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PUBLIC NOTICE

Board of Directors

STRATEGIC DIRECTION OVERSIGHT COMMITTEE

1819 Trousdale Dr. (Classroom)

May 6, 2026, 5:00 pm

AGENDA

1. **Call to Order & Roll Call:** Chair Cappel
2. **Approval of Minutes:** SDOC February 4, 2026 — **Pg. 1-5**
3. **Peninsula Volunteers Transportation:** Artemis Rong, Chief Operations Officer, Peninsula Volunteers, Inc. — **Pg. 6-8**
4. **Forever Fit Program:** Richard Bergstrom, Health and Fitness Director — **Pg. 9-14**
5. **Care Solace Update:** Jackie Almes, Youth Behavioral Health Program Manager
6. **Blue Zones:** Ana M. Pulido, Chief Executive Officer
7. **Adjournment**

Strategic Direction Oversight Committee Meeting

February 4, 2026, Meeting Minutes

1. Call to Order: Chairman Cappel called the meeting to order at 5:02 p.m.

Roll Call: SDOC members present were: Cappel, Aubry, Bandrapalli, Johnson, McDevitt, Jurrow

Absent: Emmott, Quigg

Late: Pagliaro

2. Approval of Minutes: SDOC November 5, 2025

3. Via Heart Project Community AED Program Proposal: Cathy DeCock, Executive Director, Via Heart Project and Liz Thomas-Grainger, Chief Operating Officer, Via Heart Project

Presentation Highlights

Via Heart Project Overview

- Via Heart Project is a nonprofit organization who has been managing large-scale community AED programs through California since 2010
  - 3,100+ rescue ready, compliant AEDs
  - 24,000 individuals trained in CPR/AED
  - AEDs were used 230 times and 36 lives were saved
- Received Community Grands from Peninsula Health Care District since 2016
  - 135 AEDs funded
  - 47 certified trainings (677 people trained) and 22 hands only classes (465 people trained)
  - 640 young hearts screened at 6 San Mateo Union High School District sites

AED Program Proposal

Proposal Overview

- With continued partnership and sustained training, the barriers of cost and lack of knowledge required to properly maintain an AED can be effectively removed, ensuring broader access, readiness, and long-term community safety.
- Targeting locations that lack resources (low-income neighborhoods, small businesses, libraries, city, law and county enforcement agencies, schools, places of worship) can result in increased AED accessibility and increased confidence among the community to respond to a cardiac event.
- With program sponsorship, the enrolled agency sites will only have to pay for the supplies.
    - Enrollment fees are waived and they can stay in the program if they remain compliant with AED maintenance.

Program Goals

- Prevent death from sudden cardiac arrest by increasing access to early defibrillation with placement of AEDs in the community, ensuring AEDs are rescue ready and training bystanders to respond with CPR/AED use.
- Identify gaps in AED coverage in the community
    - Which locations need to have their first AED or need replacements of AEDs that have aged out
- Identify sites that have AEDs but not enrolled in maintenance program
    - Provide missing supplies and provide CPR/AED training
- Use of the information gathered above will dictate the placement of AEDs, where training is needed, and AED support/troubleshooting.

Program Implementation

- Implementation strategy begins with District-wide outreach, reviewing and assessing gaps in the community, allocating resources for AEDS, maintenance, and training, then finishing with the ongoing support for enrolled AEDs.

Program Funding

- Outreach and initial set-up cost: $20,000
- Program sponsorship cost: $10,000 for the first 50 AEDs enrolled ($200/unit)
- New AEDs or replacement AEDs cost: $20,000 - $50,000
    - Most cost effective is the Phillips brand at $1,650
    - Most expensive is the Lifepak CR2 brand at about $3,000
- Cabinets and/or missing supplies: $20,000
- Training: $10,500
- Year 1 total: $80,500 - $110,500

Conclusion

- Continued partnership will build a decade of success to ensure AED access, readiness, and preparedness across the PHCD community.

- This program has the potential to impact and serve all residents in the PHCD community.

Q & A with Ms. DeCock and Ms. Thomas-Grainger

Dr. Aubry asked about the main reasons an AED might not be rescue ready.

Ms. DeCock answered that AEDs could have no batteries, the supplies are expired, lack of maintenance, or manufacturing recalls.

Mr. Jurrow asked if the 135 AEDs already placed within District bounds are PHCD funded and are rescue ready. He also wanted clarification if this proposal is for sites not included in the 135 count.

Ms. DeCock answered that the 135 AEDs are funded by PHCD and are rescue ready. This proposal is to target agencies under the District that aren't enrolled of the 135 distributed.

Mr. Johnson asked if the 135 AEDs are still being paid through the maintenance phase.

Ms. DeCock clarified most of the sites are paying for the maintenance fees themselves.

Dr. Aubrey asked if other organizations are doing similar work, such as the Red Cross or Sutter Health, and how Via Heart is different.

Ms DeCock said that other organizations focus on placement but Via Heart helps with training and maintenance of the AEDs. She said they also assess AED placement in schools, community centers, churches, and libraries.

Ms. McDevitt asked if there were other gaps within the District, for example, do all libraries in the county have an AED.

Ms. DeCock shared that this question will be explored as part of the assessment, and noted some organizations have an AED but lack the knowledge to manage it effectively, while others are unable to afford one. She also mentioned that agencies who receive a donated AED from their program are committed to managing it, doing proper checks, replacing supplies when needed, and reaching out to Via Heart support team for help or recalls through the online portal.

CEO Pulido mentioned a recreation center declined a donated AED due to the maintenance & cost associated. She also emphasized how maintenance is one of the key components being focused on.

Mr. Johnson asked what the maintenance fee the sites are responsible for individually

compared to the program Via Heart is proposing.

Ms. DeCock answered it's $350/year. For the proposed program, the District covers the maintenance fee of $200 and the sites only pay for the supplies when they expire in 2-4 years.

Chair Cappel asked the average lifespan of an AED.

Ms DeCock said the warranty is 8 years but they're in the process of replacing AEDs as old as 20 years. She said AEDs can last up to 10-15 years.

Chair Cappel shared that he went to a CPR/AED training at a nearby high school and mentioned how critical training and maintenance are. One of the problems with AEDs is they are placed in locations where no one knows where they are, they can't open the cabinet or know how to work it.

4. 2026 Strategic Direction Oversight Committee Charge: Ana M. Pulido, Chief Executive Officer

CEO Pulido asked committee members whose terms are ending if they plan to continue serving on the committee. She also mentioned they're looking to recruit 1-2 more members for the committee.

Discussion

All renewing members present confirmed they will continue serving on the committee for another term.

CEO Pulido asked the committee to help recruit 1-2 more members to join the Strategic Direction Oversight Committee.

Chair Cappel mentioned a colleague who's interested and will follow up with them.

Dr. Aubrey asked if there's a specific skillset CEO Pulido is looking for.

CEO Pulido responded that they are seeking representation from the various cities within the District. She also noted that having members with a medical background is beneficial for aligning with the District's initiatives, as is affiliation with community-based organizations (CBOs), as well as knowledge of the District's key geographic areas.

Motion to Approve Continuation of Existing Members to Serve Another Term

Motion: By Chair Cappel; Mr. Johnson

Vote: Ayes - Cappel, Pagliaro, Jurrow, Johnson, Aubrey, McDevitt

Absent: Bandrapalli, Emmott, Quigg

5. Blue Zones Update: Ana M. Pulido, Chief Executive Officer

CEO Pulido shared updates regarding the Blue Zones project.

- The Steering Committee met.
- Planning Committee is planning a series of events for April. A keynote event is scheduled for April 7 at the College of San Mateo. A CEO roundtable and value presentation will be held on April 8 at Mills-Peninsula Hospital. And a series of focus groups are happening the week of March 30th.
- To-date, Blue Zones Community-led presentations have been led with city leaders from San Mateo and Burlingame, as well as representatives from the Chambers of Commerce, and nonprofits organizations.
- They are still working to establish contact with city councils of Millbrae and San Bruno.

Discussion

CEO Pulido asked whether anyone has contacts in Millbrae or San Bruno who could help facilitate connections to support planning efforts.

Mr. Jurrow said he knows someone in San Bruno and will help making an introduction.

Vice Chair Pagliaro suggested reaching out to PHCD Board Secretary Sanchez to help with San Bruno and noted that Mr. Quigg may have connections in Millbrae.

6. Adjournment: 6:00 PM

4/3/26

Peninsula Healthcare District

Proposal from Peninsula Volunteers Inc (PVI) to fund Senior Transportation Program

The Peninsula Volunteers, Inc. (PVI) transportation program, RIDE PVI, provides older adults with reliable, on-demand, low-cost concierge rides to essential destinations. The program is designed to remove common barriers to transportation faced by seniors, including lack of smartphone access, difficulty navigating rideshare apps, limited mobility, and insufficient public transit options.

Through a simple phone call to the RIDE PVI hotline, seniors are connected with trained ride coordinators who arrange and monitor rides in real time. This high-touch, human-centered approach ensures safety, reliability, and ease of use, eliminating the need for smartphones or advance scheduling.

By restoring access to transportation, RIDE PVI enables seniors to attend medical appointments, obtain groceries and medications, and participate in social and community activities. The program directly supports improved health outcomes, reduced isolation, and increased independence, allowing older adults to remain active and safely age in place with dignity and peace of mind.

Funding Request

PVI respectfully requests $60,000 to support one year of RIDE PVI operations. This funding will subsidize transportation costs, ensuring that low- and fixed-income seniors can access essential services without financial hardship.

Background and Need

In a 2016 community needs assessment conducted by PVI, transportation emerged as one of the most significant challenges facing older adults. Many respondents reported that they could no longer drive due to vision or physical limitations. Public transportation was often inaccessible or inefficient, and private transportation options such as taxis were cost prohibitive. Additionally, many seniors lacked access to or familiarity with smartphone-based rideshare platforms.

As a result, many older adults became increasingly homebound, missing critical medical appointments, delaying errands such as grocery shopping and pharmacy visits, and withdrawing from social engagement. This “invisible” barrier led to declining physical and mental health outcomes.

Research from the National Institute on Aging highlights that social isolation and loneliness significantly increase the risk of conditions such as heart disease, depression, cognitive decline, and premature mortality. Conversely, maintaining regular social interaction and access to essential services is associated with improved well-being, longevity, and cognitive health.

RIDE PVI was developed in response to these urgent needs, creating an accessible, affordable, and human-centered transportation solution for seniors.

Program Description

Since its launch in 2016, RIDE PVI has leveraged rideshare technology through a concierge model that removes technological barriers for older adults. Seniors request rides via a dedicated hotline, where experienced coordinators schedule and oversee each trip from start to finish.

Ride coordinators provide personalized support tailored to the needs of older adults, including:

- Ensuring accurate pickup and destination details
- Communicating special assistance needs (e.g., walkers, extra time) to drivers
- Monitoring rides in real time for safety and reliability
- Offering friendly, consistent human interaction that fosters trust and connection

This personalized approach not only ensures safe transportation but also creates meaningful social interaction, which is critical for combating isolation.

To increase accessibility, RIDE PVI incorporates language translation services, ensuring seniors of all backgrounds can utilize the program. Volunteers further support operations, helping to reduce administrative costs and expand program capacity.

Impact

RIDE PVI delivers measurable outcomes that improve quality of life for older adults:

- Increased access to healthcare, resulting in better health management and fewer missed appointments and allowing trips to the pharmacy
- Improved food security through reliable access to grocery stores
- Reduced social isolation and loneliness through increased participation in community activities
- Enhanced independence and confidence among seniors aging in place

By addressing transportation as a key social determinant of health, RIDE PVI strengthens both individual well-being and overall community health.

PVI is seeking a total of $60,000 in funding for one year, allocated as follows:

- **$40,000** to subsidize approximately 2500 rides (plus 10% administrative support), serving a minimum of 150 unduplicated seniors
- **$20,000** to support essential program staffing, including ride coordinators, a billing specialist, and program management

Program Parameters

The proposed program will serve adults age 65 and older residing within the Peninsula Healthcare District service area, including the following zip codes:
94404 (Foster City), 94010 (Burlingame), 94030 (Millbrae), 94066 (San Bruno), 94401, 94402, 94403, and 94404 (San Mateo)

- **Service Area:** Travel within San Mateo County
- **Cost to Clients:** $8 flat fee per ride
- **Ride Limit:** Up to 12 rides per client per month
- **Eligible Destinations:** Medical and dental appointments, grocery stores, pharmacies, senior and community centers, fitness facilities, and places of worship

Forever Fit

CDC-Certified Diabetes Prevention Program
Executive Summary

The 2022 San Mateo County Health & Quality of Life Survey found that 10.4% of adults are living with diabetes (excluding gestational cases), representing approximately 62,421 individuals. This reflects a decrease from 12.2% in 2018. The data also shows a clear trend with age; diabetes prevalence rises significantly, from 3.8% among younger adults to 17.5% among those aged 65 and older.

In addition, 60.4% of San Mateo County adults are classified as overweight. While this is slightly lower than the 2018 peak of 62.7%, it remains higher than levels reported in 2004, 2008, and 2013. In 2022, 25.6% of adults were considered obese, defined as having a body mass index (BMI) of 30 or higher. Overweight is defined as a BMI between 25.0 and 29.9.

Forever Fit is a year-long comprehensive wellness program that combines exercise and nutrition education to support individuals with sedentary lifestyles who may be at risk for prediabetes. The program emphasizes sustainable lifestyle changes over quick fixes, with the goal of creating long-term improvements in health and overall well-being.

Program Components:

1. Weekly exercises classes: Structured, instructor-led sessions focused on improving cardiovascular health, strength, balance, and mobility. Emphasis is placed on building consistency, confidence, and functional movement.
2. Weekly educational classes: CDC curriculum-led sessions covering key topics such as nutrition, behavior change, goal setting, stress management, sleep, and diabetes prevention.
3. Quarterly assessments:
    a. Weight in lbs
    b. BMI
    c. Behavior change survey
    d. A1C

As a CDC-certified program, participants were expected to submit their weekly weight and physical activity data for submission.

Participant Information

17 Total

Gender

Males: 3

Females: 14

Age

Age Range: 61-83

Average Age: 71.76

60-69: 8

70-79: 7

80-89: 2

Ethnicity

White: 10

Asian: 3

Black: 2

Hispanic: 2

American Indian: 1

Hawaiian or Pacific Islander: 1

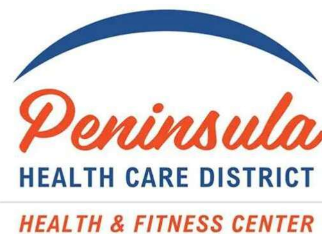
Program Results

Engagement & Participation

- Average class attendance: 64.4%
- Program completion: 17 out of 17 participants (100%)
- Participants demonstrated consistent engagement throughout the program year.

Weight & Body Composition

- Average weight loss: 5.83 lbs (3-4% of body weight)
- Median weight loss: 5.4 lbs
- Top quartile weight loss: ≥7.5 lbs
- Participants with double-digit weight loss: 4 (10-14 lbs)



- Participants achieving ≥5% weight loss: 4
- BMI:
    - Starting average: 28.2
    - Final average: 27.3
    - Net reduction: -0.9 BMI points

Membership-Based Outcomes

- Non-members (n=5):
    - Average weight loss: 6.04 lbs (4–5%)
    - Average physical activity: 245 minutes/week
- Members (n=12):
    - Average weight loss: 5.74 lbs (4–5%)
    - Average physical activity: 270 minutes/week

Physical Activity

- Average physical activity: 263 minutes/week
- Percent of weeks ≥150 minutes: 79%

Glycemic Control (A1C)

- 65% of participants maintained or improved A1C levels

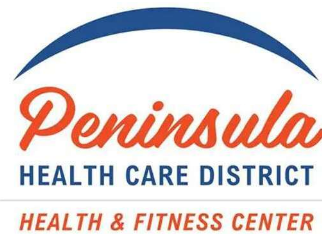
High-Impact Outcomes (Combined Health Indicators)

Participants meeting at least 2 of 3 high-impact criteria:

- 2 participants (12%)
    - ≥5% weight loss
    - ≥150 minutes of physical activity average
    - A1C decreased or maintained

Participants meeting at least 1 of 3 high-impact criteria:

- 8 participants (53%)
    - ≥2-4% weight loss
    - ≥150 minutes of physical activity average
    - A1C decreased or maintained



Behavior Change Survey Outcomes

The behavior change survey was based on the Behavior Change Model (Transtheoretical Model), which explains how individuals progress through stages when adopting new habits. The stages are:

- Precontemplation: Not aware of or not considering behavior change.
- Contemplation: Aware of the need for change and weighing pros and cons.
- Preparation: Getting ready to take action; may begin making small changes.
- Action: Actively making changes (0–6 months).
- Maintenance: Sustaining those changes long term (6+ months).

Participants self-reported their stage of change by identifying the phase that best reflected their current behaviors and readiness to adopt or sustain healthier habits across each focus area.

Physical Activity

- Beginning: 11 participants in Action/Maintenance
- End: 17 participants in Action/Maintenance (100%)

Nutrition

- Beginning: 6 participants in Action/Maintenance
- End: 13 participants in Action/Maintenance

Sleep

- Beginning: 6 participants in Action/Maintenance
- End: 12 participants in Action/Maintenance

Stress Management

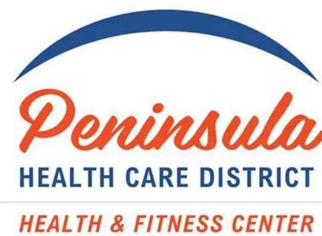
- Beginning: 5 participants in Action/Maintenance
- End: 13 participants in Action/Maintenance

Social Wellness & Support

- Beginning: 6 participants in Action/Maintenance
- End: 13 participants in Action/Maintenance

Lessons Learned

- Baseline readiness: Many participants were already physically active at the start of the program, which limited the potential for large gains in physical activity metrics. However, this highlights the program's strength in reinforcing and sustaining existing healthy habits rather than initiating them. Many



participants were already fitness center members and had experienced initial weight loss prior to enrolling, meaning they entered the program at a higher baseline level.

- Consistency drives results: High completion and sustained engagement were key contributors to positive outcomes. Participants with higher attendance and activity levels generally saw the most weight loss early on. However, many were already active at baseline, so outcomes were often reflected in maintenance and prevention of regain rather than continued weight loss.
- Behavior change takes time: Participants progressed at different rates, but even modest improvements supported meaningful risk reduction, with small, consistent changes leading to more sustainable habits over time.
- Maintenance is success. Stabilizing A1C and sustaining activity levels are important outcomes, especially for the older adult population. Even modest reductions or preventing further increases in A1C can significantly lower the risk of progressing to diabetes and related complications, making stability a meaningful clinical success.
- Education supports long-term change: Increased knowledge and confidence helped participants adopt and maintain healthier behaviors, improving consistency and long-term adherence.

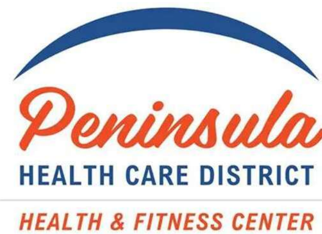
Opportunities & Recommendations

- Target higher-risk participants: Expand outreach to individuals with lower baseline activity levels or elevated A1C to increase potential for measurable improvement.
- Continue using consistent, reliable measurement methods (e.g., lab-based A1C) to improve accuracy and long-term tracking.
- Incorporate health education and support in areas where behavior change was more gradual, potentially through workshops, partnerships, or additional resources.

Conclusion

All 17 participants completed the program, reflecting strong adherence and sustained engagement throughout the year. Notably, the program began with a relatively active cohort, with 12 of the 17 participants already existing fitness center members. Despite this high baseline, participants maintained consistent involvement and demonstrated meaningful health improvements.

On average, participants lost 5.83 pounds, representing approximately 3.56% of body weight. While this is slightly below the CDC Diabetes Prevention Program benchmark of 5-7% weight loss, it still reflects clinically meaningful progress toward reducing diabetes risk. Four participants achieved ≥5% weight loss, and twelve participants met both key benchmarks of ≥2% weight loss and at least 150 minutes of weekly physical activity.



Physical activity remained a strong area of success. Participants averaged 150+ minutes of activity in nearly 80% of program weeks, indicating consistent engagement and the development of sustainable exercise habits. This level of adherence is particularly notable given the already active baseline of the group and suggests the program was effective in reinforcing long-term behavior change.

Weight loss outcomes showed a broad but encouraging distribution. The median weight loss was 5.4 pounds, with the top quartile achieving losses of 7.5 pounds or more. This indicates that while outcomes varied, the majority of participants experienced steady, meaningful progress.

A1C levels were largely maintained across the program, with several participants demonstrating improvements. A total of 12 of the 17 participants improved or maintained their A1C. Given that most participants began within a healthy or near-normal range, maintaining glycemic control represents a positive outcome and supports long-term risk reduction.

A comparison between participant groups revealed an important trend. Non-members (n=5) achieved greater average weight loss (6.03 lbs) compared to members (n=12), who averaged 5.74 lbs. In contrast, members maintained higher overall physical activity levels (270 minutes/week) compared to non-members (245 minutes/week). A1C trends were generally stable across both groups, with non-members showing slightly more improvement, while members largely maintained glycemic control consistent with their lower-risk baseline. These findings suggest that non-members may have had greater capacity for change, while existing members benefited from reinforcement of already established habits. This highlights the program's dual impact - supporting both behavior change and long-term maintenance.

Participants completed behavior change assessments based on the Stages of Change model across five domains: physical activity, nutrition, sleep, stress management, and social wellness. Results showed a general shift toward the Action and Maintenance stages, indicating increased adoption and sustainability of healthy behaviors over time. Fewer participants remained in the early stages (Precontemplation and Contemplation), reflecting improved readiness and engagement in lifestyle change. These findings support the program's effectiveness in promoting not only measurable health outcomes, but also lasting behavior change.

Participant feedback further supports these findings, with individuals reporting increased confidence and improved knowledge in making healthier lifestyle choices. Overall, more than 75% of participants demonstrated measurable improvement in at least one key health indicator, including weight, physical activity, or A1C.

Taken together, these results suggest that the Forever Fit program effectively supports sustainable lifestyle changes, reinforces healthy behaviors, and contributes to long-term health and diabetes risk reduction.