informed about the evolving trends, innovations, and disrupters in the health ecosystem (health, healthcare, and health environment) that impact the residents of the District.

Objective 1.1: Regularly monitor national, state and local data on population health.

Objective 1.2: Stay current on local and state health-related policies that impact health.

Objective 1.3: Make regular educational briefings a part of the PHCD Board and its committees' agendas.

Objective 1.4: Serve as a flexible and immediate responder during times of crisis (natural disasters, emerging health epidemics, or even new opportunities that were not anticipated).

Making a Difference

Goal 2: Achieve measurable improvements in health outcomes through three levels of community health benefit investing: Facilities, major, multi-year special initiative funding, and community grants program. All programs will focus on the following five priority areas:

A. Aging Adults

Objective 1: Promote socialization and connected aging and reduce isolation.

Objective 2: Promote access to care at the right time, the right level, and best way for each individual.

B. Preventable Diseases

Objective 1: Increase outreach to offer screenings and education for preventable diseases. Proposed diseases to focus prevention efforts on: Hepatitis B and colon cancer.

Objective 2: Work with school districts to identify opportunities to address student health and wellness needs.

C. Dental health:

Objective 1: Remove barriers to access oral health care for all throughout the District.

Objective 2: Promote services that address the state and local oral health strategic initiatives. These focus on access to education for good oral health, specifically for pre-natal, maternal, and children and low-income and the frail elderly.

Objective 3: Increase number of children with an identified “dental home”.

D. Mental health:

Objective 1: Improve the system of care for youth and young adults accessing mental health services.

Objective 2: Remove barriers to accessing mental health services and supports for District residents.

Objective 3: Improve early identification of mental health diagnosis for youth and young adults.

Objective 4: Reduce stigma surrounding mental health.

Objective 5: Incorporate youth/young adult voice in program development, implementation and ongoing program delivery.

Objective 6: Increase educational opportunities for District residents to improve their mental health and wellbeing.

E. Obesity and nutrition

Objective 1: Develop District’s leadership role in facilitating coordination among the County, cities, and other agencies at work on obesity prevention and nutrition education.

Objective 2: Increase access to nutrition education for District residents.

Stewardship

Goal 3: Carry out responsible stewardship of all PHCD assets - real estate, tax revenues and entrepreneurial income (E.g. Leasing, Gym, The Trousdale, etc.).

Objective 1: Monitor financial managers and portfolios.

Objective 2: Develop and implement an operating budget that supports the strategic direction of the District, accommodates fixed or mandatory expenses (E.g. Election year costs, County fees, and loan payments) and holds variable expenditures at a reasonably low level.

Objective 3: Achieve progress milestones for the Peninsula Wellness Community development- an age-restricted residential community (including an affordable senior housing component) with support services, public amenities for all ages, and public open space.

Objective 4: Ensure the assisted living/memory care community achieves operating goals and performance to budget.

Objective 5: Ensure The Trousdale Wellness Center's community benefit supports the investment.

Objective 6: Achieve recognition from CSDA/SDLA for Transparency and ACHD recognition for Excellence in Governance.

Community Hospital

Goal 4: Monitor Sutter Health's financial strength and commitment to providing the nine core services delineated in the 50-year Master Agreement between PHCD and Sutter Health/Mills-Peninsula Medical Center.

Objective 1: Schedule quarterly Sutter/Mills-Peninsula Medical Center CEO reports as required by terms of Master Agreement.

Objective 2: Conduct periodic assessments of MPMC and Sutter's' financial strength to monitor its ability to comply with Master Agreement covenants.

Workplan toward Strategic Objectives:

Goal 1: Ensure Board and staff stay informed about the evolving trends, innovations, and disrupters in the health ecosystem (health, healthcare, and health environment) that impact the residents of the District.

Tactic 1: On a yearly basis, evaluate local health needs by reviewing the Robert Wood Johnson/University of Wisconsin Health Outcomes report, Quality of Life Survey, other local health needs assessments, and any other relevant health data to define a set of health priorities that will guide the community grants program investments.

Tactic 2: Actively participate on Community Collaboratives and Committees such as: Healthy Community Collaborative, Oral Health Coalition, Hep-B Free Planning Group, and School Wellness Alliance Group, to stay up to date on community health needs.

Tactic 3: Host and or co-host at least six education events and gatherings with community partners and health leaders throughout the year and as new health needs and program ideas emerge that will address resident health needs. Proposed topics for 2019-2020 include: substance use and abuse/vaping, social media and technology, building youth resiliency and The Blue Zones Project.

Tactic 4: Stay up to date on new research on addressing health issues by attending webinars, symposiums, conferences, and educational events.

Goal 2: Achieve measurable improvements in health outcomes through three levels of community health benefit investing: Facilities, major, multi-year special initiative funding, and community grants program. All programs will focus on the following five priority areas:

Aging Adults

Tactic 1: Launch a Memory Café Program in partnership with Burlingame Parks and Recreation Department and Burlingame Rotary.

Tactic 2: Conduct outreach with senior groups to assess needs and gaps in programs and services to inform current and future projects.

Tactic 3: Use newsletter and speaking opportunities to educate the public on healthy aging and the future of connected senior living.

Preventable Diseases:

Tactic 1: Launch a targeted multi-year prevention effort to make a measurable impact on incidence of disease. Proposed preventable diseases to address: Hepatitis B and colon cancer.

Tactic 2: Continue Healthcare Workforce Tuition Assistance Program for school nurses to assist school districts in addressing basic student health and wellness needs.

Tactic 3: Use newsletter and speaking opportunities to educate the public on behavior change/healthy lifestyle choices to prevent diseases.

Dental Health

Tactic 1: Provide ongoing support to help cover the uncompensated care costs that result from serving Denti-Cal, uninsured and the most vulnerable without access.

Tactic 2: Actively participate on San Mateo County Oral Health Coalition, Children's Health Initiative, and Health Plan of San Mateo Integration Pilot working groups to promote expansion of services to District residents.

Tactic 3: Launch an education campaign for pre-natal, maternal, and child oral health care in the District.

Tactic 4: Continue Healthcare Workforce Tuition Assistance Program for dental assisting to address workforce shortages.

Mental Health

Tactic 1: Utilize Gardner Center Study results to pursue projects with school districts targeted at improving systems of care between middle school and high school districts.

Tactic 2: Pursue the establishment of an *allcove* site within PHCD boundaries. (An *allcove* center provides open access to triage and care for 12-24-year-old youth and young adults experiencing behavioral health stressors and challenges.)

Tactic 3: Establish a Youth Advisory Group to inform projects and programs.

Tactic 4: Provide Wellness Classes focused on mental health related topics to District residents of all ages.

Obesity/Nutrition

Tactic 1: Conduct an assessment for implementing The Blue Zones Project in cities within the District.

Tactic 2: Provide Wellness Classes focused on nutrition and nutrition related topics to District residents.

Tactic 3: Support nutrition education in schools and for parent organizations and groups.

Goal 3: Carry out responsible stewardship of all PHCD assets - real estate, tax revenues and entrepreneurial income.

Real Estate:

Tactic 1: Complete PWC Exclusive Negotiating Agreement milestones with Developer Team.

Tactic 2: Develop and achieve approval of the PWC DDA agreement.

Tactic 3: Conduct a Preventative Maintenance audit for District owned buildings/ parcels. Identify and address building safety/repair issues needing attention.

Cash Assets:

Tactic 1: Complete strategic financial plan review and update; incorporate approved changes into policies, strategic plan and annual operating budgets.

Tactic 2: Regularly convene Board's Finance Committee to review, advise, and monitor District's financial activities.

Tactic 3: Recruit 2-3 more members to the Board's Finance Committee.

Tactic 4: Provide monthly Treasurer's Reports and Quarterly Financial Reports to the Board.

Tactic 5: Engage a qualified outside firm to conduct annual audits and post full report on the District website.

Entrepreneurial Health Services Programs

Trousdale AL/MC Community:

Tactic 1: Develop budget in collaboration with operating partner, Eskaton.

Tactic 2: Provide Board with quarterly performance reports including quality, performance to budget and resident/family satisfaction.

Tactic 3: Monitor daily Salesforce report.

Tactic 4: Meet at least monthly with Eskaton leadership.

The Trousdale Wellness Center

Tactic 1: Develop budget in collaboration with operating partner, Eskaton.

Tactic 2: Provide Board with quarterly performance reports including membership trends, performance to budget, class participation and member satisfaction.

Tactic 3: Convene Advisory Group at least quarterly.

Sonrisas Dental Health:

Tactic 1: Collaborate with SDH leadership in setting annual strategic initiatives, operating budgets and fundraising goals.

Tactic 2: Ensure quarterly reporting as required by funding agreement.

Tactic 3: Perform yearly audit of financials.

Goal 4: Monitor Sutter Health's financial strength and commitment to providing the nine core services delineated in the 50-year Master Agreement between PHCD and Sutter Health/Mills-Peninsula Medical Center.

Tactic 1: Conduct and complete an assessment in 2019 (Verité engagement underway.)

Tactic 2: Monitor publicly available financial data relevant to Sutter Health's overall financial strength and its activities that would impact the Burlingame hospital campus.

Tactic 3: Ensure Mills-Peninsula Medical Center's CEO complies with quarterly reporting.

Tactic 4: Periodically reach out to Sutter Corporate leaders to maintain relationship.

Appendix A: Health Assessments and Reports

- SM County Triennial 2016 and 2019 Community Health Needs Assessments were conducted by San Mateo County Healthy Community Collaborative that consists of representatives from nonprofit hospitals, County Health Department and Human Services, and public agencies throughout the County and include both quantitative and qualitative data collection and analysis.
- SM County Oral Health Coalition Strategic Plan conducted by the Oral Health Coalition of San Mateo County. Contributors include oral health providers, medical practitioners, health educators, philanthropists, County health officials, and child and adult health advocates.
- Pacific Islander Needs Assessment conducted by Peninsula Conflict Resolution Center with data and input from community and faith leaders throughout SM County.
- Robert Wood Johnson and University of Wisconsin Population Health Institute's California Health Rankings by County (2015-2018) report is released on an annual basis and assesses and ranks all 57 Counties in California relative to health outcomes and health indicators.
- Sustainable San Mateo 2017 Impact and Indicators Reports analyzes 32 indicators impacting sustainability, including health, economic development, climate change, and prosperity and poverty.
- San Mateo County Youth Commission Adolescents Needs Assessment (2014-2015) assessed health needs of youth throughout the County and indicates policy recommendations to improve youth health and development.
- Peninsula Family Service Environmental Scan Report 2017- as part of their strategic plan update, PFS conducted an environmental scan that included key stakeholder interviews, community focus groups, and an on-line survey that assessed trends, environmental factor, and community needs.

Appendix B: Community Stakeholders, Organizations, and Leaders

San Bruno and San Mateo Focus Groups: 13 people attended

- Burlingame School District Leadership and Board of Trustees
- Mission Hospice
- Millbrae residents
- San Mateo residents

Thrive Alliance Member Workshop- Thrive Alliance of San Mateo County is a 230-member network of non-profits, government agencies, elected officials, and civic leaders working together to strengthen the non-profit sector and therefore improving the quality of life in our community.

Over 40 people attended the community needs workshop. The following non- profit and government organizations were represented:

- **City of San Mateo**
- **CORA-** provides a variety of services to those affected by domestic abuse.
- **Family Connections-** provides early education opportunities for low-income children and families.
- **Foster City Village-**membership organization providing services and opportunities for seniors.
- **Friends for Youth-** provides one-to-one mentoring to at-risk youth throughout the County.
- **Hip Housing-** offers a variety of programs to address housing issues.
- **Live Impact-** offers software solutions for non-profits.
- **Mental Health Association of San Mateo County-** offers programs and supports to help those living with mental illness.
- **Peninsula Family Service-** offers senior services, early childhood programs, and financial empowerment services.
- **Peninsula Volunteers-**offers services and housing to support aging adults.
- **Safe Space-** provides youth mental health services.
- **Samaritan House-** offers a variety of social service supports including: health, shelter, and food.
- **San Mateo County Board of Supervisors Office**
- **San Mateo County Health Foundation-** supports programs and services at San Mateo Medical Center.
- **Second Harvest Food Bank-** provides meals to low-income individuals throughout the County.
- **Senator Jerry Hill's Office**
- **Sutter Health-** Mills Peninsula Medical Center

Interviews with local health care leaders:

- Pat Curran, Deputy Chief Executive Officer, Health Plan of San Mateo
- Louise Rogers, Chief San Mateo County Health System

FlashVote social media surveys: Conducted 3 surveys: strategic plan update and input, health care service priorities, and specific health priorities. On average 53 residents throughout the District participated in each survey.