El Camino Health

AGENDA

FINANCE COMMITTEE OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS

Tuesday, May 27, 2025 – 5:30 pm

El Camino Health | 2500 Grant Road Mountain View, CA 94040

THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION PORTION OF THE MEETING LIVE AT THE ADDRESS ABOVE OR VIA TELECONFERENCE AT: **1-669-900-9128, MEETING CODE: 951 4170 2648#. No participant code. Just press #**

To watch the meeting, please visit: Finance Committee Meeting Link

Please note that the livestream is for meeting viewing only and there is a slight delay; to provide public comment, please use the phone number listed above.

NOTE: In the event that there are technical problems or disruptions that prevent remote public participation, the Chair has the discretion to continue the meeting without remote public participation options, provided that no Board member is participating in the meeting via teleconference.

A copy of the agenda for the Regular Board Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at **(650)-988-7609** prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
1.	**CALL TO ORDER / ROLL CALL**	Don Watters, Chair	Information	**5:30 pm**
2.	**CONSIDER APPROVAL OF AB 2449 REQUEST**	Don Watters, Chair	**Possible Motion**	**5:30 pm**
3.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	Don Watters, Chair	Information	**5:30 pm**
4.	**PUBLIC COMMUNICATION** a. Oral Comments *This opportunity is provided for persons to address the Committee on any matter within the subject matter jurisdiction of the Committee that is not on this agenda. Speakers are limited to three (3) minutes each.* b. Written Correspondence *Comments may be submitted by mail to the Finance Committee of the El Camino Hospital Board of Directors at 2500 Grant Avenue, Mountain View, CA 94040. Written comments will be distributed to the Board as quickly as possible. Please note it may take up to 24 hours for documents to be posted on the agenda.*	Don Watters, Chair	Information	**5:30 pm**
5.	**CONSENT CALENDAR** ***Items removed from the consent calendar will be considered separately.*** a. Approve Minutes of the Open Session of the Finance Committee Meeting (03/31/2025) b. Approve Minutes of the Open Session of the Special Finance Committee Meeting (05/6/2025) c. Approve FY2026 Committee Planning: Goals, Pacing Plan, Meeting Dates d. Approve FY2025 Period 9 Financial Report	Don Watters, Chair	**Motion Required**	**5:30 - 5:41**

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
	e. Approve Finance Committee Charter Revision f. Receive progress against FY2025 FC Committee Goals g. Receive Article(s) of Interest			
6.	**FY2025 PERIOD 10 FINANCIAL REPORT**	Carlos Bohorquez, CFO	**Motion Required**	**5:41 – 5:51**
7.	**FY2026 COMMUNITY BENEFIT GRANT PROGRAM**	Jon Cowan, Executive Director, Government Relations and Community Partnerships	**Motion Required**	**5:51 – 6:01**
8.	**PROPERTY PURCHASE: 1533 CALIFORNIA CIRCLE, MILPITAS, CA 95035 (APN 022-37-045)**	Ken King, CASO	**Motion Required**	**6:01 – 6:11**
9.	**RECESS TO CLOSED SESSION**	Don Watters, Chair	**Motion Required**	**6:11 – 6:12**
10.	**APPROVE MINUTES OF THE CLOSED SESSION OF THE FINANCE COMMITTEE** a. 03/31/2025 b. 05/06/2025 – Special Finance Committee Meeting *Report involving Gov't Code Section 54957.2 for closed session minutes*	Don Watters, Chair	**Motion Required**	**6:12 – 6:14**
11.	**MEDICAL STAFF DEVELOPMENT PLAN** *Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets.*	Mark Adams, MD, CMO	Discussion	**6:14 – 6:24**
12.	**ACQUISITION OF ADVANCED CARDIOVASCULAR SPECIALISTS, INC (ACS)** *Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets regarding new services or programs*	Mark Adams, MD, CMO	Discussion	**6:24 – 6:34**
13.	**SERIES 2025 FINANCING UPDATE** *Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets regarding new services or programs*	Carlos Bohorquez, CFO	Information	**6:34 – 6:39**
14.	**FY2026 BUDGET: FINAL OPERATING AND CAPITAL BUDGET** *Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets.*	Carlos Bohorquez, CFO	Discussion	**6:39 – 6:59**
15.	**RECONVENE TO OPEN SESSION**	Don Watters, Chair	**Motion Required**	**6:59 – 7:00**
16.	**CLOSED SESSION REPORT OUT** To report any required disclosures regarding permissible actions taken during Closed Session.	Gabe Fernandez, Governance Services Coordinator	Information	**7:00 – 7:01**
17.	**MEDICAL STAFF DEVELOPMENT PLAN** - Recommend for Board Approval	Don Watters, Chair	**Motion Required**	**7:01 – 7:02**

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
18.	**ACQUISITION OF ADVANCED CARDIOVASCULAR SPECIALISTS, INC (ACS)** - Recommend for Board Approval of Resolution 2025-02 Regarding Acquisition	Don Watters, Chair	**Motion Required**	**7:02 – 7:03**
19.	**FY2026 FINAL OPERATING AND CAPITAL BUDGET** - Recommend for Board Approval	Don Watters, Chair	**Motion Required**	**7:03 – 7:04**
20.	**CLOSING COMMENTS**	Don Watters, Chair	Information	**7:04 – 7:09**
21.	**ADJOURNMENT**	Don Watters, Chair	**Motion Required**	**7:10 pm**

Upcoming Meetings: *Pending final approval* - August 25, 2025, November 17, 2025, February 2, 2026, Joint FC-IC March 9, 2026, March 23, 2026, May 26, 2026

Minutes of the Open Session of the
Finance Committee of the
El Camino Hospital Board of Directors
Monday, March 31, 2025
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

Members Present
Don Watters, Chair
Wayne Doiguchi
Peter Fung, MD
Bill Hooper **
Cynthia Stewart

Members Absent
None

**via teleconference

Staff Present
Mark Adams, MD, Chief Medical Officer
Carlos Bohorquez, Chief Financial Officer
Theresa Fuentes, Chief Legal Officer
Ken King, Chief Admin Services Officer
Tracey Lewis Taylor, Chief Operating Officer
Jon Cowan, Executive Director, Government Relations and Community Partnerships
Michael Walsh, Controller
Victor Cabrera, Sr. Dir. Decision Supp & Business Analytics
Anne Yang, Executive Director, Governance Services
Gabriel Fernandez, Coordinator, Governance Services

Agenda Item	Comments/Discussion	Approvals/ Action
1. AGENDA ITEM 1: CALL TO ORDER/ ROLL CALL	The open session meeting of the Finance Committee of El Camino Hospital (the "Committee") was called to order at 5:30 pm by Chair Don Watters. A verbal roll call was taken. A quorum was present.	***The meeting was called to order at 5:30 p.m.***
2. AGENDA ITEM 2: CONSIDER APPROVAL OF AB-2449 REQUEST	Chair Watters shared that Mr. Hooper was attending via teleconference under regular Brown Act teleconferencing requirements. All other members participated in person, so no consideration of AB-2449 requests was needed.	
3. AGENDA ITEM 3: POTENTIAL CONFLICT OF INTEREST	Chair Watters asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
4. AGENDA ITEM 4: PUBLIC COMMUNICATION	No public members joined the session, and no written correspondence was received from the public.	
5. AGENDA ITEM 5: CONSENT CALENDAR	**Motion**: To approve the consent calendar. **For Approval**: (a) Minutes of the Open Session of the 01/27/2025 Finance Committee meeting, (b) Minutes of the Open Session of the 02/24/2025 Joint Finance and Investment Committee meeting, (c) Minutes of the Open Session of the 02/27/2025 Special Finance Committee meeting and (d) FY2025 Period 7 Financial Report. **For Information**: (e) Receive Progress Against FY2025 FC Committee Goals, (f) Receive FY2025 Pacing Plan, (g) Receive Article(s) of Interest. **Movant:** Doiguchi **Second:** Fung **Ayes:** Doiguchi, Fung, Hooper, Stewart, Watters	***Consent Calendar Approved***

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	Noes: None **Abstentions:** None **Absent:** None **Recused:** None	
6. FY2026 COMMITTEE PLANNING ITEMS	Chair Watters asked if any members of the Committee had any questions or comments regarding the FY2026 Committee Planning Items. No further discussion ensued. Mr. Bohorquez shared that these items would be brought back to the Committee at the next meeting for approval.	
7. AGENDA ITEM 7: APPROVE FY2025 PERIOD 8 FINANCIAL REPORT	Mr. Bohorquez presented the FY2025 Period 8 Financial Report and highlighted the following: **<u>Period 8 – February 2025 Results</u>** • **Average Daily Census**: 330 is 11 / 3.4% favorable to budget and 25 / 8.4% lower than the same period last year • **Adjusted Discharges:** 3,571 are 36 / 1.0% favorable to budget and 94 / 2.7% higher than the same period last year. • **Emergency Room Visits:** 6,735 are 450 / 7.2% favorable to budget and 164 / 2.5% higher than the same period last fiscal year. • **Outpatient Visits / Procedures:** 12,303 are 1,728 / 16.3% favorable to budget and 969 / 8.5% higher than the same period last fiscal year. • **Total operating revenue** of $148.1M is favorable to budget by $8.4M / 6% and $17.2M / 13.1% higher than the same period last fiscal year. • **Operating EBIDA** of $21.8M is $5.4M / 33.1% favorable to budget and $3.7M / 20.5% higher than the same period last fiscal year. • **Net income** of $29.1M is $15.5M / 114.4% favorable to budget, but $2.0M / 6.5% lower than the same period last fiscal year. **Motion**: To approve the FY2025 Period 8 Financial Report. **Movant:** Fung **Second:** Doiguchi **Ayes:** Doiguchi, Fung, Hooper, Stewart, Watters **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***FY2025 Period 8 Financial Report Approved***

8. AGENDA ITEM 8: AD HOC COMMITTEE UPDATE	Director Doiguchi, Ad Hoc Committee Chair, provided an update on the Ad Hoc Committee's progress in recruiting members to the Finance Committee. Director Doiguchi shared that a talented pool of candidates was received with two in-person interviews being conducted. Director Doiguchi shared that, while the interviewed candidates demonstrated impressive credentials and capabilities, the Ad Hoc Committee ultimately determined that the specific areas of expertise currently sought by the Finance Committee were not fully met. As a result, the Committee will continue its search to ensure that the selected candidates align closely with the strategic needs of the Finance Committee and broader organization.	
9. AGENDA ITEM 9: FY2025 COMMUNITY BENEFIT GRANT PROGRAM & MIDYEAR GRANT PERFORMANCE UPDATE	Jon Cowan, Executive Director of Government Relations and Community Partnerships, provided the FY2025 Community Benefit Grant Program & Midyear Grant Performance Update and highlighted the following: Mr. Cowan and the Committee discussed the geographic distribution of grant funding. The Committee noted that certain areas in East San Jose, while within the hospital's service area, continue to face disproportionately high needs. The Committee discussed whether future grant allocations should be more closely aligned with the hospital's patient base or continue to prioritize underserved communities, regardless of patient volume. This policy consideration was acknowledged as a key topic for future discussion and potential refinement. Mr. Cowan highlighted upcoming challenges related to potential reductions in government healthcare funding, which may impact the program's reach and sustainability. He also shared updates on outreach efforts aimed at helping smaller community-based organizations better navigate the grant application process and improve access to funding.	
10. AGENDA ITEM 10: REAL PROPERTY PURCHASE	Mr. King presented the Real Property Purchase discussion pertaining to the purchase of the Stevens Creek Boulevard property. Mr. King presented a proposal to purchase a commercial property located at 19400 Stevens Creek Boulevard for $10.4 million, with a maximum authorized expenditure of $10.7 million. The property was previously listed for sale at $12.5 million. As part of the presentation, Mr. King provided a comprehensive valuation analysis, including a variable capitalization rate assessment and comparable sales data, all of which supported the proposed purchase price.	***Actions:*** *For future property acquisitions, the Committee would like to know the market value to better evaluate and assess the potential transactions*

	The property is situated in a high-traffic corridor with significant planned development in the surrounding area, including new residential units and retail space. Mr. King emphasized that the acquisition aligns with strategic growth objectives. The site would support the development of a clinic, including key services, thereby expanding access to care in a key service area. It was also noted that this purchase would not impact development plans at the other sites, as sufficient capital has been allocated to support multiple concurrent projects. **Motion:** To recommend Board Approval of the purchase of Real Property located at 19400 Stevens Creek Boulevard, Cupertino, CA, at a cost not to exceed $10.7 million. **Movant:** Stewart **Second:** Doiguchi **Ayes:** Doiguchi, Fung, Hooper, Stewart, Watters **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	
11. AGENDA ITEM 11: RECESS TO CLOSED SESSION	**Motion**: To recess to closed session at 6:19 pm. **Movant:** Doiguchi **Second:** Fung **Ayes:** Doiguchi, Fung, Hooper, Stewart, Watters **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***Adjourned to closed session at 6:19 pm***
12. AGENDA ITEM 18: RECONVENE OPEN SESSION/ REPORT OUT	Mr. Fernandez reported that during the closed session, the Finance Committee approved the closed session minutes of the January 27, 2025, February 24, 2025, and February 27, 2025, meetings.	***Reconvened to Open Session at 7:30 pm***
13. AGENDA ITEM 19: CLOSING COMMENTS	Chair Watters commended the Finance team for the great analysis and informative presentations.	
14. AGENDA ITEM 20: ADJOURNMENT	**Motion:** To adjourn at 7:32 pm. **Movant:** Fung **Second:** Stewart **Ayes:** Doiguchi, Fung, Hooper, Stewart, Watters **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***Meeting adjourned at 7:32 pm.***

Attest as to the approval of the foregoing minutes by the Finance Committee of El Camino Hospital:

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Don Watters
Chair, Finance Committee

Prepared by: Gabriel Fernandez, Coordinator, Governance Services
Reviewed by: Carlos A. Bohorquez, Chief Financial Officer

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Minutes of the Open Session of the
Special Finance Committee of the
El Camino Hospital Board of Directors
Thursday, May 6, 2025
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

Members Present
Don Watters, Chair
Wayne Doiguchi
Peter Fung, MD
Bill Hooper
Cynthia Stewart

Members Absent
None

Staff Present
Carlos Bohorquez, Chief Financial Officer
Dan Woods, Chief Executive Officer
Omar Chughtai, Chief Growth Officer **
Ken King, Chief Administrative Services Officer
Tracy Lewis Taylor, Chief Operating Officer
Andreu Reall, VP, Strategy **
Michael Walsh, Controller
Victor Cabrera, Sr. Dir. Decision Supp & Business Analytics
Gabriel Fernandez, Coordinator, Governance Services

**via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
1. AGENDA ITEM 1: CALL TO ORDER/ ROLL CALL	The open session Special Meeting of the Finance Committee of El Camino Hospital (the "Committee") was called to order at 4:30 p.m. by Chair Don Watters. A verbal roll call was taken. Committee members Watters, Doiguchi, Hooper, and Stewart were present at roll call and attended in person, constituting a quorum.	***The meeting was called to order at 4:30 p.m.***
2. AGENDA ITEM 2: CONSIDER APPROVAL OF AB-2449 REQUEST	All members participated in person—no consideration of AB-2449 requests was needed.	
3. AGENDA ITEM 3: POTENTIAL CONFLICT OF INTEREST	Chair Watters asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
4. AGENDA ITEM 4: PUBLIC COMMUNICATION	No public members joined the session, and no written correspondence was received from the public.	
5. AGENDA ITEM 5: RECESS TO CLOSED SESSION	**Motion**: To adjourn to closed session at 4:33 p.m. **Movant:** Doiguchi **Second:** Stewart **Ayes:** Doiguchi, Hooper, Stewart, Watters **Noes:** None **Abstentions:** None **Absent:** Fung **Recused:** None	***Adjourned to closed session at 4:33 p.m.***

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6. AGENDA ITEM 9: RECONVENE OPEN SESSION/ REPORT OUT	Mr. Fernandez reported that the Finance Committee did not take any reportable actions during the closed session.	***Reconvened to Open Session at 5:14 pm***
7. AGENDA ITEM 10: CLOSING COMMENTS	There were no additional comments from the Committee.	
8. AGENDA ITEM 11: ADJOURNMENT	**Motion:** To adjourn at 5:16 pm. **Movant:** Doiguchi **Second:** Stewart **Ayes:** Doiguchi, Hooper, Stewart, Watters **Noes:** None **Abstentions:** None **Absent:** Fung **Recused:** None	***Meeting adjourned at 5:16 pm.***

Attest as to the approval of the foregoing minutes by the Finance Committee of El Camino Hospital:

_____

Don Watters
Chair, Finance Committee

Prepared by: Gabriel Fernandez, Coordinator, Governance Services
Reviewed by: Carlos A. Bohorquez, Chief Financial Officer

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El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
FINANCE COMMITTEE MEETING MEMO

To: El Camino Hospital Finance Committee
From: Carlos Bohorquez, Chief Financial Officer
Date: May 27, 2025
Subject: FY2026 Finance Committee Goals, Pacing Plan and Meeting Dates

Purpose:

To provide the Finance Committee (FC) with the final FY2026 committee goals, pacing plan and meeting dates for review / recommendation for Board approval.

These were presented in draft form by management at the March 2025 FC meeting for review / feedback by members of FC.

List of Attachments:

- FY2026 Finance Committee
  - Goals
  - Pacing Plan
  - Meeting Dates

Recommendation:

- Recommend Board Approval: FY2026 FC Goals, Pacing Plan and Meeting Dates

Suggested Finance Committee Discussion Questions:

- None

El Camino Health

FY2026 FINANCE COMMITTEE GOALS

PURPOSE:

The purpose of the Finance Committee (the "Committee") is to provide oversight, information sharing, and financial reviews related to budgeting, capital budgeting, long-range financial planning and forecasting, and monthly financial reporting for the El Camino Hospital (ECH) Hospital Board of Directors ("Board"). In carrying out its review, advisory, and oversight responsibilities, the Finance Committee shall remain flexible in order to best define financial strategies that react to changing conditions.

STAFF: **Carlos Bohorquez**, Chief Financial Officer (Executive Sponsor)

The Chief Financial Officer shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional members of the Executive Team may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair.

GOALS	TIMELINE	METRICS
1. Summary of Physician Financial Agreements	Q3	March 2026
2. Review Progress on Opportunities / Risks identified by Management for FY2026 and Managed Care Update	Q2, Q3	Progress on Opportunities / Risks (November 2025), Managed Care update (February 2026)
3. Review Strategy, Goals and Joint Ventures / Business Affiliates, and Impact of Strategic Initiatives on Market Share	Q1	Overview & Financial Performance JVs / Business Affiliates (August 2025)
	Q3	Foundation – Strategic Update (February 2026)
	Q3	Impact of Strategic Initiatives – Market Share Update (February 2026), Hospital Community Benefits Program (February 2026),
4. Progress on Implementation of 2027 Strategic Plan and Strategic Capital Plan Investments	Q1, Q2, Q3 and Q4	Progress on 2027 Strategic Plan / Strategic Capital Investments
5. Fiscal Year End Performance Review	Q1	FYE 2025 Review of Operating, Financial and Balance Sheet Performance and KPIs (August 2025)

SUBMITTED BY: **Chair**: Don Watters | **Executive Sponsor**: Carlos Bohorquez, Chief Financial Officer

El Camino Health

FY2026 Finance Committee Pacing Plan

AGENDA ITEM	Q1			Q2			Q3				Q4		
	JUL	8/25	SEPT	OCT	11/17	DEC	JAN	2/2	3/9	3/23	APR	5/26	JUN
STANDING AGENDA ITEMS													
Standing Consent Agenda Items		✓			✓			✓		✓		✓	
Minutes		✓			✓			✓		✓		✓	
Period Financials Report (Approval)		✓			✓			✓		✓		✓	
Board Actions		✓			✓			✓		✓		✓	
APPROVAL ITEMS													
Candidate Interviews & Recommendation to Appoint (If required to add/replace committee member)													
Financial Report Year-End Results		✓											
Next FY Committee Goals, Dates, Plan										✓		✓	
Next FY Org. Goals												✓	
Next FY Community Benefit Grant Program												✓	
Physician Contracts		✓			✓			✓		✓		✓	
DISCUSSION ITEMS													
Financial Report (Pre-Audit Year-End Results)		✓											
Financial Performance JVs/ Business Affiliates		✓											

El Camino Health

FY2026 Finance Committee Pacing Plan

AGENDA ITEM	Q1			Q2			Q3				Q4		
	JUL	8/25	SEPT	OCT	11/17	DEC	JAN	2/2	3/9	3/23	APR	5/26	JUN
Progress on Opportunities/ Risks					✓								
Medical Staff Development Plan (every 2 years) *Completed May 2025*													
Impact of Strategic Initiatives/Market Share Update								✓					
Progress Against Committee Goals & Pacing Plan (Quarterly)		✓			✓			✓		✓		✓	
Foundation Strategic Update								✓					
ECHMN Update								✓		✓			
Community Benefit Grant Application Process								✓		✓			
Progress Against 2027 Strategic Plan								✓				✓	
Managed Care Update								✓					
Long-Range Financial Forecast (Joint FC / IC Meeting)									✓				
Next FY Budget and Preliminary Assumptions Review										✓			
Review FY Operational / Capital Budget for Recommendation to Board										✓		✓	
Summary Physician Financial Arrangements										✓			
Post Implementation (as needed)													
Other Updates[1] (as needed)													

1. Includes updates on special projects/joint ventures/real estate, ad-hoc updates

El Camino Health

Finance Committee
Proposed FY2026 Meeting Dates

RECOMMENDED FC DATES MONDAYS	CORRESPONDING HOSPITAL BOARD DATE
Monday, August 25, 2025	Wednesday, September 17, 2025
Monday, November 17, 2025	Wednesday, December 10, 2025
Monday, February 2, 2026	Wednesday, February 11, 2026
Monday, March 9, 2026 (Joint with IC)	Wednesday, March 18, 2026
Monday, March 23, 2026	Wednesday, April 15, 2026
Tuesday, May 26, 2026	Wednesday, June 17, 2026

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
FINANCE COMMITTEE MEETING MEMO

To: El Camino Hospital Finance Committee
From: Carlos A. Bohorquez, Chief Financial Officer
Date: May 27, 2025
Subject: Financials: FY2025 – Period 9 & YTD (as of 3/31/2025) - Consent Calendar

Purpose:

To provide the Finance Committee an update on financial results for FY2025 - Period 9 (March 2025) and YTD.

Executive Summary – Period 9 (March 2025):

Patient activity / volumes were unfavorable to budget due to the timing of spring breaks.

- **Average Daily Census:** 314 is (23) / (6.8%) unfavorable to budget and 2 / 0.5% higher than the same period last year.
- **Adjusted Discharges:** 3,792 are (209) / (5.2%) unfavorable to budget and 65 / 1.7% higher than the same period last year.
- **Emergency Room Visits:** 5,418 are (528) / (7.5%) unfavorable to budget and (1,007) / (15.7%) lower than the same period last fiscal year.
- **Outpatient Visits / Procedures:** 13,728 are 1,440 / 11.7% favorable to budget and 1,632 / 13.5% higher than the same period last fiscal year.

Financial performance for Period 9 was favorable to budget. This is attributed to strong procedural volume and favorable management of variable expenses across the enterprise.

Total Operating Revenue ($):	$146.0M is $1.4M / 1.0% favorable to budget and $7.6M / 5.5% higher than the same period last fiscal year.
Operating EBIDA ($):	$21.3M is $1.9M / 9.9% favorable to budget and $0.6M / 2.9% higher than the same period last fiscal year.
Net Income ($):	($9.1M) is ($26.0M) / (154.2%) unfavorable to budget and $59.0M / 118.3% lower than the same period last fiscal year.
Operating Margin (%):	8.3% (actual) vs. 7.8% (budget)
Operating EBIDA Margin (%):	14.6% (actual) vs. 13.4% (budget)
Net Days in A/R (days):	52.4 days are favorable to budget by 1.6 days / 3.1% and 0.4 days / 0.8% higher than the same period last year.

Executive Summary – YTD FY2025 (as of 3/31/2025):

With the exception of outpatient visits / procedures and surgeries, year-over-year patient activity is consistent with last fiscal year.

- **Average Daily Census:** 313 is 1 / 0.3% favorable to budget and 4 / 1.4% higher than the same period last year.
- **Adjusted Discharges:** 33,346 are (192) / (0.6%) unfavorable to budget and 558 / 1.7% higher than the same period last year.

- **Emergency Room Visits:** 60,941 are 560 / 0.9% favorable to budget and 269 / 0.4% lower than the same period last fiscal year.
- **Outpatient Visits / Procedures:** 114,714 are 11,334 / 11.0% favorable to budget and 12,317 / 12.0% higher than the same period last fiscal year.

Total Operating Revenue ($):	$1,272.9M is $40.6M / 3.3% favorable to budget and $111.3M / 9.6% higher than the same period last fiscal year.
Operating EBIDA ($):	$203.0M is $28.2M / 16.1% favorable to budget and $16.0M / 8.5% higher than the same period last fiscal year.
Net Income ($):	$207.8M is $63.8M / 44.3% favorable to budget and $28.6M / 12.1% lower than the same period last fiscal year. Favorable net income is attributed to stable financial performance
Operating Margin (%):	9.9% (actual) vs. 8.0% (budget)
Operating EBIDA Margin (%):	16.0% (actual) vs. 14.2% (budget)

Recommendation:

- FC recommend approval of FY2025 – Period 9 & YTD financials

List of Attachments:

- Financial Report: FY2025 Period 9

El Camino Health

Summary of Financial Operations

Fiscal Year 2025 – Period 9

7/1/2024 to 03/31/2025

Executive Summary - Overall Commentary for Period 9

- **Results for Period 9:**
  - Net Patient Revenue was favorable to budget by $972K / 0.7%.
  - Operating EBIDA Margin was favorable to budget by $1.9M / 9.9%.
  - Gross revenue favorable to budget by $7.2M / 1.1%.
    - Driven primarily by:
      - Inpatient Charges: $11.3M / 3.6% unfavorable to budget.
      - Outpatient Charges: $11.1M / 3.7% favorable to budget.
      - Professional Charges: $7.4M / 44.4% favorable to budget.
  - Cost Management
    - When adjusted for volume, overall operating expense is 9.2% higher than budget.
- Gross charges were favorable to budget by $7.2M / 1.1% and $84.9M / 15.3% higher than the same period last year.
- Net patient revenue was favorable to budget by $972K / 0.7% and $8.9M / 6.8% higher than the same period last year.
- Operating margin was favorable to budget by $766K / 6.8% and $199K / 1.6% lower than the same period last year.
- Operating EBIDA was favorable to budget by $1.9M / 9.9% and $599K / 2.9% higher than the same period last year.
- Net income was unfavorable to budget by $26.0M / 154.2% and $59M / 118.3% lower than same period last year.

Operational / Financial Results: Period 9 – March 2025 (as of 3/31/2025)

($ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's 'Aa3'	S&P 'AA'	Fitch 'AA'	Performance to Rating Agency Medians
Activity / Volume	ADC	314	337	(23)	(6.8%)	312	2	0.5%	---	---	---	---
	Adjusted Discharges	3,792	4,001	(209)	(5.2%)	3,727	65	1.7%	---	---	---	---
	OP Visits / OP Procedural Cases	13,728	12,288	1,440	11.7%	12,096	1,632	13.5%	---	---	---	---
	Percent Government (%)	59.9%	58.7%	1.3%	2.1%	60.9%	(1.0%)	(1.6%)	---	---	---	---
	Gross Charges ($)	639,119	631,953	7,166	1.1%	554,223	84,896	15.3%	---	---	---	---
Operations	Cost Per CMI AD	21,868	20,032	1,836	9.2%	19,216	2,653	13.8%	---	---	---	---
	Net Days in A/R	52.4	54.0	(1.6)	(3.1%)	51.9	0.4	0.8%	48.1	49.7	47.5	
Financial Performance	Net Patient Revenue ($)	140,266	139,294	972	0.7%	131,385	8,882	6.8%	297,558	564,735	---	
	Total Operating Revenue ($)	146,041	144,607	1,435	1.0%	138,471	7,571	5.5%	389,498	610,593	268,739	
	Operating Margin ($)	**12,078**	**11,312**	**766**	6.8%	**12,277**	**(199)**	(1.6%)	**7,400**	**11,601**	**8,331**	
	Operating EBIDA ($)	**21,289**	**19,377**	**1,913**	9.9%	**20,690**	**599**	2.9%	**26,400**	**39,689**	**22,574**	
	Net Income ($)	(9,120)	16,836	(25,955)	(154.2%)	49,926	(59,046)	(118.3%)	19,085	20,150	15,049	
	Operating Margin (%)	**8.3%**	**7.8%**	**0.4%**	5.7%	**8.9%**	**(0.6%)**	(6.7%)	**1.9%**	**1.9%**	**3.1%**	
	Operating EBIDA (%)	**14.6%**	**13.4%**	**1.2%**	8.8%	**14.9%**	**(0.4%)**	(2.4%)	**6.8%**	**6.5%**	**8.4%**	
	DCOH (days)	281	275	6	2.3%	277	5	1.7%	258	304	311	

Moody's Medians: Not-for-profit and public healthcare annual report; August 2024. Dollar amounts have been adjusted to reflect monthly averages.
S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 2024. Dollar amounts have been adjusted to reflect monthly averages.
Fitch Ratings: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; July 2024. Dollar amounts have been adjusted to reflect monthly averages.

Notes: DCOH total includes cash, short-term and long-term investments.
OP Visits / Procedural Cases includes Covid Vaccinations / Testing.

El Camino Health

Unfavorable Variance < 3.49%
Unfavorable Variance 3.50% - 6.49%
Unfavorable Variance > 6.50%

Operational / Financial Results: YTD FY2025 (as of 3/31/2025)

($ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's 'Aa3'	S&P 'AA'	Fitch 'AA'	Performance to Rating Agency Medians
Activity / Volume	ADC	313	312	1	0.3%	309	4	1.4%	---	---	---	---
	Adjusted Discharges	33,346	33,538	(192)	(0.6%)	32,788	558	1.7%	---	---	---	---
	OP Visits / OP Procedural Cases	114,714	103,380	11,334	11.0%	102,397	12,317	12.0%	---	---	---	---
	Percent Government (%)	59.4%	58.7%	0.7%	1.3%	59.2%	0.2%	0.4%	---	---	---	---
	Gross Charges ($)	5,461,945	5,186,737	275,208	5.3%	4,721,091	740,854	15.7%	---	---	---	---
Operations	Cost Per CMI AD	20,056	20,032	24	0.1%	18,798	1,258	6.7%	---	---	---	---
	Net Days in A/R	52.4	54.0	(1.6)	(3.1%)	51.9	0.4	0.8%	48.1	48.1	47.5	
Financial Performance	Net Patient Revenue ($)	1,221,236	1,180,814	40,422	3.4%	1,105,798	115,438	10.4%	2,678,024	5,082,611	---	
	Total Operating Revenue ($)	1,272,932	1,232,314	40,618	3.3%	1,161,592	111,340	9.6%	3,505,483	5,495,336	3,224,864	
	Operating Margin ($)	**126,023**	**98,517**	**27,506**	27.9%	**111,821**	**14,202**	12.7%	**66,604**	**104,411**	**99,971**	
	Operating EBIDA ($)	**203,036**	**174,874**	**28,163**	16.1%	**187,067**	**15,969**	8.5%	**237,603**	**357,197**	**270,889**	
	Net Income ($)	207,780	144,020	63,760	44.3%	236,363	(28,582)	(12.1%)	171,769	313,234	180,592	
	Operating Margin (%)	**9.9%**	**8.0%**	**1.9%**	23.8%	**9.6%**	**0.3%**	2.8%	**1.9%**	**1.9%**	**3.1%**	
	Operating EBIDA (%)	**16.0%**	**14.2%**	**1.8%**	12.4%	**16.1%**	**(0.2%)**	(1.0%)	**6.8%**	**6.5%**	**8.4%**	
	DCOH (days)	281	275	6	2.3%	277	5	1.7%	258	304	311	

Moody's Medians: Not-for-profit and public healthcare annual report; August 2024. Dollar amounts have been adjusted to reflect monthly averages.
S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 2024. Dollar amounts have been adjusted to reflect monthly averages.
Fitch Ratings: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; July 2024. Dollar amounts have been adjusted to reflect monthly averages.

Notes: DCOH total includes cash, short-term and long-term investments.
OP Visits / Procedural Cases includes Covid Vaccinations / Testing.

El Camino Health

Unfavorable Variance < 3.49%
Unfavorable Variance 3.50% - 6.49%
Unfavorable Variance > 6.50%

Consolidated Balance Sheet (as of 3/31/2025)

($000s)

ASSETS		Audited
CURRENT ASSETS	**March 31, 2025**	**June 30, 2024**
Cash	285,142	202,980
Short Term Investments	99,692	100,316
Patient Accounts Receivable, net	234,702	211,960
Other Accounts and Notes Receivable	23,229	25,065
Intercompany Receivables	26,654	17,770
Inventories and Prepaids	53,310	55,556
Total Current Assets	**722,729**	**613,647**
BOARD DESIGNATED ASSETS		
Foundation Board Designated	18,025	23,309
Plant & Equipment Fund	539,246	503,081
Women's Hospital Expansion	45,230	31,740
Operational Reserve Fund	210,693	210,693
Community Benefit Fund	17,490	17,561
Workers Compensation Reserve Fund	13,086	12,811
Postretirement Health/Life Reserve Fund	23,009	22,737
PTO Liability Fund	40,358	37,646
Malpractice Reserve Fund	1,713	1,713
Catastrophic Reserves Fund	38,745	33,030
Total Board Designated Assets	**947,595**	**894,322**
FUNDS HELD BY TRUSTEE	**18**	**18**
LONG TERM INVESTMENTS	**694,527**	**665,759**
CHARITABLE GIFT ANNUITY INVESTMENTS	**1,090**	**965**
INVESTMENTS IN AFFILIATES	**47,822**	**36,663**
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	2,049,665	2,016,992
Less: Accumulated Depreciation	(939,032)	(874,767)
Construction in Progress	206,862	173,449
Property, Plant & Equipment - Net	**1,317,495**	**1,315,675**
DEFERRED OUTFLOWS	46,941	41,550
RESTRICTED ASSETS	36,857	32,166
OTHER ASSETS	201,186	195,447
TOTAL ASSETS	**4,016,259**	**3,796,213**

LIABILITIES AND FUND BALANCE		Audited
CURRENT LIABILITIES	**March 31, 2025**	**June 30, 2024**
Accounts Payable	58,166	71,017
Salaries and Related Liabilities	41,832	35,693
Accrued PTO	41,379	38,634
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	7,479	13,419
Intercompany Payables	19,254	13,907
Malpractice Reserves	1,830	1,830
Bonds Payable - Current	11,360	10,820
Bond Interest Payable	2,979	7,673
Other Liabilities	19,284	12,261
Total Current Liabilities	**205,863**	**207,554**
LONG TERM LIABILITIES		
Post Retirement Benefits	23,009	22,737
Worker's Comp Reserve	13,086	12,811
Other L/T Obligation (Asbestos)	27,462	27,707
Bond Payable	427,900	441,105
Total Long Term Liabilities	**491,457**	**504,360**
DEFERRED REVENUE-UNRESTRICTED	**1,689**	**1,038**
DEFERRED INFLOW OF RESOURCES	**96,257**	**92,261**
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	2,941,745	2,731,120
Minority Interest	(1,159)	(1,114)
Board Designated	225,810	216,378
Restricted	54,597	44,616
Total Fund Bal & Capital Accts	**3,220,993**	**2,991,001**
TOTAL LIABILITIES AND FUND BALANCE	**4,016,259**	**3,796,213**

El Camino Health

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
FINANCE COMMITTEE MEETING MEMO

To: El Camino Hospital Finance Committee
From: Theresa Fuentes, Chief Legal Officer
Anne Yang, Executive Director, Governance Services
Date: May 27, 2025
Subject: Review and Recommend Board Approval of Revised Finance Committee Charter

Summary:

This is a proposed update to the Finance Committee Charter to provide more detail on the Committee's role in the annual organizational performance incentive goals setting process.

Background:

The Finance Committee approved revisions to its charter at the August 26, 2024 meeting. These revisions included:

1. Harmonization language with the Committee Governance policy, changes that were first reviewed and approved at the June 2024 Governance Committee meeting (approved by GC in 6/11/24, reviewed and recommended for board approval by FC on 8/26/24).
2. Previously all Physician Financial Arrangements in excess of 75% of FMV were reviewed and recommended for board approval. The revision allowed for the Finance Committee to review and approve Physician Financial Arrangements in excess of 75% of FMV and recommend for Board approval any in excess of 90% FMV in accordance with Corporate Compliance (approved by GC in 6/11/24, reviewed and recommended for board approval by FC on 8/26/24).
3. Removed language on approving Physician Financial Arrangements in excess of $250K annually if the annual increase is greater than 10% (approved by GC in 6/11/24, reviewed and recommended for board approval by FC on 8/26/24).

At the March 18th 2025 ECHB meeting, the Hospital Board deferred approval of all charter revisions to a subsequent meeting and requested re-review of all charters to accurately reflect each committee's role in the annual organizational performance goals setting process. This update applies to the Finance Committee and Quality Committee charters.

Assessment:

Staff have reviewed the Finance Committee Charter and inserted an additional section J. Organizational Performance Incentive Goals Setting on page 4, under the Specific Duties section. The additional language describes the Committee's role to:

1. Work in partnership with the CFO and management to review and provide feedback in the development of finance related annual organizational performance incentive goals to support the Organization's vision and strategy.
2. Recommend annual organizational performance incentive goals for board approval via Executive Compensation Committee. This is part of the Committee's annual budget review and recommendation for board approval.

Review and Recommend Board Approval of Revised Finance Committee Charter
May 27, 2025

Authority:

The Hospital Board of Directors reviews and approves changes to the Committee Charters. At this time, we request the Finance Committee's review and recommendation for Board approval in June.

Recommendation:

- Recommend Board approval of revised Finance Committee Charter

List of Attachments:

- Finance Committee Charter (Redline and Clean)

El Camino Health

El Camino Hospital Board of Directors
Finance Committee Charter

Purpose

The purpose of the Finance Committee (the "Committee") is to assist the El Camino Hospital ("Hospital") Board of Directors ("Board") to provide oversight, information sharing and financial reviews related to operating and capital budgeting, financial planning, financial reporting, capital structure, banking relationships and certain contractual agreements for El Camino Hospital and the Hospital's affiliated entities where the Hospital is the sole corporate member pursuant to the operating agreements and governance documents of those entities ("the Organization"). In carrying out its review, advisory and oversight responsibilities, the Committee shall remain flexible in order to best define financial strategies that react to changing conditions.

Authority

The Committee is an Advisory Committee of the Board pursuant to Article VII of the Hospital Bylaws. All governing authority for the Organization resides with the Boards of each entity and, except as specifically provided in Sections E and F of "Specific Duties," the Committee serves as an advisory body only. The Committee will report to the Board at the next scheduled meeting any recommendation made or action taken within the Committee's authority. The Committee has the authority to select, engage, and supervise any consultant it deems necessary to advise the Committee on issues related to its responsibilities. In addition, the Committee, by resolution, may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

Voting members of the Committee shall include the directors assigned to the Committee and external (non-director) members appointed to the Committee.

Membership

- The Committee shall be comprised of two (2) or more Hospital Board members.
- The Committee may also include 2-4 Community members[1] with expertise which is relevant to the Committee's areas of responsibility, such as banking, financial management, planning and real estate development, etc.
- All Committee members, Chairs, and Vice Chairs shall be appointed and removed pursuant to the El Camino Hospital Board Committee Governance Policy.

Staff Support and Participation

The CFO shall serve as the primary staff support to the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional

[1] Community Members are defined as Members of the Committee who are not El Camino Hospital Board Directors.

members of the executive team may participate in the Committee meetings as deemed necessary.

General Responsibilities

The Committee's primary role is to provide oversight and to advise the management team and the Board on matters brought to this Committee. With input from the Committee, the management team shall develop dashboard metrics that will be used to measure and track financial performance for the Committee's review. It is the management team's responsibility to develop and provide the Committee with reports, plans, assessments, and other pertinent materials to inform, educate, and update the Committee, thereby allowing Committee members to engage in meaningful, data-driven discussions. Upon careful review and discussion and with input from management, the Committee shall then make recommendations to the Board. The Committee is responsible for ensuring that performance metrics which are not being met to the Board's expectations are reported to the Board.

Specific Duties

The specific duties of the Committee are:

A. Budgeting

- Review the annual operating and capital budgets for alignment with the mission and vision of the Organization and make recommendations to the Board.
- Review any financial requests in excess of the CEO's signing authority and make recommendations to the Board.
- Review the Organization's long-range forecasts and financial plans and make recommendations to management regarding steps advisable to improve the Organization's financial strength.

B. Financial Reporting

- Review each accounting period's financial statements and ensure the Board is advised of any necessary corrective actions.
- Obtain a clear understanding of the Organization's financial reporting process by reviewing the hospital's dashboard items and periodic financial reports and advise management on how to improve its financial reporting in order to improve accountability and ease of reading and understanding.

C. Financial Planning and Forecasting

- Semi-annually receive an update on management's assessment of expected results as well as potential risks related to the payor contracts.
- Evaluate the financial implications of emerging payment processes and provide advice to management regarding associated risk management concerns.

- Evaluate financial planning and forecasting to help ensure it remains in alignment with the mission and strategic direction of the Organization.

D. Treasury, Pension Plans, and Contracting Concerns

- Review and make recommendations to the Board regarding all new debt issuances and derivative instruments in excess of $1 million.

- Monitor compliance with debt covenants and evaluate the Organization's capital structure.

- Review and make recommendations to the Board regarding changes in banking relationships, including, without limitation, depository accounts, investment accounts and major credit facilities. The term "major credit facilities" does not include management-approved trade credit facilities offered in the ordinary course of business by vendors to the hospital. The Committee may recommend delegation of approval authority for specified changes to the CFO, but must maintain reporting and oversight of any such changes

- Review and make recommendations to the Board regarding proposed plan design or benefit design changes in excess of management authority limits to employee retirement plans, excluding changes to investments within those plans.

- Review and make recommendations to the Board regarding contractual agreements with persons considered to be "insiders" under IRS regulations, and those which are in excess of the CEO's signing authority

E. Capital and Program Analysis

- Review and make recommendations to the Board with respect to the business plans of all capital items or proposed business ventures in excess of the CEO's signing authority, and all variances to budget in excess of the CEO's signing authority on projects in process.

- Review retrospective analyses of all strategic business ventures and all strategic capital expenditures in excess of $2.5 million, as presented by management or as per the review schedule set forth by the Committee, to assess the reasonableness of business plans that were developed at the time of original approval and to promote learning as a result of any identified issues or concerns.

- Review and recommend approval for the acquisition or disposition of capital which is in excess of $5 million.

- Approve unbudgeted capital expenditures exceeding the CEO's signature authority but not in excess of $5 million.

- Approve the annual ECH Community Benefit Plan including grants to outside organizations, sponsorships and placeholder funds, combined which shall not exceed $5 million annually.

F. Physician Financial Arrangements

- Review and approve Physician Financial Arrangements in excess of 75% of fair market value and recommend for Board approval Physician Financial Arrangements in excess of 90% of fair market value in accordance with the Corporate Compliance: Physician Financial Arrangements Policy.

- Approve the Annual Summary Report of Physician Financial Arrangements.

G. Financial Policies

- Review and recommend approval of any Board-level financial policies, excluding any financial policies for which responsibility has been specifically assigned to another Board Committee.

H. Ongoing Education

- Endorse and encourage Committee education and dialogue relative to emerging healthcare issues that will impact the viability and strategic direction of the Organization,

I. Management Partnership

- Work in partnership with the CFO and other hospital executives to assist in the development of financial policies which will help ensure the Organization's success.

- Provide ongoing counsel to the CFO regarding areas of opportunity for either personal or organizational improvement.

J. Organizational Performance Incentive Goal Setting

- Work in partnership with the CFO and management to review and provide feedback in the development of finance related annual organizational performance incentive goals to support the Organization's vision and strategy.

- Recommend annual organizational performance incentive goals for board approval via Executive Compensation Committee. This is part of the Committee's annual budget review and recommendation for board approval.

Committee Effectiveness

The Committee is responsible for establishing its annual goals, objectives and work plan in alignment with the Board and Hospital's strategic goals. The Committee strives for continuous improvement with regard to its processes, procedures, materials, and meetings, and other functions to enhance its contribution to the full Board.

Meetings and Minutes

The Committee shall meet at least once per quarter. The Committee Chair shall determine the frequency of meetings based on the Committee's annual goals and work plan and the operational requirements of the organization. Minutes shall be kept by the assigned staff and

shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The approved minutes shall be forwarded to the Board for information.

Meetings and actions of all committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of the Bylaws, concerning meetings and actions of directors. Special meetings of committees may also be called by resolution of the Board or the Committee Chair. Notice of special meetings of committees shall also be given to any and all alternate members, who shall have the right to attend all meetings of the Committee. Notice of any special meetings of the Committee requires a 24-hour notice.

El Camino Health

FY2025 COMMITTEE GOALS
Finance Committee

PURPOSE:

The purpose of the Finance Committee is to provide oversight, information sharing, and financial reviews related to budgeting, capital budgeting, long-range financial planning and forecasting, and monthly financial reporting for the El Camino Hospital (ECH) Hospital Board of Directors ("Board"). In carrying out its review, advisory, and oversight responsibilities, the Finance Committee shall remain flexible in order to best define financial strategies that react to changing conditions.

STAFF: Carlos Bohorquez, Chief Financial Officer (Executive Sponsor)

The CFO shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional members of the Executive Team may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair.

GOALS	TIMELINE	METRICS	STATUS
1. Summary of Physician Financial Agreements	Q3	March 2025	**Completed**
2. Review Progress on Opportunities / Risks identified by Management for FY2025 and Managed Care Update	Q2, Q3	Progress on Opportunities / Risks (December 2024), Managed Care update (January 2025)	**Completed**
3. Review Strategy, Goals and Performance of ECHMN, Joint Ventures / Business Affiliates, Impact of Strategic Initiatives on Market Share and progress on Implementation of 2027 Strategic Plan	Q1	Overview & Financial Performance JVs / Business Affiliates (August 2024)	**Completed**
	Q2	Progress on 2027 Strategic Plan (December 2024), Foundation – Strategic Update (December 2024)	**Completed**
	Q3	Impact of Strategic Initiatives – Market Share Update (January 2025), ECHMN (January 2025), Hospital Community Benefits Program (March 2025),	**Completed**
	Q4	Progress on 2027 Strategic Plan (May 2025)	**In progress**
4. Fiscal Year End Performance Review	Q1	FYE 2024 Review of Operating, Financial and Balance Sheet Performance and KPIs (August 2024)	**Completed**

SUBMITTED BY:
Chair: Don Watters
Executive Sponsor: Carlos Bohorquez, CFO

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
FINANCE COMMITTEE MEETING MEMO

To: El Camino Hospital Finance Committee
From: Carlos A. Bohorquez, Chief Financial Officer
Date: May 27, 2025
Subject: Article of Interest

Purpose:

To share with the Finance Committee relevant article(s) of interest related to current healthcare trends or issues which may impact El Camino Health.

Article of Interest:

Most recent not-for-profit healthcare newsletter from Morgan Stanley.

List of Attachments:

- Morgan Stanley: Not-for-Profit Healthcare Finance Newsletter

Morgan Stanley

Morgan Stanley

Morgan Stanley Public Finance: Weekly Healthcare Update

Week Ended May 2nd, 2025

Contact: Morgan Stanley Not-for-Profit Healthcare | MS.Healthcare@morganstanley.com

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Morgan Stanley Public Finance: Weekly Market Update

Morgan Stanley Team

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Upcoming Economic Calendar

- ISM Services (5/5, 10:00am)
- FOMC Meeting (5/6)
- Trade Balance (5/6, 8:30am)
- Manheim Used Vehicle Value Index (5/7, 9:00am)
- Consumer Credit (5/7, 2:00pm)
- FOMC Decision (5/7, 2:00pm)
- MSBCI (5/8)
- Productivity and Costs (5/8, 8:30am)
- Wholesale Trade (5/8, 10:00am)

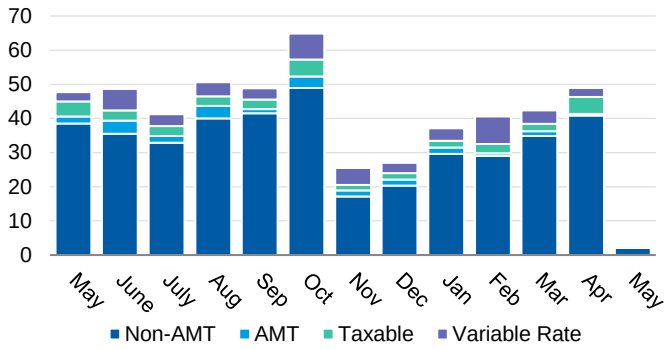
Market Snapshot

	5/2/2025	4/25/2025	Change	% Change
U.S. Treasury Rates				
5 Year	3.93%	3.88%	0.05%	1.21%
10 Year	4.32%	4.27%	0.05%	1.28%
30 Year	4.79%	4.74%	0.06%	1.19%
MMD Index (Municipals)				
5 Year	2.97%	3.12%	-0.15%	-4.81%
10 Year	3.29%	3.44%	-0.15%	-4.36%
30 Year	4.36%	4.46%	-0.10%	-2.24%
SIFMA	2.78%	3.62%	-0.84%	-23.20%
Equities				
DJIA	41,317.43	40,113.50	1,203.93	3.00%
S&P 500	5,686.67	5,525.21	161.46	2.92%

Source: Morgan Stanley Matrix

Long-Term Municipal Issuance

2025 YTD = $171.734 BN
Monthly Issuance ($BN)



Source: Refinitiv SDC Platinum

Interest Rate Outlook: Morgan Stanley vs. Consensus

	Morgan Stanley					Market Consensus		
		Treasury Yield Curve				Treasury Yield Curve		
	Fed Funds Mid-Point	2y	5y	10y	30y	5y	10y	30y
May 2	4.375%	3.84%	3.93%	4.32%	4.79%	3.93%	4.32%	4.79%
3Q25	4.100%	4.20%	4.15%	4.10%	4.30%	3.90%	4.18%	4.53%
1Q26	3.800%	4.15%	3.80%	3.80%	3.90%	3.81%	4.11%	4.46%

Sources:
1. Bloomberg, Morgan Stanley
2. Morgan Stanley Research, February 14, 2025, "Staying Long Duration While Raising UST Yield Forecasts," Matthew Hornbach, Martin W Tobias, et al Research, https://ny.matrix.ms.com/eqr/article/webapp/4c52a814-ea05-11ef-a22f-d80fd1a15626?ch=rp&sch=arhtcn

Notes:
1. Please see additional important information and qualifications at the end of this material.

Morgan Stanley Public Finance: Recent Market Movements

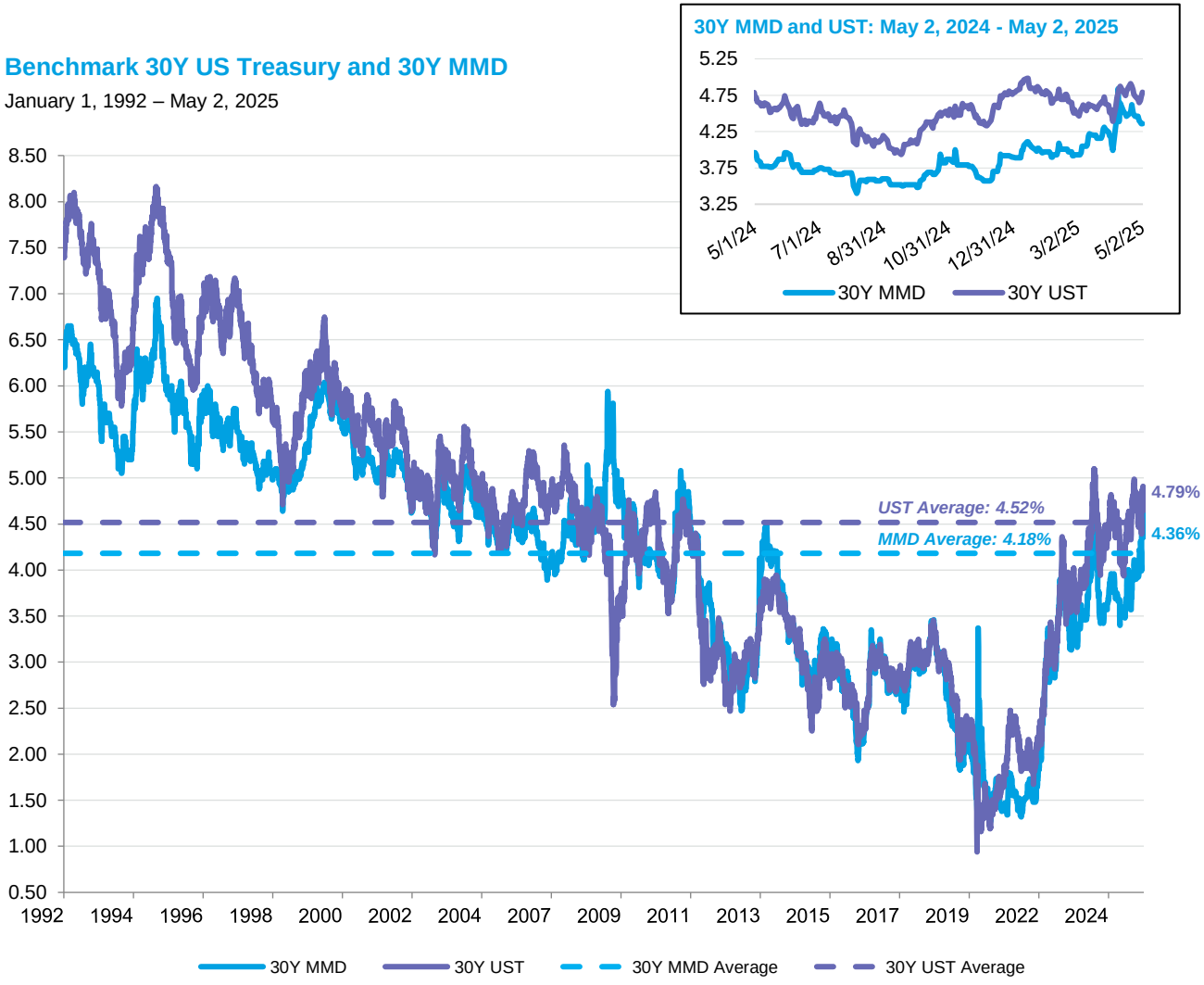
Week Ended May 2nd, 2025

Market Driving Themes

- U.S. economy shrinks in Q1 on the back of trade war fears
  - US GDP surprised to the downside with a loss of -0.3% Q/Q (vs. consensus -0.2% and prior 2.4%), representing the first quarter of negative growth since Q1 of 2022; the negative report was largely driven by the front-loading of imports as companies prepared for tariffs
  - Though the market initially fanned concerns of slowing US economic growth and sent the Treasury curve down 1-5 bps, April's strong employment data on Friday would end up reversing pre-tariff announcement GDP data, with the Treasury curve up 6- 9 bps week over week by Friday's close
- The muni bond market saw $1.6 BN of inflows this week, bringing YTD net inflows to $6.7 BN
  - During the week of May 5th, $6.6 BN of new negotiated muni issuance is expected, $1.1 BN of which is new healthcare supply
- Investment grade new issue supply this week saw $39.2 BN price across 33 transactions:
  - Orderbooks were 4.2x oversubscribed
  - New issue concession was 3.0 bps
  - Tightening from initial price talk was 28.0 bps

Benchmark 30Y US Treasury and 30Y MMD

January 1, 1992 – May 2, 2025



Notes:
1. Source: Morgan Stanley Matrix
2. Please see additional important information and qualifications at the end of this material.

Morgan Stanley Public Finance: Weekly Healthcare Issuance Update

Week Ended May 2nd, 2025

Healthcare Rating Updates

April 28 to May 2, 2025

Moody's
- Corewell Health (MI): Assigned/Affirmed Aa3; Outlook Stable
- Mass General Brigham (MA): Affirmed Aa3; Outlook Stable

S&P
- Powers Health (IN): Affirmed AA-; Outlook Stable

Fitch
- Dartmouth Health (NH): Assigned/Affirmed A; Outlook Stable
- Lurie Children's Hospital (IL): Affirmed AA; Outlook Stable
- Meritus Health (MD): Assigned/Affirmed A; Outlook Stable
- Stanford Health Care (CA): Affirmed AA; Outlook Stable
- Sutter Health (CA): Assigned AA-/Upgraded to AA- from A+; Outlook Stable

Select Fixed Rate Healthcare New Issuance

Sale Date	Obligor (State)	Par ($MM)	Ratings (M/S/F)	Maturity[1]	Coupon / Yield / Spread
5/1/25	Denver Health and Hospital Authority (CO)	113.475	NR / BBB / BBB	2055	6.000% / 5.230% / +87
4/30/25	Mary Washington Healthcare (VA)	164.205	A3 / NR / A	2055	5.250% / 4.970% / +59
4/30/25	HealthPartners (MN)	195.575	A2 / A / NR	2033	5.000% / 3.800% / +62
4/29/25	Brown University Health (MA)	174.800	NR / BBB+ / BBB+	2050	5.500% / 5.050% / +72
4/29/25	Brown University Health (RI) – Corporate[2]	156.950	NR / AA / BBB+	2030	5.050% / 5.050% / +128
4/29/25	Bon Secours Mercy Health (Multi)	671.220	A1 / A+ / AA-	2048	5.000% / 4.970% / +70
4/24/25	Silver Cross Hospital and Medical Centers (IL)	205.905	A3 / NR / A-	2041	5.000% / 4.710% / +78
4/23/25	Corewell Health (MI)	191.795	Aa3 / AA / NR	2046	5.000% / 4.870% / +54
4/14/25	Memorial Sloan Kettering Cancer Center (NY)	215.000	Aa3 / AA- / AA	2054	5.250% / 4.800% / +27
4/2/25	Mayo Clinic (MN)	100.000	Aa2 / AA / NR	2053	4.375% / 4.600% / +43
3/20/25	UC Health (OH) – Corporate[2]	125.000	Baa3 / AA / NR	2035	5.858% / 5.858% / +163
3/20/25	UC Health (OH)	137.415	Baa3 / BBB- / NR	2051	5.500% / 5.020% / +91
3/19/25	UPMC (PA)	340.680	A2 / A / A	2050	5.000% / 4.720% / +59
3/11/25	Jackson Health System (FL)	219.615	Aa2 / NR / AA+	2055	5.500% / 4.520% / +36
3/4/25	BJC Healthcare (MO)	454.625	Aa2 / AA / NR	2055	4.250% / 4.550% / +62
2/20/25	Aspirus Health (WI)	231.435	A1 / AA- / NR	2055	5.250% / 4.510% / +50
2/5/25	Cook Children's Medical Center (TX)	373.475	Aa2 / AA / NR	2054	4.125% / 4.370% / +48

Notes:
1. Reflects spread to reference rate and pricing data at the shown maturity.
2. Insured bonds; rating reflects insured bond rating.
3. Morgan Stanley underwritten transactions, if any, highlighted in blue.
4. Ratings reports from Moody's, S&P RatingsDirect, and Fitch. New Issuance from Refinitiv SDC Platinum and Bloomberg.
5. Please see additional important information and qualifications at the end of this material.

Morgan Stanley Public Finance: Weekly Healthcare M&A Update

Week Ended May 2nd, 2025

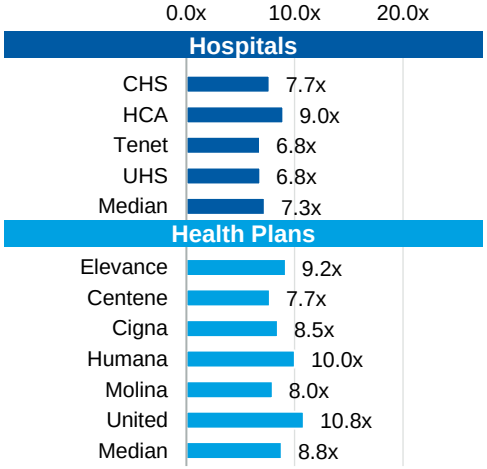
Additional Hospital M&A Headlines

- Atlantic General Hospital (MD) signed a definitive agreement to merge with MD-based TidalHealth (5/1)

Source: Becker's Hospital Review

Selected Valuation Multiples

EV/EBITDA (per trading data)



Source: Morgan Stanley analysis using CapitalIQ

Select Announced Not-for-Profit Hospital M&A Transactions[1][2]

Date Announced	Partner/Target	System / Hospital Revenue ($MM)[3]	Partner/Buyer	Cons. System Revenue ($MM)[4]
4/22/2025	Arkansas Methodist Medical Center (AK)	75	Baptist Memorial Health Care (TN)	4,436
4/15/2025	Cedar Park Regional Medical Center (TX)	183	Ascension (MO)	27,031
4/3/2025	4 Ascension Hospitals (MI)	493	Beacon Health System (IN)	1,390
2/24/2025	Logansport Memorial Hospital (IN)	110	Parkview Health (IN)	3,073
1/3/2025	Grand View Health (PA)	279	St. Luke's University Health Network (PA)	3,610
12/26/2024	Perry Community Hospital (TN)[5]	--	BradenHealth (FL)	38
12/12/2024	Atlantic General Hospital (MD)	162	TidalHealth (MD)	856
12/12/2024	Bay Area Hospital (OR)	178	Quorum Health (TN)	686
12/11/2024	Lake Norman Regional Medical Center (NC)	144	Duke University Health System	6,822
11/22/2024	2 CHS Hospitals (FL)	252	AdventHealth (FL)	16,794
11/14/2024	Black Hills Surgical Hospital (SD)	92	Sanford Health (SD)	7,226
11/8/2024	Merit Health Biloxi (MS)	81	Memorial Health System (MS)	847
10/28/2024	Harbor Beach Community Hospital (MI)	19	Scheurer Health (MI)	61
10/25/2024	7 Steward Hospitals (TX, FL)[6]	1,323	American Healthcare Systems	--
10/16/2024	Estes Park Health (CO)	57	UCHealth (CO)	8,131

Notes:
1. Includes selected publicly disclosed transactions
2. Certain transactions may involve a merger, and as such the parties are listed as "Partner", with the entity with lower consolidated revenues listed as target/partner
3. System/hospital revenues as reported in publicly available financials; if not available, revenues from CMS cost reports, as reported by Definitive Healthcare
4. Sources for consolidated revenues are for most recent year as reported by S&P/Moody's/EMMA/public filings/CMS cost reports, as reported by Definitive Healthcare
5. Perry Community Hospital closed in 2020, so no recent revenues are available
6. Combined revenues for 6 of the 7 acquired Steward hospitals; Revenues unavailable for Lauderdale Lakes, Florida-based Florida Medical Center
7. Please see additional important information and qualifications at the end of this material

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El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
FINANCE COMMITTEE MEETING MEMO

To: El Camino Hospital Finance Committee
From: Carlos A. Bohorquez, Chief Financial Officer
Date: May 27, 2025
Subject: Financials: FY2025 – Period 10 & YTD (as of 4/30/2025)

Purpose:

To provide the Finance Committee an update on financial results for FY2025 - Period 10 (April 2025) and YTD.

Executive Summary – Period 10 (April 2025):

Patient activity / volumes were unfavorable to budget due to the timing of spring breaks.

- **Average Daily Census:** 311 is (2) / (0.6%) unfavorable to budget and 10 / 3.1% higher than the same period last year.
- **Adjusted Discharges:** 3,979 are 318 / 8.7% favorable to budget and 279 / 7.5% higher than the same period last year.
- **Emergency Room Visits:** 7,160 are 276 / 4.0% unfavorable to budget and 1,113 / 18.4% higher than the same period last fiscal year.
- **Outpatient Visits / Procedures:** 13,747 are 3,139 / 29.6% favorable to budget and 1,645 / 13.6% higher than the same period last fiscal year.

Financial performance for Period 10 was favorable to budget. This is attributed to strong procedural volume and favorable management of variable expenses across the enterprise.

Total Operating Revenue ($):	$150.7M is $13.7M / 10.0% favorable to budget and $18.1M / 13.7% higher than the same period last fiscal year.
Operating EBIDA ($):	$24.3M is $5.2M / 27.1% favorable to budget and $5.4M / 28.7% higher than the same period last fiscal year.
Net Income ($):	$13.1 is ($3.1M) / (19.3%) unfavorable to budget and $14.4M / 1,179.5% higher than the same period last fiscal year.
Operating Margin (%):	10.7% (actual) vs. 8.1% (budget)
Operating EBIDA Margin (%):	16.1% (actual) vs. 14.0% (budget)
Net Days in A/R (days):	50.5 days are favorable to budget by 3.5 days / 6.5% and 0.9 days / 1.7% better than the same period last year.

Executive Summary – YTD FY2025 (as of 4/30/2025):

With the exception of outpatient visits / procedures and surgeries, year-over-year patient activity is consistent with last fiscal year.

- **Average Daily Census:** 312 is 1 / 0.2% favorable to budget and 5 / 1.5% higher than the same period last year.
- **Adjusted Discharges:** 37,325 are 126 / 0.3% favorable to budget and 837 / 2.3% higher than the same period last year.

- **Emergency Room Visits:** 68,101 are 835 / 1.2% favorable to budget and 844 / 1.3% lower than the same period last fiscal year.
- **Outpatient Visits / Procedures:** 128,458 are 14,470 / 12.7% favorable to budget and 13,959 / 12.2% higher than the same period last fiscal year.

Total Operating Revenue ($):	$1,423.6M is $54.3M / 4.0% favorable to budget and $129.5M / 10.0% higher than the same period last fiscal year.
Operating EBIDA ($):	$227.3M is $33.3M / 17.2% favorable to budget and $21.4M / 10.4% higher than the same period last fiscal year.
Net Income ($):	$220.9M is $60.6M / 37.8% favorable to budget and ($14.2M) / (6.1%) lower than the same period last fiscal year. Favorable net income is attributed to stable financial performance
Operating Margin (%):	10.0% (actual) vs. 8.0% (budget)
Operating EBIDA Margin (%):	16.0% (actual) vs. 14.2% (budget)

Recommendation:

- FC recommend approval of FY2025 – Period 10 & YTD financials

List of Attachments:

- Financial Report: FY2025 Period 10 & YTD

El Camino Health

Summary of Financial Operations

Fiscal Year 2025 – Period 10

7/1/2024 to 04/30/2025

Executive Summary - Overall Commentary for Period 10

- **Results for Period 10:**
  - Net Patient Revenue was favorable to budget by $6.1M / 4.6%.
  - Operating EBIDA Margin was favorable to budget by $5.2M / 27.1%.
  - Gross revenue favorable to budget by $48.5M / 8.6%.
    - Driven primarily by:
      - Inpatient Charges: $4.9M / 1.8% unfavorable to budget.
      - Outpatient Charges: $46.3M / 17.7% favorable to budget.
      - Professional Charges: $7.1M / 43.4% favorable to budget.
  - Cost Management
    - When adjusted for volume, overall operating expense is 8.7% higher than budget.
- Gross charges were favorable to budget by $48.5M / 8.6% and $73.2M / 13.6% higher than the same period last year.
- Net patient revenue was favorable to budget by $6.1M / 4.6% and $14.1M / 11.4% higher than the same period last year.
- Operating margin was favorable to budget by $5.0M / 45.5% and $5.7M / 55.1% higher than the same period last year.
- Operating EBIDA was favorable to budget by $5.2M / 27.1% and $5.4M / 28.7% higher than the same period last year.
- Net income was unfavorable to budget by $3.1M / 19.3% and $14.4M / 1,179.5% higher than same period last year.

Operational / Financial Results: Period 10 – April 2025 (as of 04/30/2025)

($ thousands)

		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's 'Aa3'	S&P 'AA'	Fitch 'AA'	Performance to Rating Agency Medians
Activity / Volume	ADC	311	313	(2)	(0.6%)	302	10	3.1%	---	---	---	---
	Adjusted Discharges	3,979	3,661	318	8.7%	3,700	279	7.5%	---	---	---	---
	OP Visits / OP Procedural Cases	13,747	10,608	3,139	29.6%	12,102	1,645	13.6%	---	---	---	---
	Percent Government (%)	59.8%	58.7%	1.1%	1.9%	59.9%	(0.1%)	(0.1%)	---	---	---	---
	Gross Charges ($)	609,693	561,236	48,457	8.6%	536,519	73,174	13.6%	---	---	---	---
Operations	Cost Per CMI AD	21,781	20,032	1,749	8.7%	18,538	3,244	17.5%	---	---	---	---
	Net Days in A/R	50.5	54.0	(3.5)	(6.5%)	51.4	(0.9)	(1.7%)	48.1	49.7	47.5	
Financial Performance	Net Patient Revenue ($)	137,712	131,660	6,052	4.6%	123,655	14,057	11.4%	297,558	564,735	---	
	Total Operating Revenue ($)	150,685	136,969	13,716	10.0%	132,554	18,131	13.7%	389,498	610,593	268,739	
	Operating Margin ($)	**16,096**	**11,060**	**5,036**	45.5%	**10,376**	**5,720**	55.1%	**7,400**	**11,601**	**8,331**	
	Operating EBIDA ($)	**24,281**	**19,111**	**5,170**	27.1%	**18,863**	**5,418**	28.7%	**26,400**	**39,689**	**22,574**	
	Net Income ($)	13,138	16,284	(3,146)	(19.3%)	(1,217)	14,355	1179.5%	19,085	20,150	15,049	
	Operating Margin (%)	**10.7%**	**8.1%**	**2.6%**	32.3%	**7.8%**	**2.9%**	36.5%	**1.9%**	**1.9%**	**3.1%**	
	Operating EBIDA (%)	**16.1%**	**14.0%**	**2.2%**	15.5%	**14.2%**	**1.9%**	13.2%	**6.8%**	**6.5%**	**8.4%**	
	DCOH (days)	289	275	14	4.9%	266	23	8.7%	258	304	311	

Moody's Medians: Not-for-profit and public healthcare annual report; August 2024. Dollar amounts have been adjusted to reflect monthly averages.
S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 2024. Dollar amounts have been adjusted to reflect monthly averages.
Fitch Ratings: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; July 2024. Dollar amounts have been adjusted to reflect monthly averages.

Notes: DCOH total includes cash, short-term and long-term investments.
OP Visits / Procedural Cases includes Covid Vaccinations / Testing.

El Camino Health

Unfavorable Variance < 3.49%
Unfavorable Variance 3.50% - 6.49%
Unfavorable Variance > 6.50%

Operational / Financial Results: YTD FY2025 (as of 04/30/2025)

($ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's 'Aa3'	S&P 'AA'	Fitch 'AA'	Performance to Rating Agency Medians
Activity / Volume	ADC	313	312	1	0.2%	308	5	1.5%	---	---	---	---
	Adjusted Discharges	37,325	37,199	126	0.3%	36,488	837	2.3%	---	---	---	---
	OP Visits / OP Procedural Cases	128,458	113,988	14,470	12.7%	114,499	13,959	12.2%	---	---	---	---
	Percent Government (%)	59.4%	58.7%	0.8%	1.3%	59.3%	0.2%	0.3%	---	---	---	---
	Gross Charges ($)	6,071,639	5,747,973	323,665	5.6%	5,257,610	814,028	15.5%	---	---	---	---
Operations	Cost Per CMI AD	20,224	20,032	191	1.0%	18,772	1,451	7.7%	---	---	---	---
	Net Days in A/R	50.5	54.0	(3.5)	(6.5%)	51.4	(0.9)	(1.7%)	48.1	48.1	47.5	
Financial Performance	Net Patient Revenue ($)	1,358,948	1,312,474	46,474	3.5%	1,229,453	129,495	10.5%	2,975,583	5,647,346	---	
	Total Operating Revenue ($)	1,423,617	1,369,283	54,334	4.0%	1,294,146	129,471	10.0%	3,894,981	6,105,928	3,224,864	
	Operating Margin ($)	**142,119**	**109,577**	**32,542**	29.7%	**122,197**	**19,922**	16.3%	**74,005**	**116,013**	**99,971**	
	Operating EBIDA ($)	**227,318**	**193,985**	**33,333**	17.2%	**205,930**	**21,387**	10.4%	**264,003**	**396,885**	**270,889**	
	Net Income ($)	220,918	160,304	60,614	37.8%	235,145	(14,227)	(6.1%)	190,854	348,038	180,592	
	Operating Margin (%)	**10.0%**	**8.0%**	**2.0%**	24.7%	**9.4%**	**0.5%**	5.7%	**1.9%**	**1.9%**	**3.1%**	
	Operating EBIDA (%)	**16.0%**	**14.2%**	**1.8%**	12.7%	**15.9%**	**0.1%**	0.3%	**6.8%**	**6.5%**	**8.4%**	
	DCOH (days)	289	275	14	4.9%	266	23	8.7%	258	304	311	

Moody's Medians: Not-for-profit and public healthcare annual report; August 2024. Dollar amounts have been adjusted to reflect monthly averages.
S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 2024. Dollar amounts have been adjusted to reflect monthly averages.
Fitch Ratings: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; July 2024. Dollar amounts have been adjusted to reflect monthly averages.

Notes: DCOH total includes cash, short-term and long-term investments.
OP Visits / Procedural Cases includes Covid Vaccinations / Testing.

El Camino Health

Unfavorable Variance < 3.49%
Unfavorable Variance 3.50% - 6.49%
Unfavorable Variance > 6.50%

Consolidated Balance Sheet (as of 04/30/2025)

($000s)

ASSETS		Audited
CURRENT ASSETS	**April 30, 2025**	**June 30, 2024**
Cash	313,878	202,980
Short Term Investments	100,243	100,316
Patient Accounts Receivable, net	226,539	211,960
Other Accounts and Notes Receivable	26,502	25,065
Intercompany Receivables	23,773	17,770
Inventories and Prepaids	47,046	55,556
Total Current Assets	**737,983**	**613,647**
BOARD DESIGNATED ASSETS		
Foundation Board Designated	17,093	23,309
Plant & Equipment Fund	539,245	503,081
Women's Hospital Expansion	45,453	31,740
Operational Reserve Fund	210,693	210,693
Community Benefit Fund	17,480	17,561
Workers Compensation Reserve Fund	13,086	12,811
Postretirement Health/Life Reserve Fund	23,009	22,737
PTO Liability Fund	41,395	37,646
Malpractice Reserve Fund	1,713	1,713
Catastrophic Reserves Fund	36,557	33,030
Total Board Designated Assets	**945,725**	**894,322**
FUNDS HELD BY TRUSTEE	**18**	**18**
LONG TERM INVESTMENTS	**692,557**	**665,759**
CHARITABLE GIFT ANNUITY INVESTMENTS	**1,242**	**965**
INVESTMENTS IN AFFILIATES	**49,070**	**36,663**
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	2,052,617	2,016,992
Less: Accumulated Depreciation	(945,815)	(874,767)
Construction in Progress	215,913	173,449
Property, Plant & Equipment - Net	**1,322,714**	**1,315,675**
DEFERRED OUTFLOWS	42,524	41,550
RESTRICTED ASSETS	46,512	32,166
OTHER ASSETS	206,708	195,447
TOTAL ASSETS	**4,045,053**	**3,796,213**

LIABILITIES AND FUND BALANCE		Audited
CURRENT LIABILITIES	**April 30, 2025**	**June 30, 2024**
Accounts Payable	59,025	71,017
Salaries and Related Liabilities	46,501	35,693
Accrued PTO	42,637	38,634
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	6,991	13,419
Intercompany Payables	19,538	13,907
Malpractice Reserves	1,830	1,830
Bonds Payable - Current	11,360	10,820
Bond Interest Payable	4,469	7,673
Other Liabilities	20,247	12,261
Total Current Liabilities	**214,897**	**207,554**
LONG TERM LIABILITIES		
Post Retirement Benefits	23,009	22,737
Worker's Comp Reserve	13,086	12,811
Other L/T Obligation (Asbestos)	27,356	27,707
Bond Payable	427,703	441,105
Total Long Term Liabilities	**491,154**	**504,360**
DEFERRED REVENUE-UNRESTRICTED	**1,662**	**1,038**
DEFERRED INFLOW OF RESOURCES	**92,446**	**92,261**
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	2,954,884	2,731,120
Minority Interest	-	(1,114)
Board Designated	225,722	216,378
Restricted	64,287	44,616
Total Fund Bal & Capital Accts	**3,244,894**	**2,991,001**
TOTAL LIABILITIES AND FUND BALANCE	**4,045,053**	**3,796,213**

El Camino Health

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
FINANCE COMMITTEE MEETING MEMO

To: El Camino Hospital Finance Committee
From: Jon Cowan, Executive Director, Government Relations & Community Partnerships
Date: May 27, 2025
Subject: FY2026 El Camino Health Implementation Strategy Report and Community Benefit Plan

Recommendation:

To review and recommend approval of the FY2026 El Camino Health (ECH) Implementation Strategy Report and Community Benefit Plan (Plan). To recommend approval of authority for Jon Cowan, Executive Director of Government Relations & Community Partnerships, to execute all grant agreements specified in the Plan.

Summary:

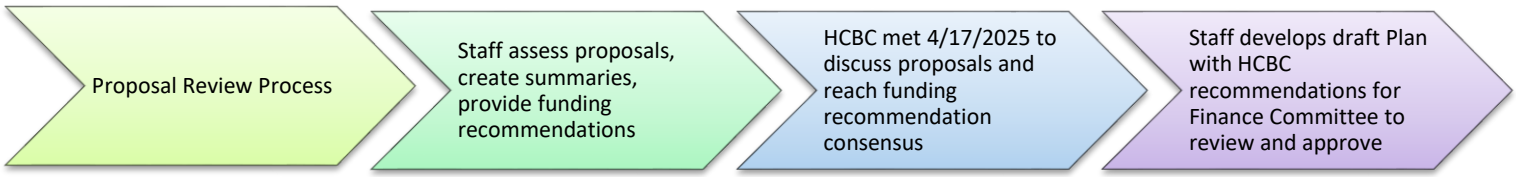
1. Situation: The Plan reflects a total request of $3,410,000 and includes funding recommendations for grants, sponsorships and placeholder.

- The Plan outlines strategies to address the top unmet health needs identified in the 2025 ECH Community Health Needs Assessment (CHNA)
- Grant proposals in the Plan set metrics aimed at reducing these unmet health needs
- Sponsorships and placeholder funds are separate from grants and approved in aggregate amounts

2. Authority: Per the Community Benefit Grants Policy approved by the ECH Board of Directors, the Finance Committee is to review and recommend approval of the annual Plan.

3. Background: Plan includes grant proposals, sponsorships and placeholder.
Grant proposals review process:

- December 2024: Community Benefit (CB) FY2026 Application and Grant Guide released online with announcement to community and current grantees.
- February 28, 2025: Submission Deadline



- Funding overview *(see Community Benefit Plan Appendix: FY2026 ECH Proposal Index Attachment 2)*:
  Grant Proposals: 47 recommended at $3,310,000

- Total Proposals: 77 (1% increase over prior year)
- Total Requested: $6,377,515 (6% increase over prior year)
- Total Funded: $3,310,000 (0% increase over prior year)
  - Total Unfunded: $3,067,515 (14% increase over prior year)
- Note, some programs apply to both ECH and the El Camino Healthcare District (*see Attachment 3)*

Sponsorships: Recommended = $85,000

Placeholder: Recommended = $15,000

- **Placeholder process:** Designated funds to be used in accordance with the ECH Community Benefit Grants Policy/Placeholder

FY2024 ECH Total Plan Request: $3,410,000

4. Assessment: N/A

5. Other Reviews: Hospital Community Benefit Committee (HCBC) reviewed proposals and provided funding recommendations.

6. Outcomes: Committee reviews and approves Plan, which includes funding for grants, sponsorships and placeholder. Committee votes to fund original Plan or Plan with approved amendments.

List of Attachments:

- FY2026 ECH Implementation Strategy Report and Community Benefit Plan
- Community Benefit Plan Appendix: FY2026 ECH Proposal Index
- Dual Funded Programs Summary

FY2026 El Camino Health Implementation Strategy Report and Community Benefit Plan

Finance Committee

Jon Cowan, Executive Director, Government Relations and Community Partnerships

May 27, 2025

Recommendation

To review and recommend approval of the FY2026 El Camino Health Implementation Strategy Report and Community Benefit Plan:

- Currently recommending a total of $3,410,000, including Grants ($3,310,000), Sponsorships ($85,000) and Placeholder ($15,000), or
- An amended Plan per Committee motions up to available funds of $3,410,000.

Timeline & Process

- Hospital Community Benefit Committee (HCBC) meets in April
- HCBC's recommendations for funding are provided to the Finance Committee (FC) as part of CB Annual Plan & Implementation Strategy
- FC approves grant funding through the ECH Implementation Strategy Report and Community Benefit Plan

El Camino Health

Guiding Principles for Evaluating and Prioritizing Appropriateness of Grant Proposals

Required

1. Serve those who live, work or go to school in El Camino Health's targeted geography
2. Demonstrate a competence and capacity to address at least one of the identified health needs
3. Focus primarily, but not exclusively, on the results of increasing access to healthcare services, behavioral health services, as well as the management of rising risk chronic health conditions (diabetes, obesity, cardiovascular disease, cancer, and respiratory conditions)
4. Have an emphasis on populations that are underserved, experiencing health disparities, and/or facing health challenges

Preferred

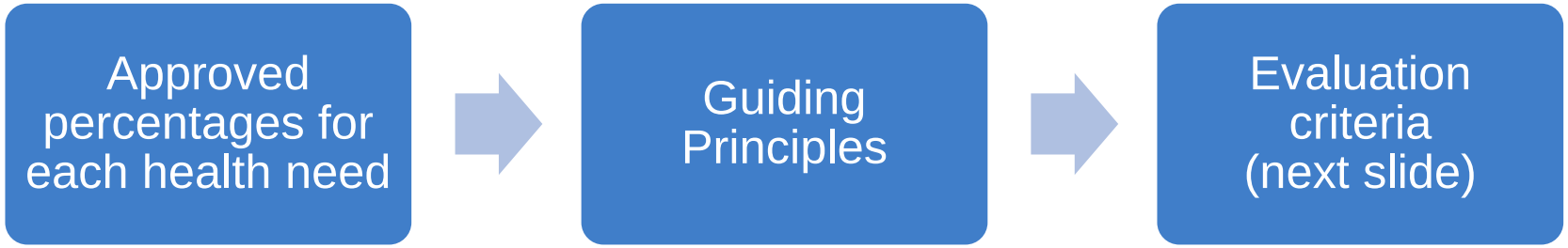
5. Aim to reflect the diversity of El Camino Health's targeted geography
6. Focus on operational programmatic costs for service delivery, over capital campaigns
7. Emphasize locally focused vs. national organizations
8. Emphasize the most effective and impactful programs while welcoming new and innovative applicants

ECH Ranked & Prioritized Health Needs

Health Need	FY2024 Approved	FY2025 Approved	FY2026 Approved
Healthcare Access & Delivery (including oral health)	30%	30%	~30%
Behavioral Health (including domestic & violence trauma)	30%	31%	~30%
Diabetes & Obesity	30%	29%	~30%
Chronic Conditions (other than diabetes & obesity)	5%	5%	~5%
Economic Stability (including food insecurity, housing & homelessness)	5%	5%	~5%

Proposal Evaluation Process

- Top three factors that are referenced during the grant evaluation process



El Camino Health

Proposal Evaluation Process (continued)

Proposal evaluation criteria:

- Alignment with ECH priorities
- Addressing community needs
- Applicant capability
- Proposal quality
- Impact and evaluation plan
- Budget request
- Evidence-based programming
- Financial need of applicant
- Brand alignment (i.e. will not reflect negatively on reputation, brand)

Proposals were also evaluated in context of those in each health need, then grouped by their proximity to the median for review in the grant index.

FY2026 Summary of Proposal Portfolio

77 **Proposals**

Requested **$6.4M**

6% increase

$3.3M **Available**

El Camino Health

ECH Grants Grouped by Health Need

	Health Need	FY2025 Approved	FY2025 (%)	FY2026 Proposed	FY2026 (%)
Healthcare Access & Delivery (including oral health)	Healthcare Access & Delivery	$1,006,000	~30%	$986,000	~30%
Behavioral Health (including domestic violence & trauma)	Behavioral Health	$1,041,000	~31%	$1,027,000	~31%
Diabetes & Obesity	Diabetes & Obesity	$945,000	~29%	$945,000	~29%
Chronic Conditions (other than diabetes & obesity)	Chronic Conditions (other than Diabetes & Obesity)	$166,000	~5%	$155,000	~5%
Economic Stability (including housing and food)	Economic Stability	$152,000	~5%	$197,000	~6%
	Total	**$3,310,000**		**$3,310,000**	

El Camino Health

FY2026 Strategy Highlights

- For FY2026, staff recommended grant awards remain flat **for school mental health and school nurse programs,** both to remain equitable across school-based programs and to allow for sufficient support of other demographic groups within the portfolio

- **New grants such as Abode, AINAK, Hearts & Minds Activity Center, and Loaves & Fishes Family Kitchen** address key issues highlighted in the FY2026 ISR and Community Benefit Plan, and cover identified gaps that exist in current standard care and the ECH portfolio

- **Similar to FY2025, there were more grant applications in the Behavioral Health category.** Although the exact reason for this trend is unknown*, this aligns with community health needs and strategies outlined in the Implementation Strategy report

**The BH application volume could potentially be confirmation of the health need, but it could also be a selection bias due to historical ECH funding, the nature of reimbursement for BH services vs. Other medical services, etc.*

FY2026 Strategy Highlights (continued)

- **Balancing grant volume –** stayed relatively flat in order to focus on high impact organizations and alignment with the Implementation Strategy Report and Community Benefit Plan

- **Intentionally phasing out grants** that are not aligned with the Implementation Strategy and/or those that serve populations outside of ECH geography
  - Decreasing funds in FY2026 for *To be Empowered* and *Vista Center for the Blind* vs. defunding fully to allow organizations time to adjust programming and identify other funding sources

- **Staff Innovation Grant**:
  - **Economic Opportunity Program:** Addressing economic security and helping build a diverse healthcare workforce through internship and mentorship opportunities for local young adults

El Camino Health

FY2026 Themes

Making additional investments closer to ECH Los Gatos – increased funding for programs such *as Los Gatos Saratoga Community Education and Recreation (LGS Recreation), West Valley Community Services (WVCS),* and *Asian Americans for Community Involvement (AACI)*.

- This represents **~2% (or $58k)** shift in geographic allocation of funds to **balance community needs vs. proximity to hospitals**

Increased focus on seniors– to address the 2025 CHNA finding on the worsening of isolation and loneliness in older adults since the COVID-19 pandemic, both of which contribute to mental health issues and cognitive decline in the geriatric populations (*Abode, LGS Recreation, WVCS Senior program*)

Increased focus on caregivers – increased funding for programs that support the caregivers / communities who care for the individuals with disabilities, illnesses, chronic conditions, etc. such *as Parents Helping Parents* and funding for new grant programs such as the *Hearts & Minds Activity Center*

El Camino Health

FY2026 New Applications

31 applications for new programs

Recommended for funding

- **Abode**
- **AINAK**
- **Hearts & Minds Activity Center**
- **Loaves & Fishes Family Kitchen**

Not recommended for funding

- Alzheimer's Disease and Related Disorders Association, Inc.
- APPNA Community Health Center
- Bay Area Community Health
- Cambrian School District (2)
- Caminar
- Catholic Charities of Santa Clara County
- Downtown Streets Team, Inc.
- Elevate Community Center
- Friends For Youth
- Hispanic Foundation of Silicon Valley
- Kids in Common
- Kyle J. Taylor Foundation
- Lotus Family Services
- MedCycle Network
- Neighborhood Hands
- North East Medical Services (3)
- Palo Alto University
- Parents Helping Parents (Public Benefits)
- Positive Alternative Recreation Teambuilding Impact
- Rebuilding Together Silicon Valley
- Recovery Cafe San Jose Inc.
- San Jose Mothers Milk Bank
- Shine Together
- Social Good Fund (Catalyze SV)
- South Bay Kidpower Teenpower Fullpower ('Kidpower')
- Union Elementary School District
- Unity Care Group

New Applications: Recommended for Funding

	Agency	Program	Funding Rationale
	Abode (ES)	Home Essentials for Older Adults at Kifer and Leigh Avenue Apartments	• Strong proposal • Serves low-income seniors • Previous grantee (FY2021, FY2022)
	AINAK (HA)	Free Eye Care and Eyeglasses Program	• Covers a gap in eyeglasses resources which surfaced as a high need from partner school districts due to VSP pausing eyeglasses voucher program
	Hearts & Minds Activity Center (CC)	Caregiver Support and Education	• Aligns with CHNA for Alzheimer's support • Aligns with increased focus on seniors and caregivers • Covers a gap in the ECH portfolio
	Loaves & Fishes Family Kitchen (ES)	Meals on Wheels for El Camino Hospital Seniors	• Serves low-income seniors • Covers a gap in the ECH portfolio • Provides weekly meals as well as wellness checks

El Camino Health

New Applications: Not Recommended for Funding Rationale

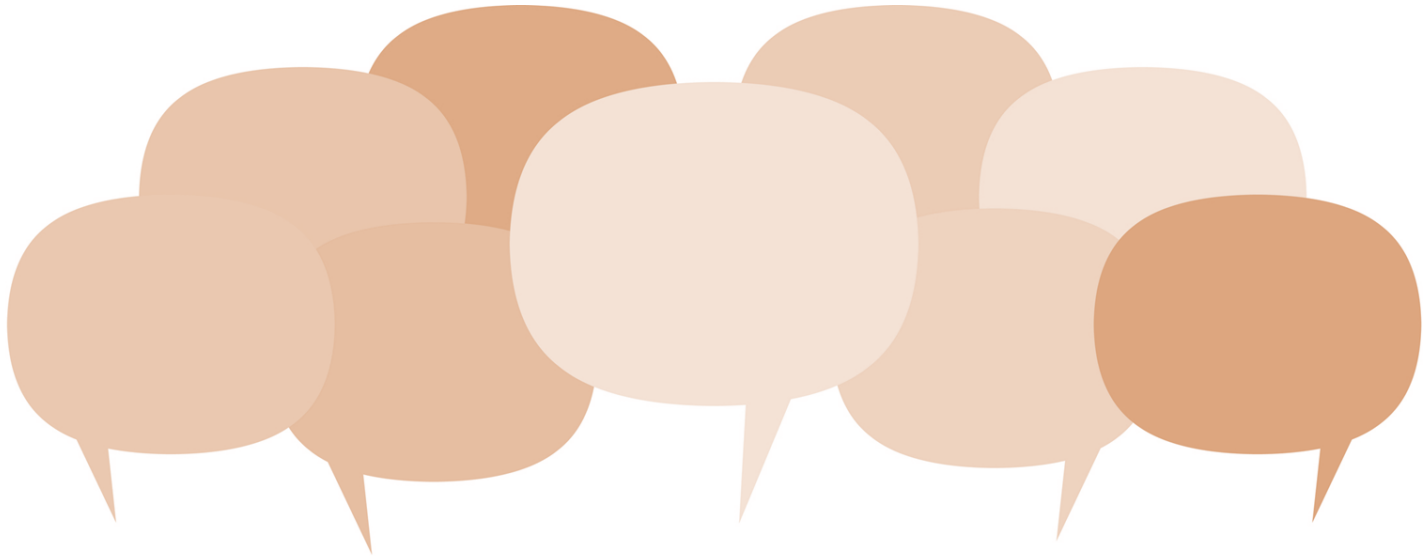
In addition to key factors such as availability of funds, approved percentage allocations by health need, and our desire to maintain support for key existing organizations, some other recurring themes arose for reasons why new applicants were not recommended for funding:

1. Lack of alignment with the Implementation Strategy and selected health needs
2. Lack of clarity on how the proposed program will impact health outcomes for targeted populations
3. Budget not aligned with stated goals, not clear on proposed use of funds, or requested amount is not reasonable
4. Service limited to a low number of people and high cost per person/service
5. Poor performance history

Follow-up from Finance Committee Meeting in March 2025

Request	Analysis	Conclusion
From a policy perspective, evaluate our current funding strategy / approach that tends to fund higher proportion of programs / people served in geographic areas where fewer patients are coming from	**An overly prescriptive or strict approach would not be practical when recommending funding due to the following reasons:** 1. Grant funding aligns and overlaps with where the need is - the location of the need heavily affects where services exist 2. Community Benefit dollars are to be used for: • Improving access to health care services • Enhancing the health of the community • Advancing medical or health knowledge • Relieving or reducing the burden of government or other community efforts 3. Community Benefit funds are not for marketing purposes 4. Additionally, there is a data challenge to tracking down to the zip code level for services provided	• The current grant funding approach aligns with our objective to provide funding through the Community Benefit Program in the form of grants and sponsorships to organizations that demonstrate an ability to impact the health needs of vulnerable, underserved and at-risk community members. • As such, **we do not recommend changes to our grant funding approach to try to more precisely overlap dollars and individuals served with narrowed portions of the ECH service area.** However, we will continue to monitor & evaluate trends and consider further strategic reallocations as appropriate

Finance Committee Discussion



El Camino Health

El Camino Health

Appendix

Impact of Federal Funding Pauses and Reductions

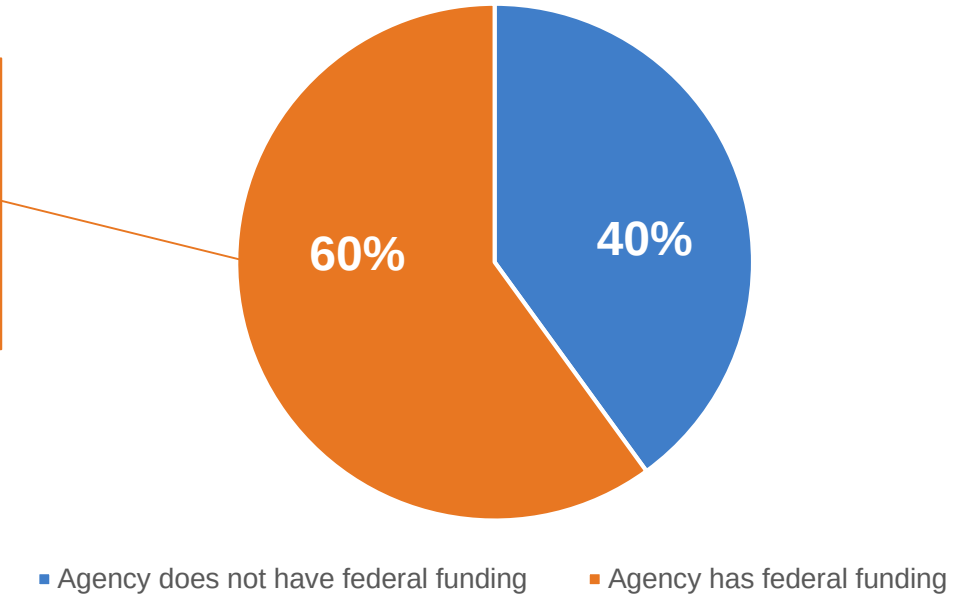
	What we did	Community Partnerships engaged agencies on the effects of federal funding changes through: • Program reporting • Site visits • Implementing a survey on the impacts of federal funding pauses or reductions
	What we heard	Agencies surfaced how the federal funding changes could affect program staffing, achieving program metrics, organization impact, and general community needs
	What we will do	Conduct continuous monitoring of emergent needs related to changing federal funding status

El Camino Health

Impact of Federal Funding Pauses and Reductions

60% of FY2025 ECH grant partner respondents have current federal funding as part of their organizational budget

Of those who receive federal funding, about **77%** are anticipating reductions



El Camino Health

Implementation Strategy Report and Community Benefit Plan, FY 2026

June 2025

El Camino Health®

I. GENERAL INFORMATION

Contact Person:	Tim Daubert
Years the Plan Refers to:	Fiscal year 2026
Date Written Plan Was Adopted by Authorized Governing Body:	June 17, 2025
Authorized Governing Body that Adopted the Written Plan:	El Camino Hospital Board of Directors
Name and EIN of Hospital Organization Operating Hospital Facility:	El Camino Hospital EIN 94-3167314
Address of Hospital Organization:	El Camino Hospital 2500 Grant Road Mountain View, CA 94040-4302

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II. ABOUT EL CAMINO HEALTH

El Camino Health has served the communities of Silicon Valley and the South Bay for more than 60 years, with nationally recognized physicians and nurses at two not-for-profit acute care hospitals in Los Gatos and Mountain View, and 21 care locations across Santa Clara County, which includes primary care, multi-specialty care, and urgent care. Across the organization, El Camino Health has over 4,300 employees, over 1,500 physicians, and 466 patient beds. Key service lines include cancer care, cardiovascular care, maternity care, mental health and addiction services, orthopedics, pulmonology, urology, and women's health. Affiliated partners include El Camino Health Medical Network, El Camino Health Foundation and Concern.

MISSION

It is the mission of El Camino Health to heal, relieve suffering and advance wellness.

COMMUNITY BENEFIT PROGRAM

For more than 60 years, El Camino Health has provided healthcare services beyond its walls — crossing barriers of age, education and income level — to serve the people of its region, because a healthier community benefits everyone.

Building a healthier community requires a combined effort. El Camino Health collaborates with community members who have expertise in understanding health disparities in local cities, as well as organizations with similar missions. Working together has vastly multiplied El Camino Health's ability to make a difference.

El Camino Health, in partnership with El Camino Healthcare District, provides funding through the Community Benefit Program in the form of grants and sponsorships to organizations that demonstrate an ability to impact the health needs of vulnerable, underserved and at-risk community members.

Every year, El Camino Health publishes the Community Benefit Annual Report to inform the community about Community Benefit Program financials, the grant programs and how these funded services improve the health of vulnerable populations both through direct services and prevention initiatives.[a]

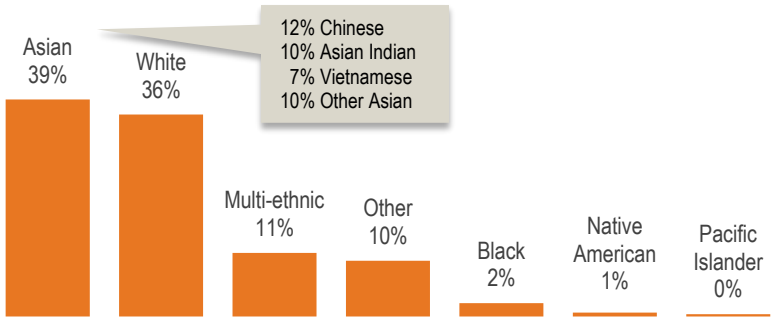
[a] https://www.elcaminohealth.org/about-us/community-benefit

III. EL CAMINO HEALTH'S SERVICE AREA

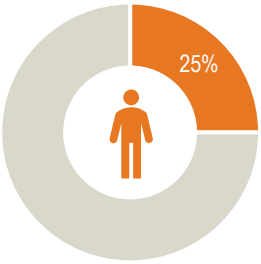
El Camino Health is located in Santa Clara County, and its community encompasses most of the cities in that county, including Cupertino, Los Altos, Los Altos Hills, Los Gatos, Mountain View, San José, Santa Clara, and Sunnyvale. Santa Clara County comprises 18 cities and large areas of unincorporated rural land. In 2023, close to 1.9 million people lived here, making it the sixth largest county in California by population. San José is its largest city, with almost 970,000 residents (52% of the total).

SANTA CLARA COUNTY DEMOGRAPHICS

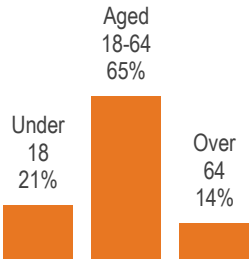
A majority of residents are non-White.



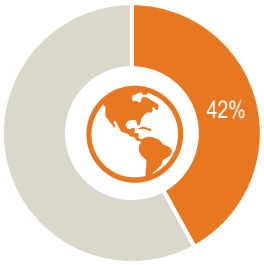
One-quarter are Hispanic.



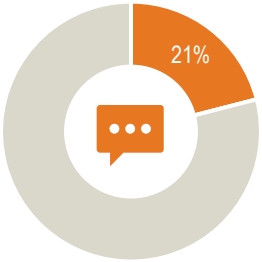
About one in five residents are children.



Over two in five residents are foreign-born.



About one in five over age 5 speak limited English.



$128,176

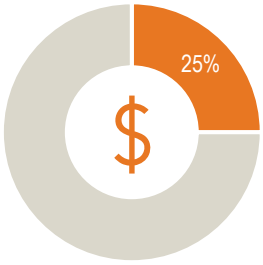
4-person household
Real Cost Measure (RCM)

$1.7M

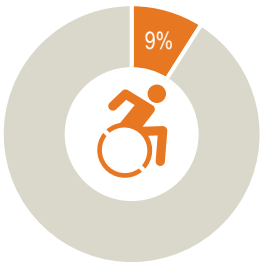
median home sale price

Sources: United Way: Real Cost Measure, 2021. Redfin.com: Median home sale price, 2024. U.S. Census Bureau: race and age, 2017-2022, other demographics, 2023.

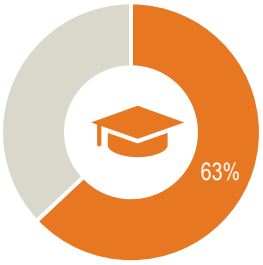
On average, one in four households lives below the Real Cost Measure.



Almost one in ten residents lives with a disability.



Over three in five residents aged 25+ have earned at least a Bachelor's degree.



Source: U.S. Census Bureau: race and age, 2017-2022, other demographics, 2023.

In our assessment of the health needs in our community, we focused particularly on disparities and inequities within our community rather than simply in comparison to California or the nation as a whole.

IV. PURPOSE OF IMPLEMENTATION STRATEGY & COMMUNITY BENEFIT PLAN

Per state and federal law, a Community Health Needs Assessment (CHNA) must be conducted every three years by nonprofit hospitals. In 2025, El Camino Health Community Benefit staff conducted a Community Health Needs Assessment in collaboration with the Santa Clara County Community Benefit Coalition. This assessment resulted in the identification of community health needs. The 2025 CHNA serves as a tool for guiding policy and program planning efforts and is available to the public. For information about El Camino Health's 2025 CHNA process and for a copy of the 2025 CHNA report, please visit https://www.elcaminohospital.org/about-us/community-benefit.

IRS regulations mandate that all nonprofit hospitals develop and adopt an implementation strategy to address community needs every three years. Section 1.501(r)(3)(c) of the IRS regulations pertains to implementation strategy specifically, and its requirements include a description of the health needs that the hospital will address and a description of the health needs that the hospital will not address.

This Implementation Strategy Report (IS Report) and Community Benefit Plan (CB Plan) describes El Camino Health's planned response to the needs identified through the 2025 CHNA process. Per IRS requirements, the following descriptions of the actions (strategies) El Camino Health intends to take include the anticipated impact of the strategies, the resources the hospital facility plans to commit to address the health needs, and any planned collaboration between the hospital facility and other facilities or organizations in addressing the health needs.

This 2026 IS Report and CB Plan is based on the 2025 CHNA and outlines El Camino Health's funding for fiscal year 2026. It will be updated annually based on the most recently conducted CHNA.

Financial Summary

FY2026 El Camino Health Community Benefit Plan:

- 47 Grants: $3,310,000
  - Requested Grant Funding: $6,377,515
- Sponsorships: $85,000
- Placeholder: $15,000
- Plan Total: $3,410,000

V. LIST OF COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2025 CHNA

The 2025 CHNA assessed community health needs by gathering input from persons representing the broad interests of the community. This primary qualitative input was used to determine the community's priorities. In addition, quantitative (statistical) data were analyzed to identify poor health outcomes, health disparities, and health trends. Statistical data were compiled and compared against statewide rates and averages.

To be considered a health need for the purposes of the 2025 CHNA, the need had to fit a standard definition, be present in at least two data sources, and either prioritized by key informants or focus groups, or suggested by direct statistical indicators that fail benchmarks or exhibit documented inequities by race.[b] A total of 14 health needs were identified in the 2025 CHNA. The health need selection process is described in Section VI of this report.

2025 Community Health Needs List

1. Housing
2. Economic Stability
3. Behavioral Health
4. Diabetes & Obesity
5. Respiratory Health
6. Unintended Injuries/Accidents
7. Healthcare Access & Delivery
8. Heart Disease & Stroke
9. Maternal & Infant Health
10. Education
11. Cancer
12. Communicable Diseases
13. Community Safety
14. Sexual Health

[b] The definition of a health need is a poor health outcome and its health driver, or a health driver associated with a poor health outcome that has not yet arisen as a need. Further definitions of terms and specific criteria for health needs identification may be found in El Camino Health's 2025 CHNA report.

VI. THOSE INVOLVED IN THE IMPLEMENTATION STRATEGY (IS) & COMMUNITY BENEFIT PLAN DEVELOPMENT

El Camino Health selected the health needs to address. Actionable Insights, LLC, provided guidance and expertise for this process and conducted research on evidence-based and promising practices for each selected health initiative. Actionable Insights is a consulting firm whose principals have experience conducting CHNAs and providing expertise on implementation strategy development and IRS reporting for hospitals.

VII. HEALTH NEEDS THAT EL CAMINO HEALTH PLANS TO ADDRESS

PROCESS AND CRITERIA USED TO SELECT HEALTH NEEDS

In October 2024, the Hospital Community Benefit Committee (HCBC) met to review the information collected for the 2025 CHNA. The purpose of the meeting was to help select the needs El Camino Health would address, which would form the basis for its FY2026 community benefit plan and implementation strategies. The HCBC, by consensus, selected the following needs to address:

- Healthcare Access & Delivery (including oral health)
- Behavioral Health (including domestic violence and trauma)
- Diabetes & Obesity
- Other Chronic Conditions (other than Diabetes & Obesity)
- Economic Stability (including food insecurity, housing, and homelessness)

DESCRIPTION OF HEALTH NEEDS EL CAMINO HEALTH PLANS TO ADDRESS

Healthcare Access and Delivery (including oral health)

Healthcare Access and Delivery, which affects various other community health needs, was identified as a top health need by two-thirds (67%) of focus groups and key informants combined. CHNA participants highlighted high copays and lack of insurance coverage among community residents (e.g., high deductibles, lapsed coverage among Medi-Cal-eligible individuals) as barriers to healthcare access. Statistical data show that Santa Clara County's proportion of uninsured residents is low, yet it is slightly higher (worse) than San Mateo County's. Many key informants and focus group participants connected healthcare access with economic instability, noting that people are less likely to seek care if they cannot pay for it.

Participants felt there were significant issues with access to preventive care (e.g., colonoscopies, mammograms), including long wait times for such appointments, which could lead to worsened health outcomes. Some professionals specifically noted that the healthcare system is under such strain that some preventable issues become acute due to the consequent long waits for these appointments.

CHNA participants indicated that community-based clinics and programs providing direct healthcare services are beneficial but underfunded. In particular, participants focused on difficulties in accessing dental care, especially for low-income individuals and those on Medi-Cal. They explained that there is a significant lack of providers who actually accept Denti-Cal. Participants noted that even basic dental care can be prohibitively expensive, leading patients to delay or forego treatment altogether.

Participants said migrant and undocumented communities struggle greatly with access to healthcare due to high costs, lack of insurance, and difficulty navigating the medical system.

Many community members have challenges understanding medical terminology and knowing what questions to ask providers. Participants also mentioned access barriers for individuals with disabilities or special needs and those with poor transportation options.

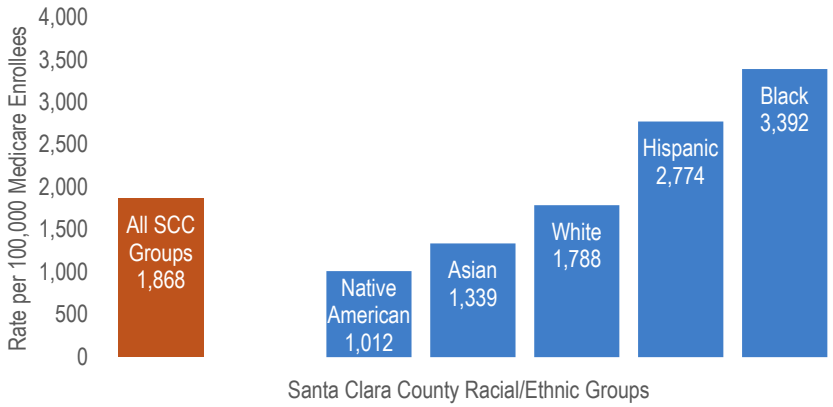
> *"Most nurses or medical practitioners do not know ASL [American Sign Language]... I do not feel good always going with the translator or having to write [things] down or wait longer periods just to be attended to."*
>
> —Participant, Community Focus Group

CHNA participants described the lack of cultural concordance, or at least cultural competence, as a significant issue in healthcare delivery, with certain populations experiencing discrimination and language barriers that hinder access to care. Close to 9% of the county's population is not proficient in English. In particular, over 9% of children in Santa Clara County live in a limited English-speaking household, a higher proportion than in neighboring San Mateo County or California overall (both around 7%). In addition to limited English-speaking households, participants also recognized the LGBTQ+ community as a group that faces significant disparities across health indicators. One local expert noted that stigmas and historical mistreatment make it difficult to gather data on the LGBTQ+ population's specific needs.

> *"I'm seeing folks who are not aware of resources, if they're aware of resources they don't know how to access, or they have apprehensive thoughts or actions about accessing those resources for a variety of reasons."*
>
> — Service Provider, Health Equity Focus Group

CHNA participants described systemic inequalities resulting in higher rates of chronic illnesses and lower quality of care for Black, Indigenous, and people of color (BIPOC) groups. For example, preventable hospital stays, which are higher among Black and Hispanic populations compared to Whites and Asians in Santa Clara County, may be a sign of inequitable access to high-quality care.

Black and Hispanic Medicare enrollees have significantly higher rates of preventable hospital stays than other groups.



Source: Center for Medicare & Medicaid Services Mapping Medicare Disparities Tool, 2020. Retrieved from County Health Rankings, June 2024.

Several CHNA participants specifically mentioned inequities in care provided to Black people, including inadequate maternal care. Access to critical maternal health services, including perinatal care, was a recurring issue among participants consulted during the CHNA as well. Certain maternal and infant health statistics are worse in East San José than in the county overall, including the proportion of premature births, low birthweight births, and infant mortality. Infant mortality and pre-term births in Santa Clara County are highest for Black and Hispanic babies. The county's low birthweight babies are disproportionately born to Black mothers. Teen births are highest among the county's Latinas (16 per 1,000 females aged 15-19) compared to their peers of other ethnicities (most fewer than 6 per 1,000).[c] Of all teen births, nearly 84% are to Santa Clara County Latinas. Maternal morbidity in Santa Clara County is highest among the Black population (193.9 per 10,000 delivery hospitalizations) compared to the overall rate (136.7 per 10,000), including issues such as preeclampsia, hypertension at delivery, and postpartum depression.[c] Young mothers and mothers of color who participated in the CHNA reported feeling judged and stereotyped by healthcare providers, which affected their general care experience and the quality of the care they received.

CHNA participants also spoke at length about issues of access to mental healthcare and substance use treatment, which is covered in the Behavioral Health need description, below.

Behavioral Health (including domestic violence and trauma)

Behavioral Health, which includes mental health and trauma as well as consequences such as substance use and domestic violence, ranked high as a health need, being prioritized by more than three-quarters (77%) of the CHNA's focus groups and key informants combined.

CHNA participants frequently noted increases in feelings of loneliness and isolation among community members of all ages, including older adults and youth. Participants emphasized that isolation and loneliness among older adults has worsened since the COVID-19 pandemic, exacerbating mental health issues. One expert highlighted the connection between loneliness, lack of social engagement, and cognitive decline in geriatric populations. Participants also expressed great concern regarding youth mental health. They mentioned high levels of anxiety and depression among youth and young adults, with particular emphasis on students of color and English language learners. Based on public health statistics, mental diseases/disorders are the primary reason for child hospitalizations in Santa Clara County.

Many participants suggested that economic stressors and structural inequities, such as those created by systemic discrimination, have heightened poor mental health overall. One of the common barriers identified was insufficient support systems. In particular, postpartum depression and anxiety were common issues among participants who were mothers, with many feeling they did not receive adequate mental health support.

[c] Rates are not age-adjusted.

Mental healthcare access is somewhat worse overall in Santa Clara County than in San Mateo County, and especially poor for youth: there are far more students per school psychologist in the county (1199:1) compared to the state ratio (1041:1) or that of San Mateo County (994:1). Specific populations that CHNA participants identified as disproportionately affected by access to mental/behavioral healthcare included the unhoused, rural, and limited-mobility populations, who have issues with physical access; low- and middle-income populations, whose challenges are primarily economic access; and English learners, people of color (Asian and Pacific Islander, Black, and Hispanic populations), and LGBTQ+ populations, who experience care delivery issues including linguistic and cultural mismatches. Concerns also arose over low utilization related to the stigma of poor mental health among low-income communities and Asian and Pacific Islander communities, to name a few.

There are also geographic differences to consider. Although self-harm hospitalizations are not worse for the county overall (27.2 per 100,000 population) compared to state or local benchmarks, the rate is significantly higher in the Mountain View area (32.9). Similarly, while Santa Clara County's overall suicide rate (7.7 per 100,000) is not as high as the state rate, the suicide rate in East San José (8.4) surpasses the county's rate. Overall, deaths of despair (deaths due to alcohol, drug use, or suicide) are also higher in East San José (44.8 per 100,000) compared to the county overall (30.8).

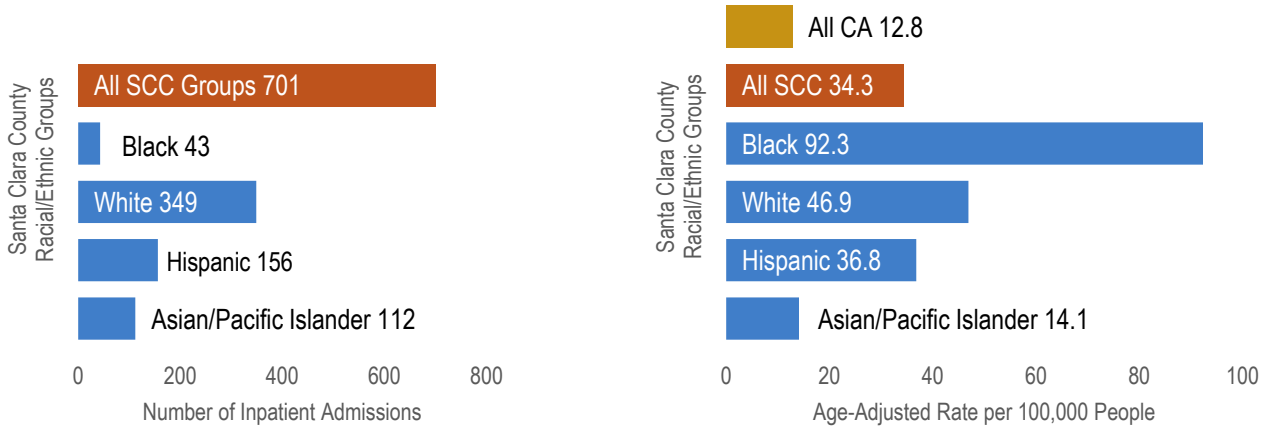
> *"You have individual trauma, you have community trauma, familial, you have generational trauma. … I also think addiction thrives in isolation and loneliness and disconnection. And when I think about this huge spike we saw of overdose deaths being driven by fentanyl and methamphetamines, I think that is a huge part of it as well. It [the combination of issues] makes it hard for folks, even when they're seeking treatment, to stay healthy and well."*
>
> —Behavioral Health Expert

Trauma was frequently cited as a root cause of substance use, mental health issues, and subsequent community violence.

Key informants and focus group attendees spoke about countywide increases in substance use, which they said was often employed as a coping behavior in situations when individuals experience social isolation, high stress, and/or discrimination (e.g., racism). Additionally, participants expressed concern about levels of use of various substances in the county (e.g., higher rates of cannabis and alcohol use among youth and LGBTQ+ populations; greater methamphetamine use among the unhoused and justice-involved populations). They reported that there is a lack of accessible substance use treatment programs (inpatient/residential), and long waiting lists for the few programs that do exist. The rise in drug potency continues to lead to higher levels of accidental fentanyl-related and other opioid-related overdoses and deaths, and was referenced multiple times among CHNA participants. Participants described Santa Clara County's low-income population as being the first in the county affected by rising opioid overdoses, followed by more affluent populations.

Among all ages, opioid overdose hospitalization rates in the county (34.3 per 100,000 people) and, specifically, in the Mountain View area (34.2), are close to triple California's rate (12.8). Although excessive alcohol use is no worse in the county than at the state level, the proportion of driving deaths with alcohol involvement is still higher in Santa Clara County than in neighboring San Mateo County (though trending down). Recent alcohol use by youth (measured as use within the past month) appears to be highest among the county's Black and Pacific Islander populations, compared to their peers of other ethnicities. Santa Clara County's American Indian/Alaskan Native population had the highest proportion of youth across all ethnic groups who tried alcohol more than seven times in their lifetime.[d]

The number of opioid hospitalizations is highest among White residents, but the rate per 100,000 population is highest for Black residents.



Source: California Department of Health Care Access & Information (HCAI), Patient Discharge Data, 2017-21.

Finally, close to two in five focus groups and interviews prioritized community and family safety. Some CHNA participants noted an increase in domestic violence cases following the COVID-19 pandemic, with cases becoming more complex and requiring more individual-level support. Statistics show that domestic violence-related 911 calls are higher in Santa Clara County (4.7 per 1,000 people aged 18–69) than in neighboring San Mateo County (4.0).[e] In addition, the rate of substantiated child abuse/neglect cases in the county is more than double that of San Mateo County. CHNA participants linked family safety concerns to economic instability and housing issues. They noted that financial stress and lack of stable housing contribute to unsafe environments. Participants identified immigrant communities and low-income families as particularly vulnerable to these issues. They said the stress from unsafe environments affects family dynamics and overall well-being.

[d] Note that of the youth in Santa Clara County's public schools (7th, 9th, 11th, and non-traditional students, aligning with the indicators shown), Black students are 1.9%, Pacific Islander students 0.5%, and Native students 0.2% of all enrolled students in those grades. Therefore, alcohol use proportions should be treated with caution.

[e] Rates are not age-adjusted.

Diabetes and Obesity

Just over one-third (35%) of key informants and focus group discussions identified Diabetes and Obesity as a top health need. Among discussion participants, there was a shared emphasis on the need for care focused on prevention through education, nutrition support, and lifestyle changes. Likewise, the importance of culturally competent health initiatives was mentioned in this context (i.e., programs that are accessible and relevant to diverse populations). Structural inequities were also seen as fundamental to the origins of diabetes and obesity; for example, some participants discussed the need for continued efforts to improve local food systems in places where diabetes is particularly prevalent.

Economic insecurity and poverty along with the high cost of living were frequently mentioned as underlying factors that exacerbate diabetes and obesity. For example, some indicated that inflation has made it more difficult for low-income families to afford nutritious food and the lack of healthy alternatives diminishes the ability of families to sustain healthy lifestyles.

> *"How do you promote healthy eating when all you have is McDonald's and Taco Bell on every corner? You have liquor stores that sell food, but it's all just processed foods. …I've had diabetics who were homeless, but they could only eat what was given to them. These shelters[,] the food banks… a lot of the times it's just carbs after carbs, or it's canned food. And I mean, I know it's something. But …it's like this terrible cycle. How do we get better nutrition to our community?"*
>
> —Healthcare Provider

Some participants further linked the experience of chronic stress to poor management of diabetes and obesity, highlighting the need for integrated care approaches.

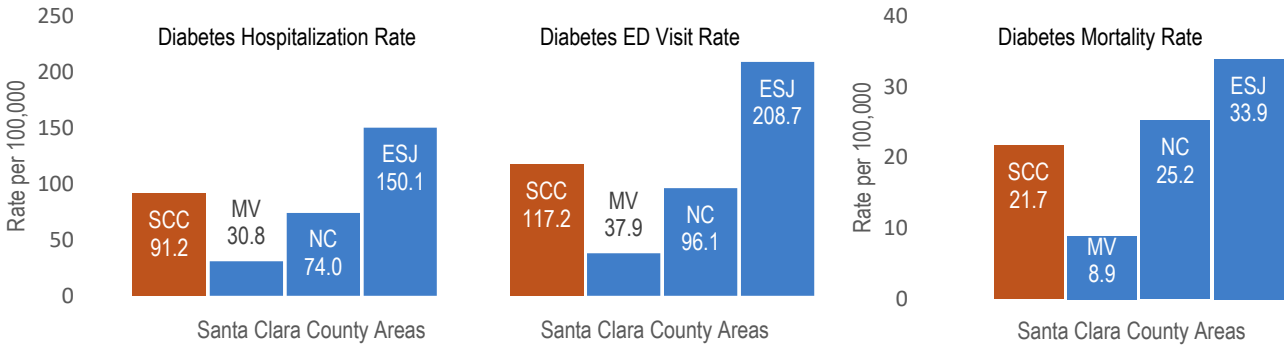
Participants noted that high copays and lack of insurance coverage for effective diabetes medications are significant barriers. They also said that access to nutritionists and proper dietary guidance is limited, making it more difficult for patients to manage chronic conditions like diabetes effectively. One participant emphasized the challenge of underdiagnosis of prediabetes among Hispanic community members despite high diabetes rates.

Diabetes mortality is 50% higher in Santa Clara County (21.7 per 100,000) compared to the state rate (14.4). It is highest in East San José (33.9), and also high in the northern part of the county (25.2). Deaths from diabetes are much higher among both the Black (41.0) and Hispanic (37.0) communities in Santa Clara County compared to other ethnic populations in the county. Tracking with the mortality rate, emergency department visit rates and hospitalizations for diabetes are also highest in East San José and among both Black and Hispanic residents of Santa Clara County. The Silicon Valley Latino Report Card states that over 20% of Hispanic children are overweight.[f] Supporting these data, some CHNA participants noted that diabetes is

[f] Hispanic Foundation of Silicon Valley. (2023). *2023 Silicon Valley Latino Report Card.*

a significant issue in East San José, with high rates of both diabetes and prediabetes, particularly among Hispanic and Asian populations.

Diabetes morbidity and mortality rates (per 100,000) are worse in East San José than Santa Clara County overall and worse than the other sub-county target areas of Mountain View and North County.



Source: Santa Clara County Public Health Department. ED Visits and Hospitalizations are 2017-21; Mortality 219-23. SCC=Santa Clara County; MV=Mountain View Corridor; SC=South County; NC=North County; ESJ=East San José.

While low overall, child diabetes hospitalizations are higher in Santa Clara County compared to San Mateo County. Physical fitness, one of the drivers of diabetes and obesity, is also lower (worse) for elementary and middle-schoolers in Santa Clara County than in San Mateo County. Although high-schoolers appear to be faring better, physical fitness among the county's ninth graders is declining, while Hispanic and Pacific Islander children are performing considerably worse than their peers of other ethnicities when it comes to physical fitness.

None of the other available statistics (e.g., adult physical activity, child diet, food environment, exercise opportunities) are worse for the county overall compared to either neighboring San Mateo County or the state as a whole. However, these state and local benchmarks are not considered particularly healthy. For example, over 20% of Santa Clara County adults are obese, compared to 21% of San Mateo County adults and 30% of CA adults. Similar proportions among adults who are physically inactive can also be found in each geography. One CHNA participant noted that physical activity is hindered by safety concerns in certain neighborhoods, making it difficult for residents to exercise freely outdoors, while others mentioned the lack of access to exercise facilities in certain areas.

Chronic Conditions (other than diabetes and obesity)

Santa Clara County generally fares well with respect to chronic conditions other than diabetes and obesity: overall mortality rates for Alzheimer's disease and other dementias, cancer, chronic liver disease/cirrhosis, heart disease, and stroke are all better than state benchmarks. For that reason, most of these chronic conditions were not identified as health needs in the 2025 Community Health Needs Assessment (CHNA). However, health conditions such as cancer, cardiovascular disease, and respiratory problems are among the top 10 causes of death in

Santa Clara County.[g] In addition, there are some concerning statistics and data that show significant racial/ethnic disparities for cancer and respiratory conditions. Finally, El Camino Health has a commitment to continuing to address chronic conditions as a health need, given its specific expertise and long-standing work on this issue.

About one-third (35%) of key informants and focus groups combined named a chronic condition (e.g., cancer, heart disease) as a top health need. Below are the common themes related to chronic conditions that arose during CHNA discussions.

- **Respiratory health:** Some participants described an increase in asthma cases, particularly among children. The importance of a healthy environment and climate was mentioned, with some participants mentioning that climate change and poor air quality can negatively impact respiratory health. Experts participating in the CHNA noted a significant increase in tuberculosis (TB) rates, particularly among individuals who have been in the country for over 10 years. They said the pandemic made this issue worse due to reduced testing and diagnosis.
- **Cancer:** A professional noted that the pandemic led to a decrease in routine screenings like mammograms, which may have resulted in missed or delayed cancer diagnoses. Community members' stories also illustrated potential gaps in timely and comprehensive cancer screening.
- **Cardiovascular health:** Economic instability and poverty were frequently mentioned as factors that limit access to healthy food and healthcare services, which are crucial for preventing and managing heart disease. Some participants also highlighted the high cost of accessing healthcare, including insurance and prescriptions, as a significant barrier to managing cardiovascular health.
- **Alzheimer's disease and dementias:** Many participants highlighted the issue of social isolation among older adults, which plays a factor in cognitive decline and dementias. One professional in particular described long waitlists for nursing facilities and challenges accessing in-home care, made more problematic by the general absence of family support that is often due to the economic migration of younger generations.

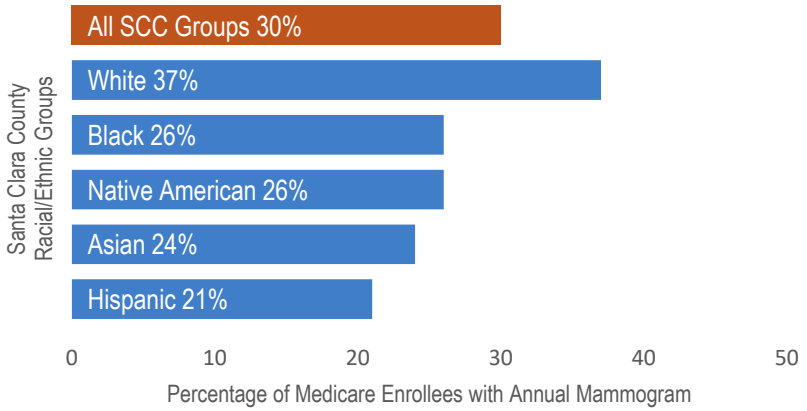
> *"When we're talking about the older adult population that is most likely to develop, say, dementia, there's usually some other kind of chronic condition that goes along with that. It's mainly manageable, but it gets more complicated by the overlay of dementia. So access to care and follow-up care is really important."*
>
> — Service Provider

Although Santa Clara County's overall cancer mortality (112.0 per 100,000) is on par or better than the state (119.8), mortality by race/ethnicity indicates substantial disparities. For example, overall cancer mortality among Santa Clara County's Black population is much higher (143.5) compared to other ethnic groups. Similarly, the county's Black population has higher rates of mortality for female breast, colorectal, and prostate cancers. While the county's White

[g] Silicon Valley Institute for Regional Studies. (2022). *Silicon Valley Indicators.* Deaths, by Cause: Santa Clara and San Mateo Counties.

population also has cancer incidence and mortality rates that exceed benchmarks, these rates are generally lower than those of the county's Black population. Mammography screening among older adults in the county is highest for White women, and lowest for Latinas.

Hispanic older adults are the least likely to have had a mammogram (breast cancer screening) compared to their peers from other racial/ethnic groups.



Source: Centers for Medicare & Medicaid Services Mapping Medicare Disparities Tool, 2020. Retrieved from County Health Rankings, June 2024.

In addition, some Santa Clara County cancer incidence rates are of marked concern. The county's liver cancer incidence rate is 10.5 per 100,000 people, higher than in neighboring San Mateo County (9.1) or statewide (9.9). The county also has a higher colorectal cancer incidence rate compared to San Mateo County. Finally, Santa Clara County has a higher overall cancer incidence rate for youth aged 15-19 compared to San Mateo County.

Mortality rates for both heart disease and stroke are much higher among the county's Black and Hispanic populations than other ethnic groups. Although Santa Clara County Whites also have a high CVD mortality rate, it is not as high as the rates for certain BIPOC populations.

With regard to respiratory health, Santa Clara County has historically had a higher TB case rate compared to California overall. The most recent data show that TB is still an issue. Asthma is also a concern, especially for children: the overall rate of all Santa Clara County children who were hospitalized for asthma is higher than the asthma hospitalization rate of all children in San Mateo County. However, Santa Clara County children aged 5-17 were hospitalized for asthma at nearly twice the rate (4.0 per 10,000 hospitalizations) of their San Mateo County counterparts (2.1). East San José has disproportionately high child hospitalizations for asthma (5.5 per 10,000 aged 0-17), and the county's Black population has an even higher rate (12.6). Child emergency department visits for asthma are similarly disproportionate.

Given these quantitative and qualitative data, El Camino Health has grouped cancer, cardiovascular disease, respiratory problems, Alzheimer's and dementia, and other chronic

conditions into an overall category that it will address called “Chronic Conditions (other than Diabetes and Obesity),” as indicated above.

El Camino Health is dedicated to contributing to its community’s good health. We will continue to monitor and share these data indicators (and others) to increase awareness of chronic conditions in Santa Clara County.

Economic Stability (including food insecurity, housing, and homelessness)

The vast majority (84%) of all focus groups and key informants identified economic stability and/or housing and homelessness as a top community priority. CHNA participants focused on the high cost of living in Santa Clara County, describing how cost is implicated in interrelated issues:

- Participants said housing market prices remain extremely high, making it difficult for many to afford housing. The data indicate that home ownership is lower in Santa Clara County (56%) than in San Mateo County (60%). Participants described how economic instability forces people to move out of the area or live in overcrowded and/or unsafe conditions (e.g., poorly maintained housing, vehicles, makeshift shelters). Housing quality is still a concern in Santa Clara County; for example, the data show that a small fraction of the county’s children and young adults aged 6-20 have very high blood lead levels (at least 9.5 mcg/dL), while San Mateo County has eradicated this issue entirely.

  "We are seeing multi-generational families living in one home. They might not have access to a kitchen. We are seeing a lot of families living in a garage with a microwave."

  “People are cutting costs on their medication, not going to the doctor’s, nothing, …and then also living in situations which [are] uninhabitable or not recommended, where there are three families, five families, people are huddled together, couch surfing and sleeping in their cars.”

  — Service Providers’ Focus Group

- Participants said wages do not keep pace with the cost of living. They explained that low wages and high living costs compel individuals as well as families to make difficult choices between essential needs like food, rent, and healthcare. The data show that the proportion of people experiencing food insecurity in Santa Clara County is higher than in San Mateo County. Participants also indicated that economic insecurity especially affected certain job sectors due to high living costs (e.g., janitorial services). And data show there is a greater gender pay gap in Santa Clara County ($0.73 to the dollar) than there is statewide ($0.86) or in San Mateo County ($0.90).

  "Economic security here is bad. The reason is that the salary is very low. Every time you go to Cárdenas, to any grocery store, the groceries are through the roof. You have to decide whether you eat or pay the rent."

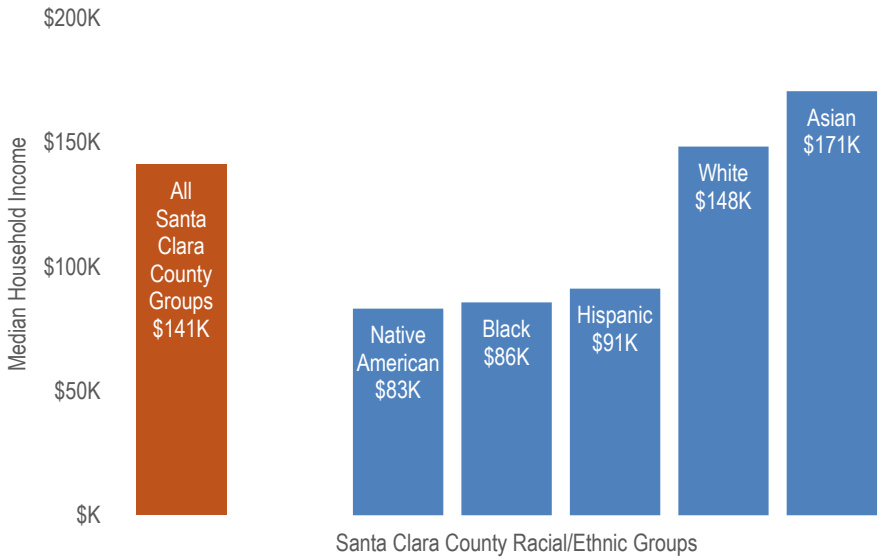
  — Spanish-speaking Community Member

Santa Clara County's percentage of households with children below the Federal Poverty Level is higher than neighboring San Mateo County's, and is rising. In Santa Clara County, Black, Hispanic, and Native American families with children are disproportionately more likely to be in poverty than their Asian or White peers.

The data indicate that childcare costs in Santa Clara County have more than doubled in the past 10 years outpacing median family income, which rose 64% over the same time period. Adequate childcare and preschool were identified by CHNA participants as crucial for economic mobility and foundational learning. Spending per pupil is lower in Santa Clara County ($14,733) compared to San Mateo County ($17,293). Research found that educational inequities, often related to neighborhood segregation[h], lead to educational disparities that begin at an early age.

CHNA participants also identified socioeconomic disadvantages and language barriers as significant inequities affecting educational attainment. Household income inequality by race/ethnicity reached an all-time high in 2022, and there are substantial disparities in median income by race/ethnicity within the county.

Median household income in Santa Clara County varies substantially by race/ethnicity, with BIPOC households earning the least.



Source: US Census Bureau Small Area Income and Poverty Estimates. Retrieved from County Health Rankings, June 2024.

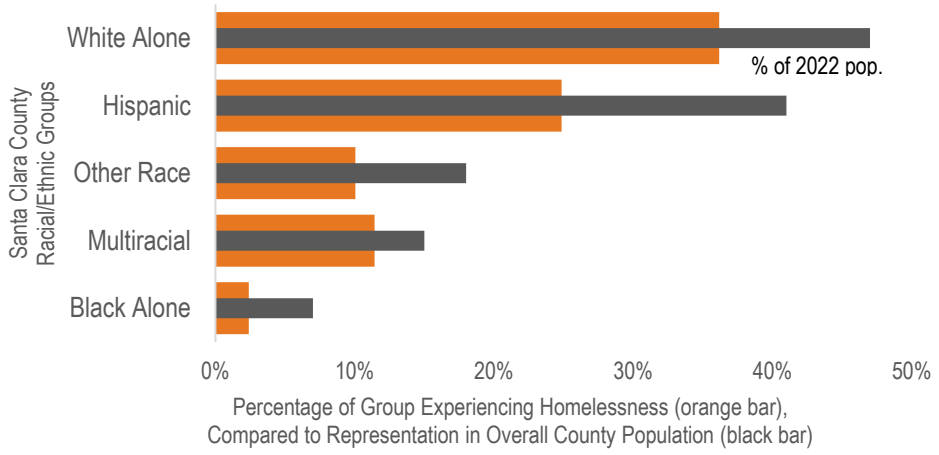
Santa Clara County's high school graduation rate was lower (83%) than the state rate (88%) in 2022, with the county's Hispanic students more likely than students of other ethnic groups to drop out before graduation. Education has generally and historically correlated directly with

[h] Acevedo-Garcia, D., Noelke, C., & McArdle, N. (2020). *The Geography of Child Opportunity: Why Neighborhoods Matter for Equity*. Diversitydatakids.org, Institute for Child, Youth and Family Policy, The Heller School for Social Policy and Management, Brandeis University: Waltham, MA.

income, so educational statistics that differ by race/ethnicity are particularly concerning to CHNA participants.

Specifically with regard to unhoused populations, CHNA participants indicated that mental health issues and substance use disorders can be both causes and consequences of homelessness. Participants also mentioned that parents experiencing homelessness fear losing custody of children because of their unhoused status. Participants enumerated the groups that are most vulnerable to housing instability in Santa Clara County: Black and Hispanic community members, LGBTQ+ community members, single mothers, and foster youth. Black and multiracial people are the most overrepresented in the unhoused population relative to their proportions in the county's overall population. Finally, older adults (aged 65+) and other individuals on fixed incomes can also be vulnerable. Local older adults in Santa Clara County who participated in the Community Assessment Survey of Older Adults give a "Livability Score" of 19 out of 100 for housing.[i]

Among those experiencing homelessness, Black people are the most overrepresented compared to their proportion of Santa Clara County's population.



Source: 2023 Santa Clara County Point-in-Time Count public Tableau dashboard. Population: U.S. Census Bureau. "ACS Demographic and Housing Estimates." American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05, 2022.

[i] Polco, formerly the National Research Center. (2023). *Community Assessment Survey for Older Adults: Avenidas, September 2022*.

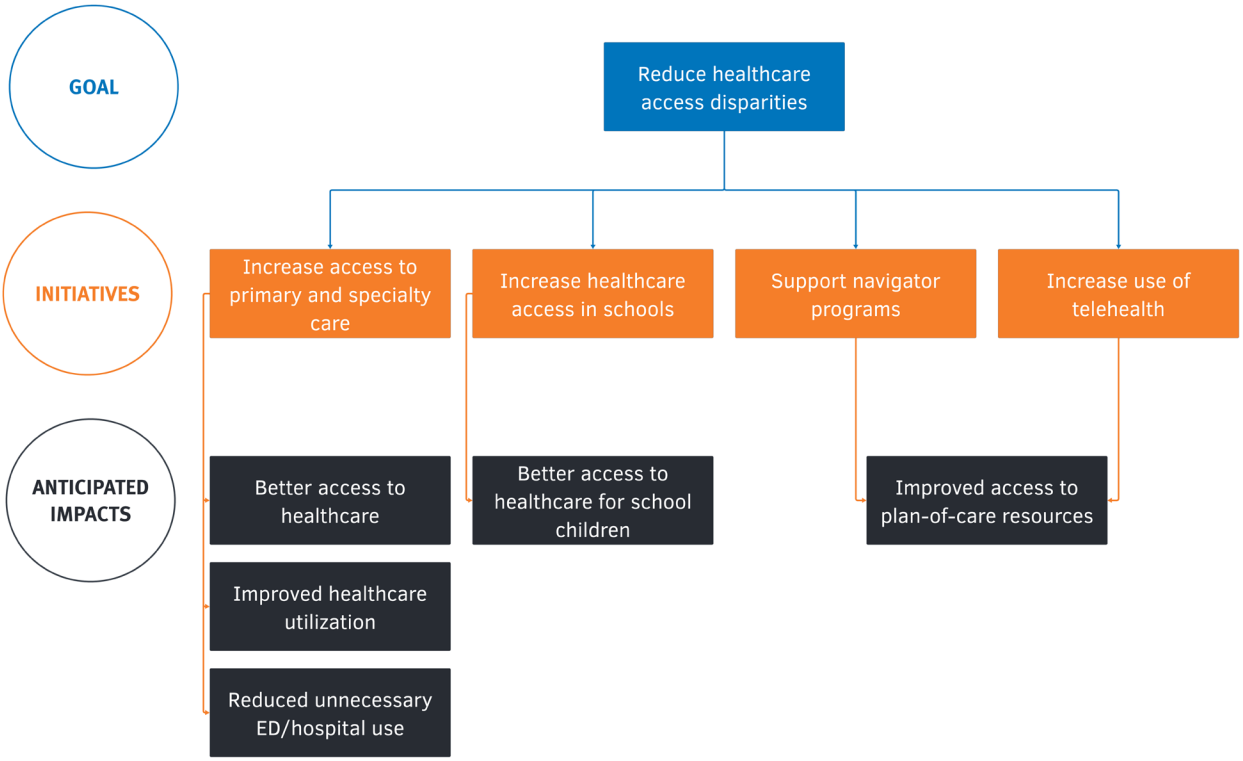
VIII. EL CAMINO HEALTH'S IMPLEMENTATION STRATEGY & COMMUNITY BENEFIT PLAN

El Camino Health's annual community benefit investment focuses on improving the health of our community's most vulnerable populations, including the medically underserved, low-income, and populations affected by health disparities. To accomplish this goal, our community health investment for FY 2026 will be directed to improve healthcare access & delivery (including oral health), behavioral health (including domestic violence and trauma), economic security (including food insecurity, housing, and homelessness), diabetes and obesity, and other chronic conditions (other than diabetes & obesity) through community and hospital-based programs and partnerships.

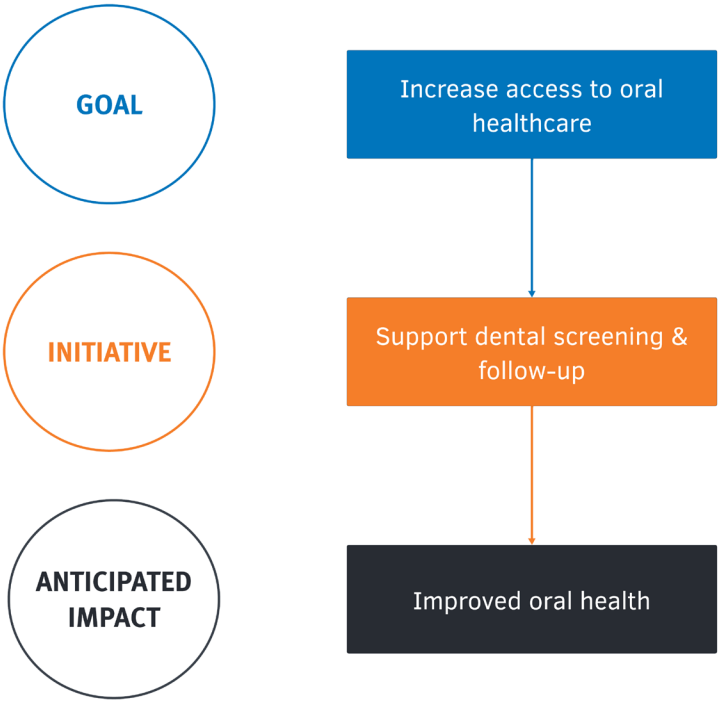
El Camino Health believes that long-term funding of proven community partners yields greater success than short-term investments in improving the health and well-being of community members. The plan continues to be based on documented community health needs. Modifications to the plan are the result of new data and information collected during the 2025 CHNA process.

HEALTH CARE ACCESS & DELIVERY (INCLUDING ORAL HEALTH)

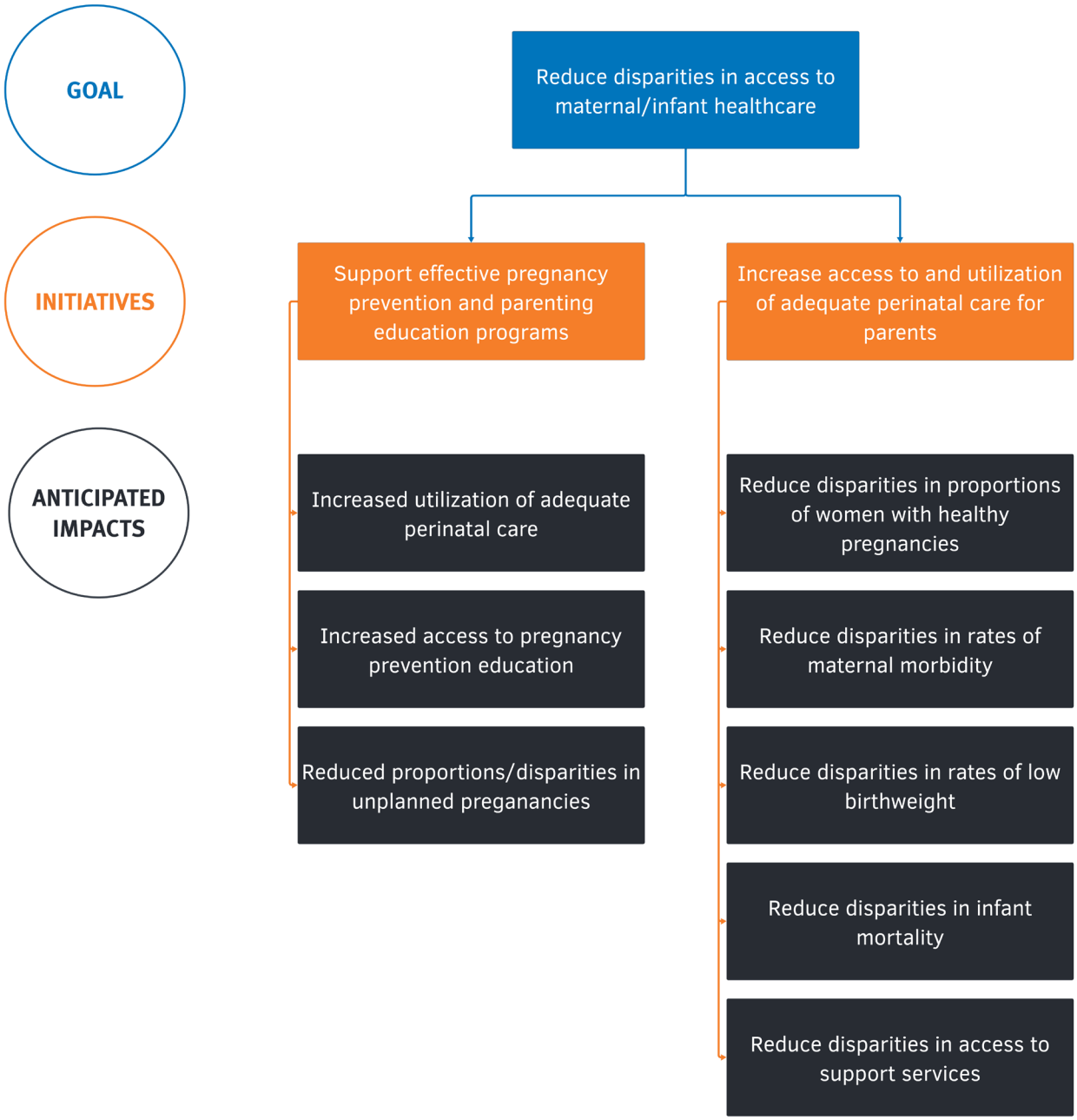
El Camino Health views efforts to ensure equitable access to high-quality healthcare and respectful, compassionate, culturally competent delivery of healthcare services as a top priority for its community benefit investments. Given the community's identification of issues of healthcare access and delivery during the 2025 CHNA, El Camino Health selected goals that support initiatives to reduce disparities in access to and delivery of primary and specialty care for community members in its service area. The goals also include improvements in access to and delivery of oral healthcare and maternal/infant healthcare based on statistical data and information provided by experts interviewed during the CHNA. The hospital expects to make a positive impact by improving healthcare access and utilization, reducing unnecessary emergency department visits and hospitalizations, and reducing disparities in health outcomes. Below and on the following pages, see diagrams for summaries and tables for details.



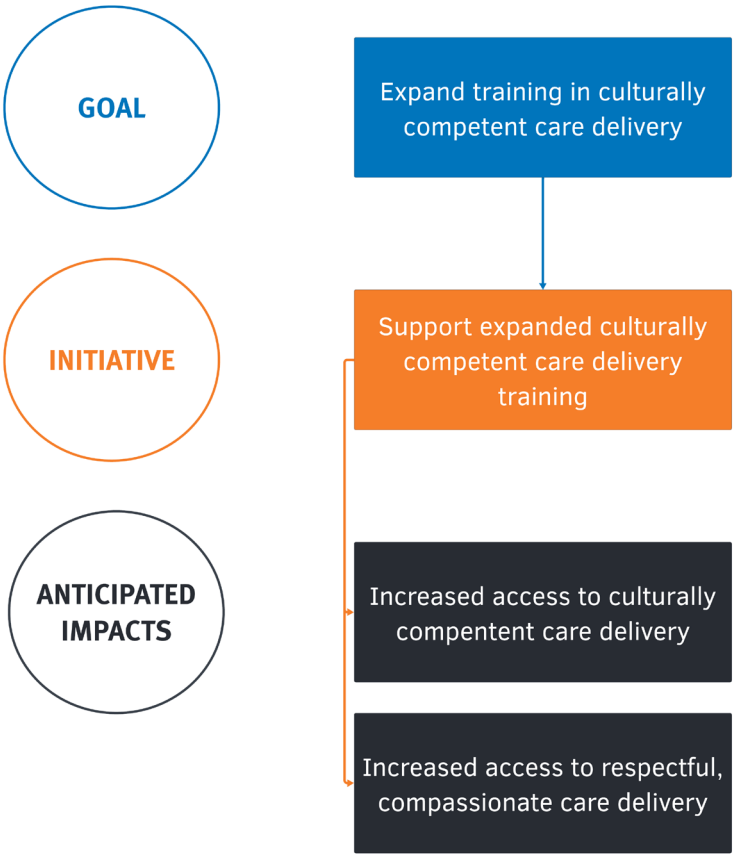
Goal	Initiative	Anticipated Impact
1. Reduce disparities in access to high-quality care	A. Support increased access to primary care and specialty care services for vulnerable individuals[1, 2, 3, 4, 5, 6, 7, 8, 9, 10]	(i) Individuals experience better access to healthcare (ii) Improved healthcare utilization (iii) Reduced unnecessary ED visits and preventable hospitalizations
	B. Support greater access to healthcare in schools[11]	(i) Improved access to healthcare for school-aged children and youth
	C. Support clinical and community health navigator programs[12, 13, 14]	(i) Community members access clinical and community resources that support their plan of care
	D. Support increased use of telehealth and other technology solutions[15, 16, 17]	



Goal	Initiative	Anticipated Impact
2. Increase access to oral healthcare for underserved community members	A. Support school- and community-based programs that offer dental screenings and care, including tele-dentistry[18, 19, 20, 21]	(i) Improved oral health among community members


GOAL
INITIATIVES
ANTICIPATED IMPACTS
Reduce disparities in access to maternal/infant healthcare
Support effective pregnancy prevention and parenting education programs
Increase access to and utilization of adequate perinatal care for parents
Increased utilization of adequate perinatal care
Increased access to pregnancy prevention education
Reduced proportions/disparities in unplanned preganancies
Reduce disparities in proportions of women with healthy pregnancies
Reduce disparities in rates of maternal morbidity
Reduce disparities in rates of low birthweight
Reduce disparities in infant mortality
Reduce disparities in access to support services

Goal	Initiative	Anticipated Impact
3. Reduce disparities and inequitable access to maternal/infant healthcare for community members	A. Support effective pregnancy prevention and parenting education programs[22, 23, 24]	(i) Increased utilization of adequate perinatal care (ii) Increased access to pregnancy prevention education (iii) Reduced proportions/ disparities in unplanned pregnancies
	B. Increase access to and utilization of adequate perinatal care for parents[25, 26, 27, 28, 29, 30]	Reduced disparities in: (i) Proportions of women with healthy pregnancies (ii) Rates of maternal morbidity (iii) Rates of low birthweight (iv) Rates of infant mortality (v) Access to support services



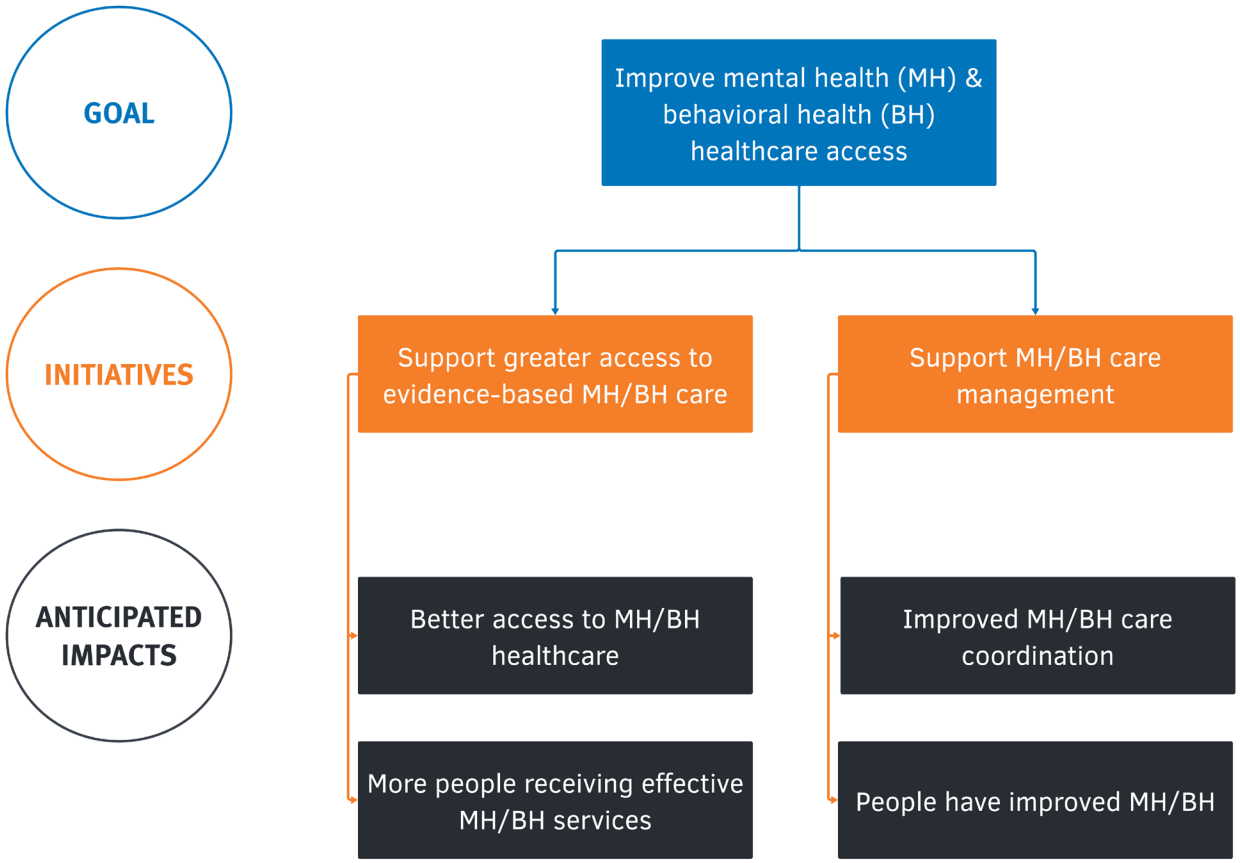
Goal	Initiative	Anticipated Impact
4. Provide/expand workforce training in cultural competence, and compassionate and respectful care delivery	A. Support workforce training in cultural competence, and compassionate and respectful care delivery[31, 32, 33, 34]	(i) Increased access to culturally competent healthcare services among underserved community members, including LGBTQ+ and community members with limited English proficiency (ii) Increased access to compassionate and respectful healthcare among underserved community members, including LGBTQ+ and community members with limited English proficiency

HEALTH CARE ACCESS & DELIVERY (INCLUDING ORAL HEALTH) PROPOSAL RECOMMENDATIONS

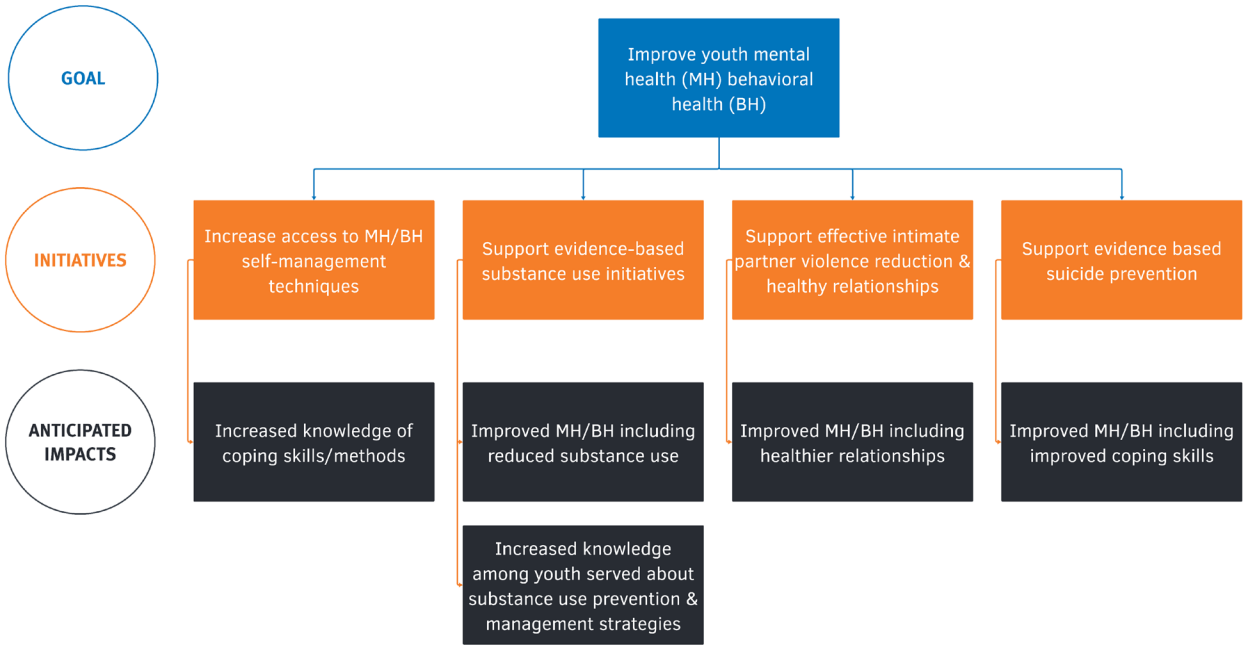
Health Need	Agency	New	DNF	Dual Request	Requested	FY2025 Approved (if applicable)	HCBC Recommendation
Healthcare Access & Delivery	Asian Americans for Community Involvement (AACI)				$ 132,000	$ 120,000	$ 128,000
	Cambrian School District				$ 349,527	$ 135,000	$ 135,000
	Campbell Union School District				$ 250,000	$ 235,000	$ 235,000
	Mount Pleasant School District				$ 122,000	$ 126,000	$ 122,000
	AINAK	X			$ 11,000	$ -	$ 11,000
	Cupertino Union School District			X	$ 110,000	$ 110,000	$ 110,000
	Health Mobile			X	$ 150,000	$ 50,000	$ 60,000
	Healthier Kids Foundation				$ 75,000	$ 70,000	$ 70,000
	North East Medical Services	X	X		$ 71,250	$ -	$ -
	San Jose Mothers Milk Bank	X	X		$ 85,000	$ -	$ -
	Santa Clara County Public Health Department				$ 100,000	$ 85,000	$ 60,000
	Via Services (DBA Camp Via West)				$ 35,000	$ 30,000	$ 30,000
	Vista Center for the Blind and Visually Impaired			X	$ 81,954	$ 45,000	$ 25,000
Goal % ~30%	APPNA Community Health Center	X	X		$ 48,000	$ -	$ -
Recommended% ~ 30%	Bay Area Community Health	X	X		$ 72,690	$ -	$ -
	Catholic Charities of Santa Clara County	X	X		$ 50,000	$ -	$ -
	Kids in Common	X	X		$ 8,000	$ -	$ -
	MedCycle Network	X	X	X	$ 50,000	$ -	$ -
	Union Elementary School District	X	X		$ 158,798	$ -	$ -
					$ 1,960,219		$ 986,000

BEHAVIORAL HEALTH (INCLUDING DOMESTIC VIOLENCE AND TRAUMA)

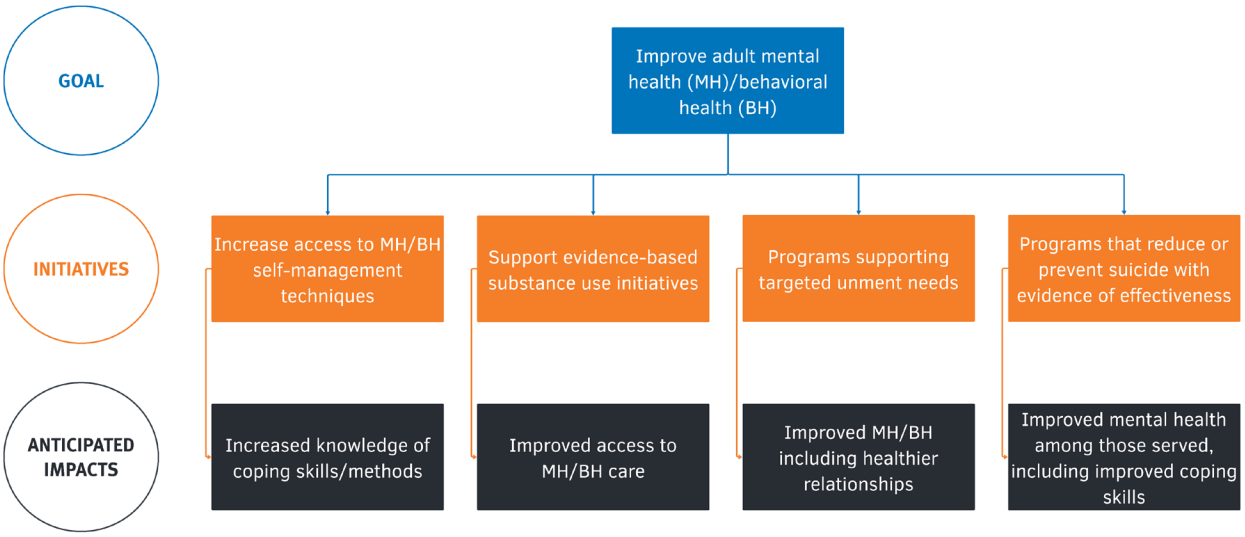
Data indicates that behavioral health (including mental health, trauma, and substance use) continues to be a significant health need, especially with respect to the supply of providers. Community input during the 2025 CHNA emphasized how much worse and more widespread behavioral health issues have become, in part due to the pandemic. Therefore, in addition to supporting initiatives to improve community members' access to mental and behavioral healthcare, El Camino Health chose goals that support more direct approaches to improving the mental and behavioral health of both youth and adult community members. By using a two-pronged approach, addressing access to care as well as care itself, El Camino Health expects to be able to make a positive impact by improving community members' mental and behavioral health, including contributing to improved coping skills, healthier relationships, and reduced substance use. Below and on the following pages, see diagrams for summaries and tables for details.



Goal	Initiative	Anticipated Impact
1. Improve behavioral healthcare access for community members	A. Support in-person and virtual expanded access to evidence-based counseling, addiction treatment, behavioral health case management, etc. [35, 36, 37, 38, 39]	(i) Improved access to mental/behavioral health programs and services (ii) More community members receiving effective mental/ behavioral health services
	B. Care management to support community members' self-management and mental health[40, 41]	(i) Improved coordination of mental/behavioral services (ii) Improved mental/behavioral health among those served



Goal	Initiative	Anticipated Impact
2. Improve behavioral health of youth in the community	A. In-person or virtual programs for assisting youth in self-management techniques to reduce depression and anxiety, and for stress, coping, and resilience[42 , 43]	(i) Increased knowledge among youth served about methods of coping with stress and depression
	B. Support for substance use prevention and intervention initiatives with evidence of effectiveness[44, 45, 46]	(i) Improved mental health among those served, including reduced substance use (ii) Increased knowledge among youth served about substance use prevention and management strategies
	C. Programs that prevent or reduce youth and young adult intimate partner and sexual violence and promote healthier relationships[47, 48]	(i) Improved mental health among those served, including healthier relationships
	D. Programs that reduce or prevent suicide with evidence of effectiveness[49, 50]	(i) Improved mental health among those served, including improved coping skills



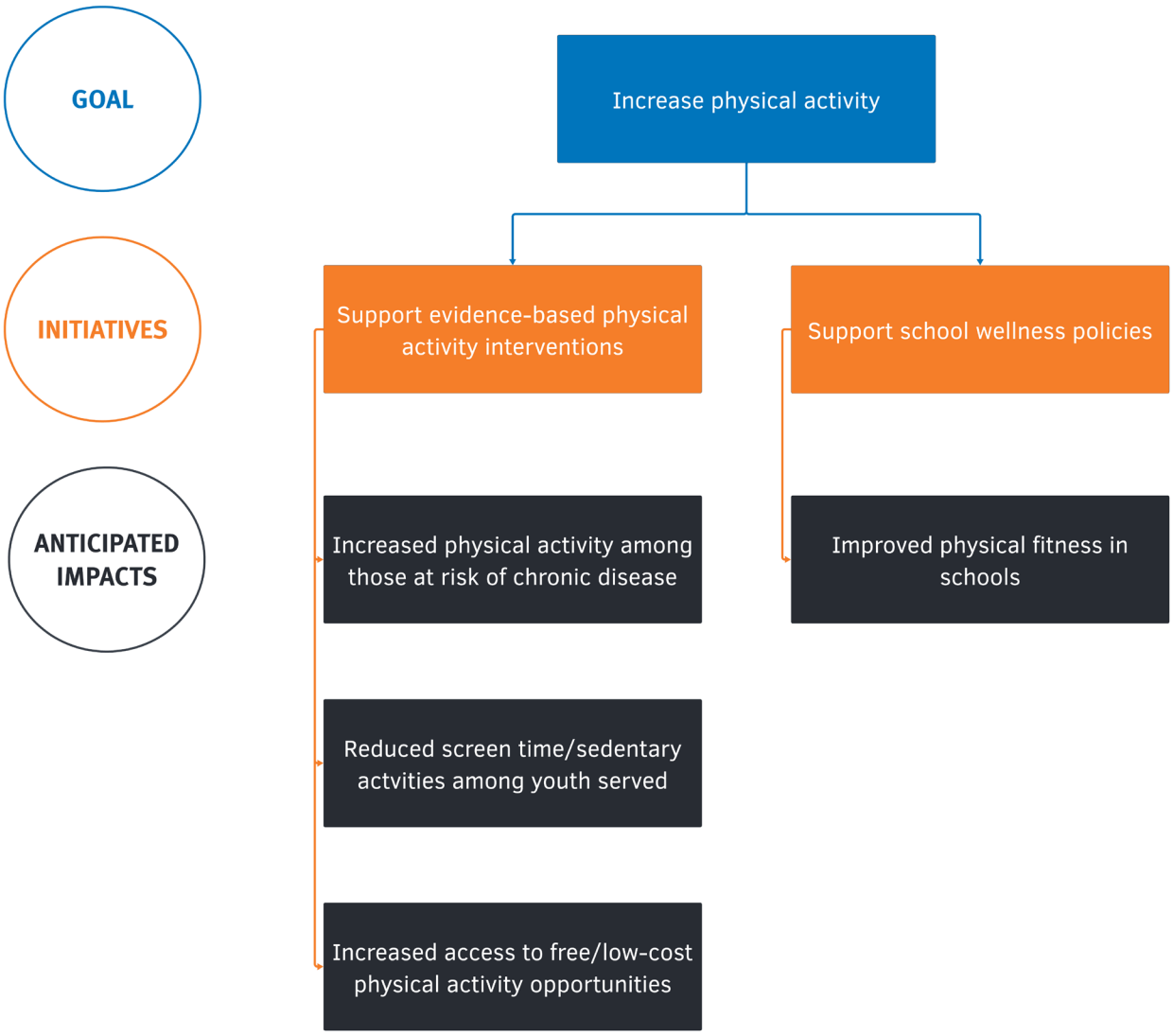
Goal	Initiative	Anticipated Impact
3. Improve behavioral health of adults in the community	A. In-person or virtual programs for assisting community members in self-management techniques to reduce depression and anxiety, and for stress, coping, and resilience[51, 52, 53]	(i) Increased knowledge among those served about methods of coping with depression, anxiety, and stress
	B. Support for screening, accurate diagnosis, effective treatment, and follow-up for behavioral health and substance use/addiction treatment services[54, 55, 56]	(i) Improved access to mental and behavioral health services among those served
	C. Programs that support targeted unmet needs such as supporting expectant parents and parents of infants, isolated older adults, individuals experiencing or at risk of homelessness or intimate partner violence[57, 58, 59, 60]	(i) Improved mental health among those served (ii) Improved utilization of clinical and community resources among those served
	D. Programs that reduce or prevent suicide with evidence of effectiveness [61, 62, 63]	(i) Improved mental health among those served, including improved coping skills

BEHAVIORAL HEALTH (INCLUDING DOMESTIC VIOLENCE AND TRAUMA) PROPOSAL RECOMMENDATIONS

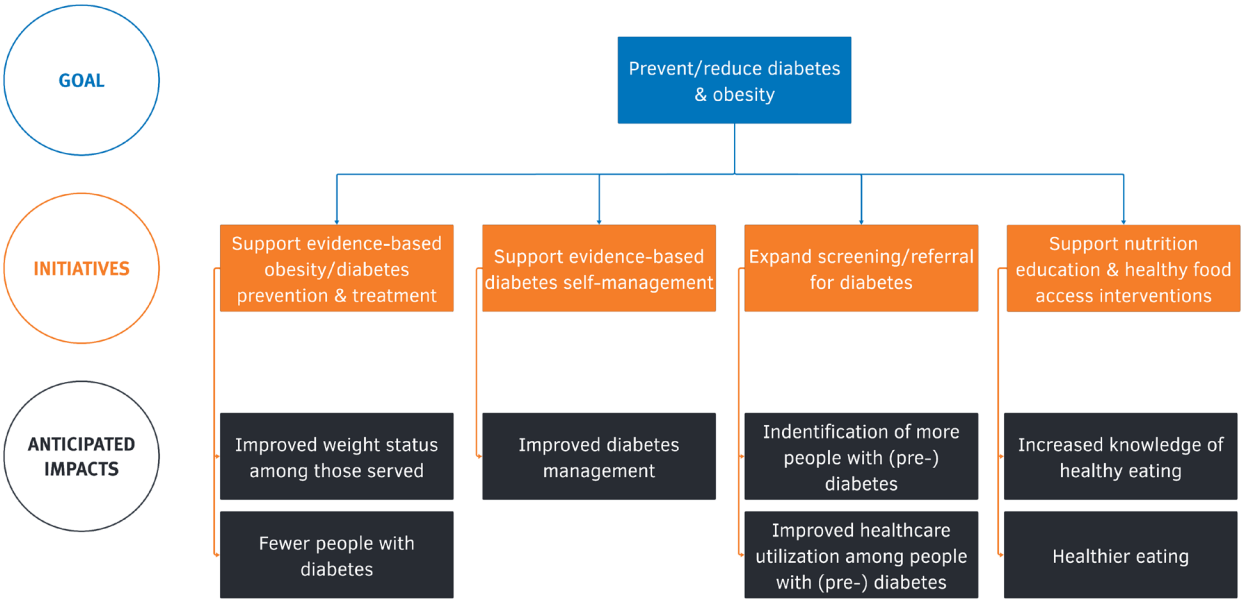
Health Need	Agency	New	DNF	Dual Request	Requested	FY2025 Approved (if applicable)	HCBC Recommendation
Behavioral Health	Adolescent Counseling Services				$ 25,000	$ 25,000	$ 25,000
	Bill Wilson Center				$ 25,000	$ 25,000	$ 25,000
	Caminar*	X	X	X	$ 157,945	$ -	$ -
	Child Advocates of Silicon Valley				$ 40,000	$ 40,000	$ 40,000
	Cupertino Union School District			X	$ 132,000	$ 130,000	$ 130,000
	Los Gatos Education Foundation (Los Gatos Union School District)				$ 126,000	$ 120,000	$ 120,000
	Momentum for Health			X	$ 40,000	$ 40,000	$ 40,000
	Parents Helping Parents				$ 45,000	$ 35,000	$ 45,000
	Peninsula Healthcare Connection				$ 92,673	$ 90,000	$ 92,000
	Cancer CAREpoint				$ 30,000	$ 30,000	$ 30,000
	Friends For Youth	X	X	X	$ 30,000	$ -	$ -
	Jewish Family Services of Silicon Valley				$ 132,800	$ 75,000	$ 75,000
	LifeMoves			X	$ 50,000	$ 50,000	$ 50,000
	Los Gatos Saratoga Community Education and Recreation				$ 63,600	$ 15,000	$ 30,000
	Lotus Family Services	X	X		$ 10,000	$ -	$ -
	Next Door Solutions to Domestic Violence				$ 90,000	$ 88,000	$ 90,000
Goal % ~30%	Pacific Clinics				$ 230,000	$ 215,000	$ 200,000
	Palo Alto University	X	X		$ 50,000	$ -	$ -
Recommended% ~ 31%	Shine Together	X	X		$ 40,000	$ -	$ -
	To Be Empowered				$ 40,000	$ 30,000	$ 15,000
	Almaden Valley Counseling Services				$ 80,000	$ 25,000	$ 20,000
	Cambrian School District	X	X		$ 296,500	$ -	$ -
	North East Medical Services	X	X		$ 73,000	$ -	$ -
	Recovery Cafe San Jose Inc.	X	X		$ 35,000	$ -	$ -
	Social Good Fund (Catalyze SV)	X	X		$ 11,500	$ -	$ -
	South Bay Kidpower Teenpower Fullpower ('Kidpower')	X	X		$ 30,000	$ -	$ -
	Unity Care Group	X	X		$ 58,100	$ -	$ -
					$ 2,034,118		$ 1,027,000

DIABETES & OBESITY

During the 2025 CHNA, community members provided input on prediabetes and the lack of access to safe spaces for physical activity, both of which are related to diabetes and obesity. Additionally, CHNA data indicated issues with diabetes, as well as both ethnic and geographic disparities in diabetes statistics, and youth physical fitness including ethnic disparities, among other factors. To address these issues, El Camino Health chose goals that support initiatives that prevent or reduce obesity and diabetes, as well as those that increase physical activity, reduce food insecurity, and increase healthy food access among community members. The hospital expects these efforts will make a positive impact by contributing to improved weight status, improved diabetes management, and reduced rates of obesity & diabetes in the community. Below and on the following pages, see diagrams for summaries and tables for details.



Goal	Initiative	Anticipated Impact
1. Increase physical activity among community members	A. Support physical activity interventions shown to contribute to weight loss and reduced screen time among youth and adults[64, 65, 66, 67]	(i) Increase in physical activity among youth and adults at elevated risk of chronic health conditions (ii) Reduced screen time & time on sedentary activities among youth served (iii) Increased access to and utilization of free/low-cost opportunities for physical activity
	B. Support implementation of school wellness policies for promoting physical activity[68]	(i) Improved physical fitness among students in schools served



Goal	Initiative	Anticipated Impact
2. Prevent/reduce obesity & diabetes among community members	A. Support obesity/diabetes prevention and obesity treatment programs with evidence of effectiveness[69, 70, 71, 72, 73, 74, 75, 76, 77]	(i) Improved weight status in youth and adults served (ii) Long-term reduction in the number of community members with diabetes
	B. Support diabetes treatment/ self-management programs with evidence of effectiveness[78, 79, 80, 81, 82]	(i) Improved diabetes management in participants served
	C. Expand screening and referral for abnormal blood glucose/pre-diabetes and type 2 diabetes[83, 84]	(i) Identification of more individuals with diabetes and pre-diabetes (ii) Improved healthcare utilization for individuals with diabetes and pre-diabetes

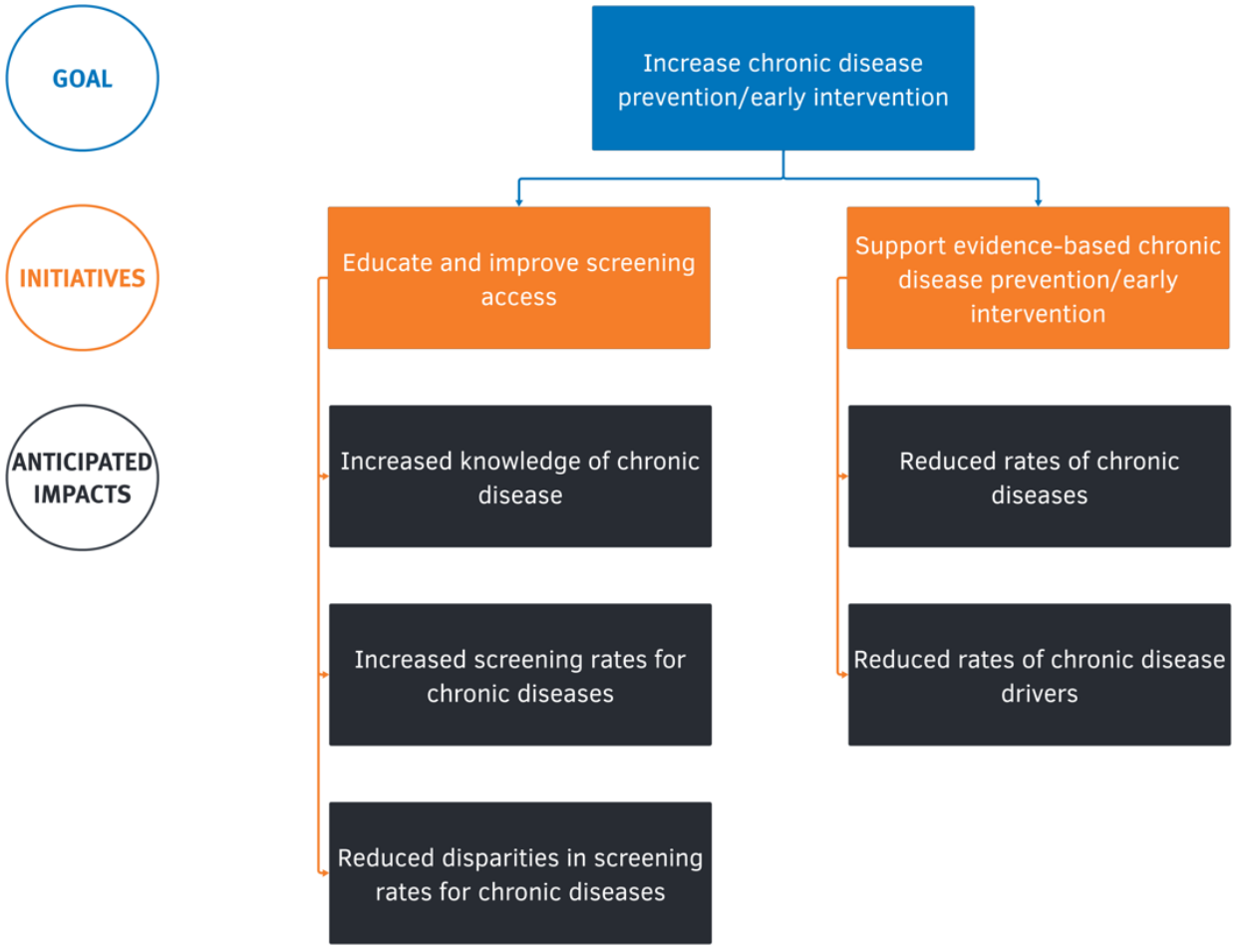
Goal	Initiative	Anticipated Impact
	D. Support community and school-based nutrition education and healthy food access interventions (i.e. school/ community gardening interventions, healthy cooking curricula, food resource management, community health workers, etc.)[85, 86, 87, 88]	(i) Increased knowledge and understanding about healthy eating among people served (ii) Healthier eating among community members receiving interventions

DIABETES & OBESITY PROPOSAL RECOMMENDATIONS

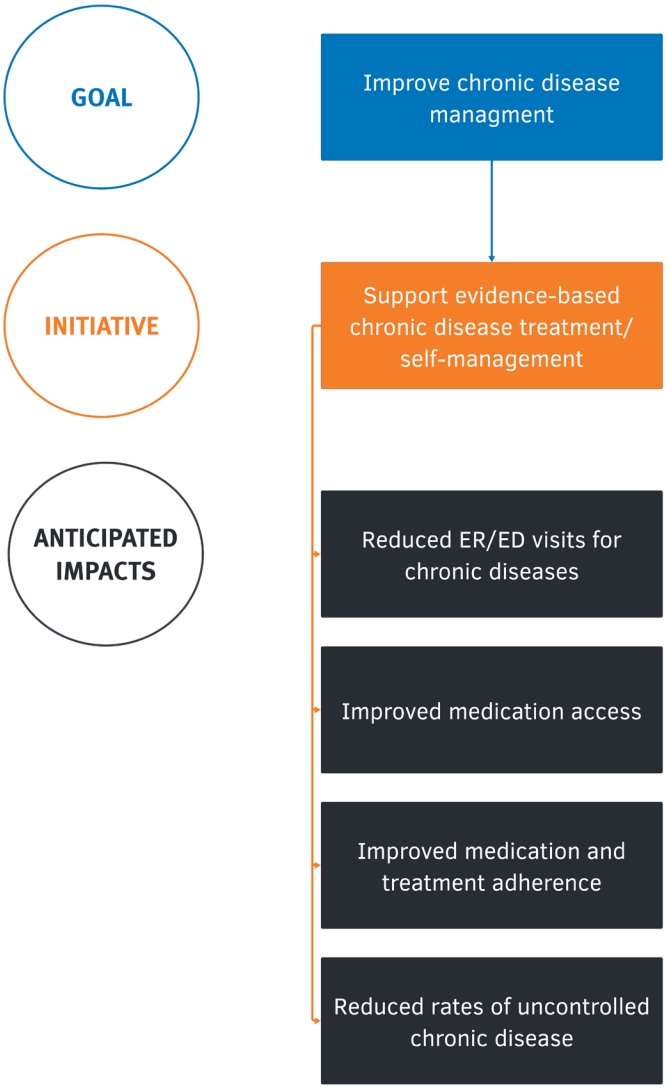
Health Need	Agency	New	DNF	Dual Request	Requested	FY2025 Approved (if applicable)	HCBC Recommendation
Diabetes & Obesity Goal % ~30% Recommended% ~ 29%	Chinese Health Initiative (CHI)			X	$ 35,000	$ 30,000	$ 30,000
	Playworks, Northern California			X	$ 42,299	$ 40,000	$ 40,000
	South Asian Heart Center			X	$ 70,000	$ 60,000	$ 60,000
	West Valley Community Services				$ 270,780	$ 185,000	$ 210,000
	Bay Area Women's Sports Initiative			X	$ 84,716	$ 20,000	$ 20,000
	Gardner Family Health Network, Inc.				$ 494,484	$ 320,000	$ 320,000
	Valley Verde				$ 70,000	$ 70,000	$ 70,000
	West Valley Community Services				$ 60,398	$ 50,000	$ 60,000
	African American Community Service Agency				$ 50,000	$ 40,000	$ 40,000
	Cambrian School District	X	X		$ 106,450	$ -	$ -
	Indian Health Center of Santa Clara Valley				$ 104,000	$ 95,000	$ 95,000
	North East Medical Services	X	X		$ 90,000	$ -	$ -
					$ 1,478,127		$ 945,000

OTHER CHRONIC CONDITIONS (OTHER THAN DIABETES & OBESITY)

Many chronic diseases are among the top causes of death in Santa Clara County. CHNA data show there are disparities in chronic conditions such as cancer, asthma, heart disease, and stroke. Therefore, El Camino Health chose goals that support initiatives to increase prevention and early intervention of chronic diseases and to improve chronic disease management among community members. By addressing these issues, El Camino Health believes it will make a positive impact through improved screening for chronic conditions, reduced rates of uncontrolled chronic diseases, lower levels of the drivers of chronic conditions, and, in the long term, reduced rates of chronic diseases. Below and on the following pages, see diagrams for summaries and tables for details.



Goal	Initiative	Anticipated Impact
1. Increase prevention and early intervention of chronic diseases in the community	A. Provide education and improve access to screenings[89, 90, 91, 92, 93, 94, 95]	(i) Increased knowledge of chronic disease among community members (ii) Increased rates of screening for chronic disease (iii) Reduced disparities in chronic disease screening rates
	B. Support evidence-based chronic disease prevention and early intervention programs[96, 97, 98]	(i) Reduced rates of chronic diseases (ii) Reduced rates of drivers of chronic diseases, such as physical inactivity, poor nutrition, tobacco and excessive alcohol use, etc.



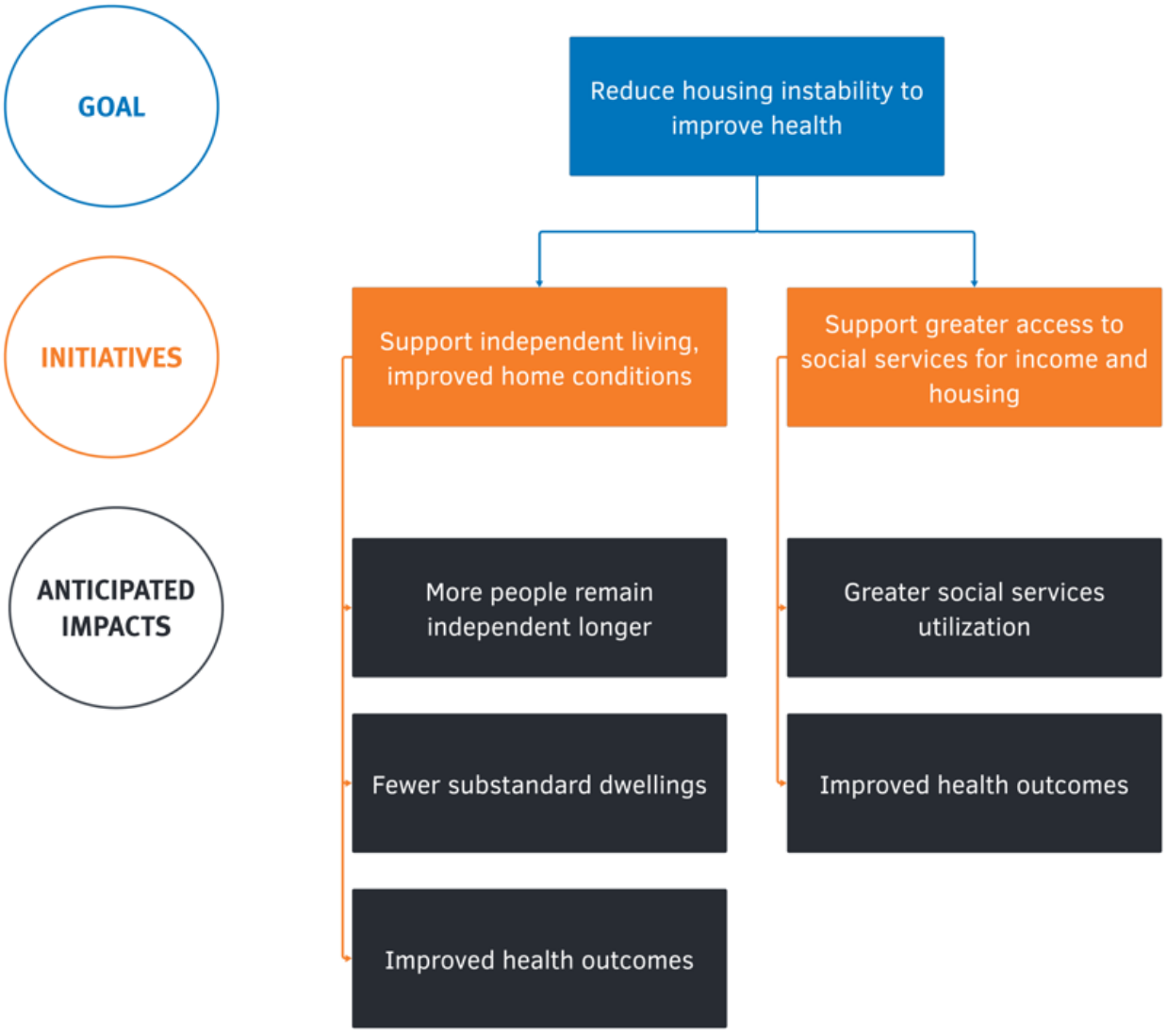
Goal	Initiative	Anticipated Impact
2. Improve chronic disease management among community members	A. Support evidence-based chronic disease treatment and self-management programs[99, 100, 101]	(i) Reduced rates of ER/ED visits for chronic diseases (ii) Improved medication access (iii) Improved medication and treatment adherence (iv) Reduced rates of uncontrolled chronic disease

OTHER CHRONIC CONDITIONS (OTHER THAN DIABETES & OBESITY) PROPOSAL RECOMMENDATIONS

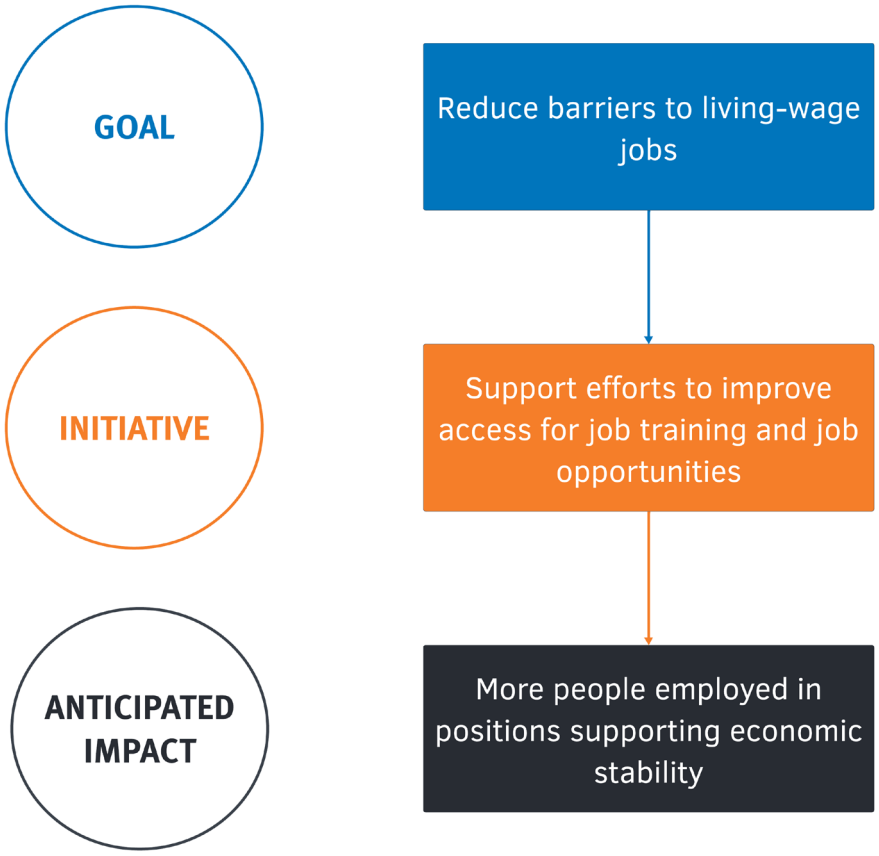
Health Need	Agency	New	DNF	Dual Request	Requested	FY2025 Approved (if applicable)	HCBC Recommendation
Chronic Conditions Goal % ~5% Recommended% ~ 5%	Breathe California of the Bay Area, Golden Gate and Central Coast				$ 52,000	$ 51,000	$ 50,000
	Latinas Contra Cancer				$ 75,000	$ 55,000	$ 55,000
	Hearts & Minds Activity Center	X			$ 50,000	$ -	$ 20,000
	Pink Ribbon Good, Inc.				$ 30,000	$ 30,000	$ 30,000
	Alzheimer's Disease and Related Disorders Association, Inc	X	X		$ 70,000	$ -	$ -
	Kyle J. Taylor Foundation	X	X		$ 50,000	$ -	$ -
					$ 327,000		$ 155,000

ECONOMIC STABILITY (INCLUDING FOOD SECURITY, HOUSING, AND HOMELESSNESS)

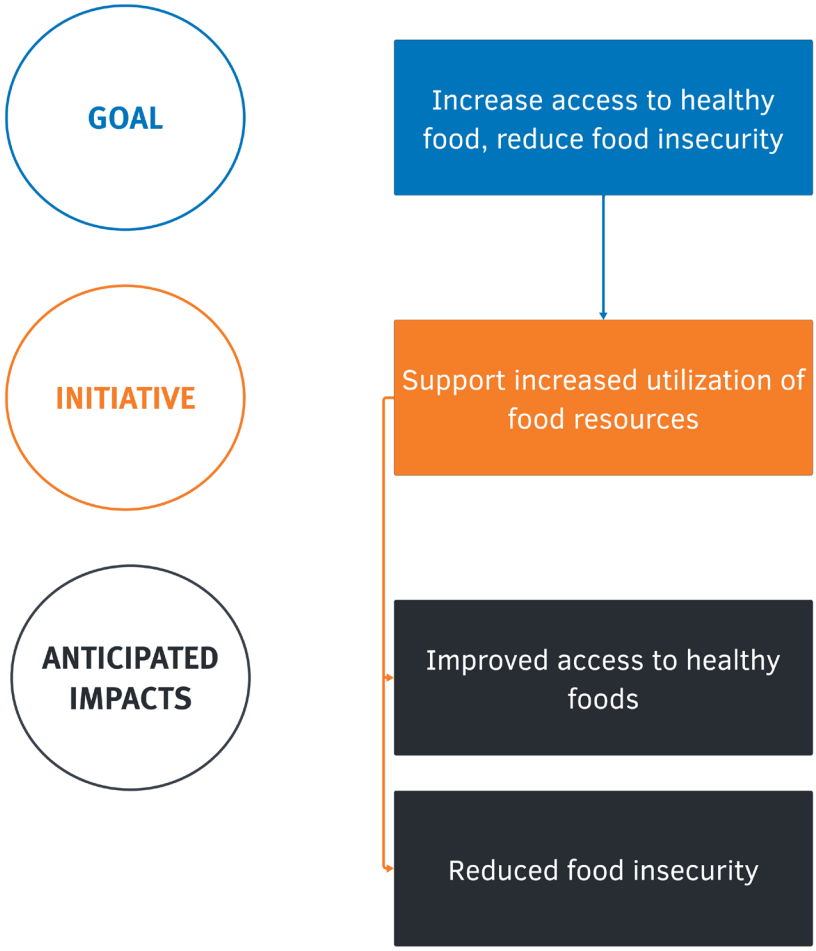
Economic stability was a top priority for the community in the 2025 CHNA, supported by data showing inequities in income, education, housing affordability, and job opportunities. When food, housing, and healthcare are difficult to afford, health outcomes are likely to suffer. Therefore, El Camino Health chose goals that support initiatives to reduce housing instability, food insecurity, and barriers to living-wage employment. Through efforts to address community members' basic needs, El Camino Health believes it will make a positive impact via increased utilization of social services and improved well-being and health outcomes among community members. Below and on the following pages, see diagrams for summaries and tables for details.



Goal	Initiative	Anticipated Impact
1. Reduce housing instability among community members	A. Support independent living and efforts to improve substandard living conditions[102, 103, 104]	(i) More community members remain independent longer (ii) Reduced number of sub-standard dwellings (iii) Improved health outcomes for those at-risk of and/or experiencing homelessness
	B. Support efforts to improve access to social services that address income and housing insecurity[105, 106, 107]	(i) Increase in social services utilization (ii) Improved health outcomes for those at-risk of and/or experiencing homelessness



Goal	Initiative	Anticipated Impact
2. Reduce barriers to employment/ careers that provide community members with a living wage	A. Support efforts to improve access to workforce training and employment opportunities for underrepresented populations[108, 109, 110, 111]	(i) More community members employed in positions that support economic stability



Goal	Initiative	Anticipated Impact
3. Reduce food insecurity and increase healthy food access for low-income community members	A. Support increased utilization of healthy/ culturally appropriate food through CalFresh/SNAP enrollment, existing food banks, and other sites[112, 113]	(i) Improved access to healthy food options (ii) Reduced food insecurity

ECONOMIC STABILITY (INCLUDING FOOD INSECURITY, HOUSING, AND HOMELESSNESS) PROPOSAL RECOMMENDATIONS

Health Need	Agency	New	DNF	Dual Request	Requested	FY2025 Approved (if applicable)	HCBC Recommendation
Economic Stability Goal % ~5% Recommended% ~ 6%	Abode	X			$ 50,200	$ -	$ 20,000
	El Camino Health - Economic Opportunity Internship Program				$ 70,620	$ 67,000	$ 67,000
	Hope Services				$ 35,000	$ 25,000	$ 25,000
	Rebuilding Together Silicon Valley*	X	X	X	$ 30,000	$ -	$ -
	Loaves & Fishes Family Kitchen	X			$ 75,000	$ -	$ 25,000
	Midtown Family Services				$ 37,192	$ 30,000	$ 30,000
	Parents Helping Parents	X	X		$ 50,000	$ -	$ -
	School of Arts and Culture at MHP				$ 30,000	$ 30,000	$ 30,000
	Downtown Streets Team, Inc.	X	X	X	$ 30,000	$ -	$ -
	Elevate Community Center	X	X		$ 105,039	$ -	$ -
	Hispanic Foundation of Silicon Valley	X	X		$ 10,000	$ -	$ -
	Neighborhood Hands	X	X		$ 30,000	$ -	$ -
	Positive Alternative Recreation Teambuilding Impact	X	X		$ 25,000	$ -	$ -
					$ 578,051		$ 197,000

IX. EVALUATION PLANS

As part of El Camino Health's ongoing community health improvement efforts, we partner with local safety net providers and community-based nonprofit organizations to fund programs and projects that address health needs identified through our triennial CHNA. Community partnership grant funding supports organizations and programs with a demonstrated ability to improve the health status of the selected health needs through data-driven solutions and results. Grantees are asked to explain the data and/or information that justifies the need for and effectiveness of the proposed program strategies.

El Camino Health will monitor and evaluate the strategies described above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor activities will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served. In addition, El Camino Health will require grantees to track and report outcomes/impact, including behavioral and physical health outcomes as appropriate. Grantees report mid-year and year-end performance on annual outcomes metrics, which are shared broadly with the public as well as state and federal regulatory bodies.

X. HEALTH NEEDS THAT EL CAMINO HEALTH DOES NOT PLAN TO ADDRESS

Cancer: El Camino Health merged the Cancer health need into the "Other Chronic Conditions" health need and will address cancer through addressing other chronic conditions.

Communicable Diseases: Issues related to Communicable Diseases issues were entirely contained within Respiratory Health and Sexual Health. See Respiratory Health and Sexual Health justifications below.

Community Safety (i.e., violence): This need was of lower priority to the community than those selected by El Camino Health. While El Camino Health lacks the expertise necessary to address this health need, behavioral health issues such as substance abuse, stress, and anxiety have been shown to be drivers of violence. El Camino Health believes that initiatives intended to address the community's behavioral health need have the potential to increase community safety as well.

Education: This topic is outside of El Camino Health's core competencies (i.e., El Camino Health has little expertise in this area) and the hospital feels it cannot make a significant impact on this need through community benefit investment. Additionally, this need was of lower priority to the community than the needs that El Camino Health selected.

Heart Disease & Stroke: El Camino Health merged the Heart Disease & Stroke health need into the "Other Chronic Conditions" health need and will address these issues through addressing other chronic conditions.

Maternal & Infant Health: El Camino Health merged the Maternal & Infant Health need into the "Healthcare Access & Delivery" health need and will address maternal and infant health through healthcare access and delivery initiatives.

Respiratory Health: El Camino Health merged the Respiratory Health need into the "Other Chronic Conditions" health need and will address respiratory health through addressing other chronic conditions.

Sexual Health: This need was of lower priority to the community than the needs that El Camino Health selected. Moreover, El Camino Health is better positioned to address this need via healthcare access and delivery.

Unintended Injuries/Accidents: This need was of lower priority to the community than the needs that El Camino Health selected. Moreover, El Camino Health is better positioned to address this need via initiatives related to education about healthy lifestyles (i.e., physical fitness) and healthcare access and delivery.

APPENDIX A: IRS IMPLEMENTATION STRATEGY CHECKLIST

IRS Requirement	Information Request/ Regulatory Language and Section References	IS Report Complies with Requirement (Y/N)	Report Section
(1) Implementation Strategy	The implementation strategy is a written plan that, with respect to each significant health need identified through the CHNA, either: (i) describes how the hospital facility plans to address the health need; or (ii) identifies the health need as one it does not intend to address and explains why the hospital facility does not intend to address the health need (Treas. Reg. § 1.501(r)-3(c)(1)).		
	A hospital facility will have described a plan to address a significant health need identified through a CHNA if the implementation strategy: (i) describes the actions the hospital facility intends to take to address the health need and the anticipated impact of these actions;	Y	Section VIII
	(ii) identifies the resources the hospital facility plans to commit to address the health need; and	Y	Section VIII
	(iii) describes any planned collaboration between the hospital facility and other facilities or organizations in addressing the health need (Treas. Reg. § 1.501(r)-3(c)(2)).	Y	Section VIII
	In explaining why the hospital facility does not intend to address a significant health need, a brief explanation for the hospital facility's reason for not addressing the need is sufficient. Under	Y	Section X

IRS Requirement	Information Request/ Regulatory Language and Section References	IS Report Complies with Requirement (Y/N)	Report Section
	the final regulations, such reasons may include, for example, resource constraints, other facilities or organizations in the community addressing the need, a relative lack of expertise or competency to effectively address the need, the need being a relatively low priority and/or a lack of identified effective interventions to address the need (Treas. Reg. § 1.501(r)-3(c)(3)).		
(2) Joint implementation strategies	A hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations, including, but not limited to, related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report (described in Checklist § 3(9), above) may also adopt a joint implementation strategy that, with respect to each significant health need identified through the joint CHNA, either describes how one or more of the collaborating facilities or organizations plan to address the health need or identifies the health need as one the		

IRS Requirement	Information Request/ Regulatory Language and Section References	IS Report Complies with Requirement (Y/N)	Report Section
	collaborating facilities or organizations do not intend to address and explains why they do not intend to address the health need. For a collaborating hospital facility to meet the implementation strategy adoption requirement, such a joint implementation strategy adopted for the hospital facility must—		
	(i) Be clearly identified as applying to the hospital facility;	N/A	N/A
	(ii) Clearly identify the hospital facility's particular role and responsibilities in taking the actions described in the implementation strategy and the resources the hospital facility plans to commit to such actions; and	N/A	N/A
	(iii) Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility. (Treas. Reg. § 1.501(r)-(3)(c)(4))	N/A	N/A
(3) Adoption of the implementation strategy	Under the final regulations, an implementation strategy must be adopted by an "authorized body of the hospital facility" (see Checklist § 3(1), above) on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility completes the final step for the CHNA, regardless of whether the hospital facility	Y	Section I

IRS Requirement	Information Request/ Regulatory Language and Section References	IS Report Complies with Requirement (Y/N)	Report Section
	began working on the CHNA in a prior taxable year (Treas. Reg. § 1.504(r)-3(a)(2) and (c)(5)(i)).		

Additional regulations not applicable to this hospital:

- Section 6: Exception for acquired, new, and terminated hospital facilities (Treas. Reg. § 1.501(r)-3(d))

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FY2026 ECH Grant Application Index

Total Requested: $6,377,515 | Total Funded: $3,310,000 | Total Unfunded: $3,067,515

Health Need	Agency	New	DNF	Dual Request	Requested	FY2025 Approved (if applicable)	HCBC Recommendation
Healthcare Access & Delivery Goal % ~30% Recommended% ~ 30%	Asian Americans for Community Involvement (AACI)				$ 132,000	$ 120,000	$ 128,000
	Cambrian School District				$ 349,527	$ 135,000	$ 135,000
	Campbell Union School District				$ 250,000	$ 235,000	$ 235,000
	Mount Pleasant School District				$ 122,000	$ 126,000	$ 122,000
	AINAK	X			$ 11,000	$ -	$ 11,000
	Cupertino Union School District			X	$ 110,000	$ 110,000	$ 110,000
	Health Mobile			X	$ 150,000	$ 50,000	$ 60,000
	Healthier Kids Foundation				$ 75,000	$ 70,000	$ 70,000
	North East Medical Services	X	X		$ 71,250	$ -	$ -
	San Jose Mothers Milk Bank	X	X		$ 85,000	$ -	$ -
	Santa Clara County Public Health Department				$ 100,000	$ 85,000	$ 60,000
	Via Services (DBA Camp Via West)				$ 35,000	$ 30,000	$ 30,000
	Vista Center for the Blind and Visually Impaired			X	$ 81,954	$ 45,000	$ 25,000
	APPNA Community Health Center	X	X		$ 48,000	$ -	$ -
	Bay Area Community Health	X	X		$ 72,690	$ -	$ -
	Catholic Charities of Santa Clara County	X	X		$ 50,000	$ -	$ -
	Kids in Common	X	X		$ 8,000	$ -	$ -
	MedCycle Network	X	X	X	$ 50,000	$ -	$ -
	Union Elementary School District	X	X		$ 158,798	$ -	$ -
					$ 1,960,219		**$ 986,000**
Behavioral Health Goal % ~30% Recommended% ~ 31%	Adolescent Counseling Services				$ 25,000	$ 25,000	$ 25,000
	Bill Wilson Center				$ 25,000	$ 25,000	$ 25,000
	Caminar*	X	X	X	$ 157,945	$ -	$ -
	Child Advocates of Silicon Valley				$ 40,000	$ 40,000	$ 40,000
	Cupertino Union School District			X	$ 132,000	$ 130,000	$ 130,000
	Los Gatos Education Foundation (Los Gatos Union School District)				$ 126,000	$ 120,000	$ 120,000
	Momentum for Health			X	$ 40,000	$ 40,000	$ 40,000
	Parents Helping Parents				$ 45,000	$ 35,000	$ 45,000
	Peninsula Healthcare Connection				$ 92,673	$ 90,000	$ 92,000
	Cancer CAREpoint				$ 30,000	$ 30,000	$ 30,000
	Friends For Youth	X	X	X	$ 30,000	$ -	$ -
	Jewish Family Services of Silicon Valley				$ 132,800	$ 75,000	$ 75,000
	LifeMoves			X	$ 50,000	$ 50,000	$ 50,000
	Los Gatos Saratoga Community Education and Recreation				$ 63,600	$ 15,000	$ 30,000
	Lotus Family Services	X	X		$ 10,000	$ -	$ -
	Next Door Solutions to Domestic Violence				$ 90,000	$ 88,000	$ 90,000
	Pacific Clinics				$ 230,000	$ 215,000	$ 200,000
	Palo Alto University	X	X		$ 50,000	$ -	$ -
	Shine Together	X	X		$ 40,000	$ -	$ -
	To Be Empowered				$ 40,000	$ 30,000	$ 15,000

DNF: Do Not Fund recommendation
New: New program to Community Benefit in FY2025
Dual Request: Program requested dual funding from ECH + ECHD
*Indicates program is a dual request that is not eligible for dual funding and is currently recommended for funding in ECHD or agency already has two grants recommended for funding.

Green represents higher proposal strength
Blue represents medium proposal strength
Grey represents lower proposal strength

Proposal summary sheets are organized alphabetically within each health need and do not necessarily correspond with the index order.

FY2026 ECH Grant Application Index

Total Requested: $6,377,515 | Total Funded: $3,310,000 | Total Unfunded: $3,067,515

Health Need	Agency	New	DNF	Dual Request	Requested	FY2025 Approved (if applicable)	HCBC Recommendation
Behavioral Health	Almaden Valley Counseling Services				$ 80,000	$ 25,000	$ 20,000
	Cambrian School District	X	X		$ 296,500	$ -	$ -
	North East Medical Services	X	X		$ 73,000	$ -	$ -
	Recovery Cafe San Jose Inc.	X	X		$ 35,000	$ -	$ -
	Social Good Fund (Catalyze SV)	X	X		$ 11,500	$ -	$ -
	South Bay Kidpower Teenpower Fullpower ('Kidpower')	X	X		$ 30,000	$ -	$ -
	Unity Care Group	X	X		$ 58,100	$ -	$ -
					$ 2,034,118		**$ 1,027,000**
Diabetes & Obesity Goal % ~30% Recommended% ~ 29%	Chinese Health Initiative (CHI)			X	$ 35,000	$ 30,000	$ 30,000
	Playworks, Northern California			X	$ 42,299	$ 40,000	$ 40,000
	South Asian Heart Center			X	$ 70,000	$ 60,000	$ 60,000
	West Valley Community Services				$ 270,780	$ 185,000	$ 210,000
	Bay Area Women's Sports Initiative			X	$ 84,716	$ 20,000	$ 20,000
	Gardner Family Health Network, Inc.				$ 494,484	$ 320,000	$ 320,000
	Valley Verde				$ 70,000	$ 70,000	$ 70,000
	West Valley Community Services				$ 60,398	$ 50,000	$ 60,000
	African American Community Service Agency				$ 50,000	$ 40,000	$ 40,000
	Cambrian School District	X	X		$ 106,450	$ -	$ -
	Indian Health Center of Santa Clara Valley				$ 104,000	$ 95,000	$ 95,000
	North East Medical Services	X	X		$ 90,000	$ -	$ -
					$ 1,478,127		**$ 945,000**
Chronic Conditions Goal % ~5% Recommended% ~ 5%	Breathe California of the Bay Area, Golden Gate and Central Coast				$ 52,000	$ 51,000	$ 50,000
	Latinas Contra Cancer				$ 75,000	$ 55,000	$ 55,000
	Hearts & Minds Activity Center	X			$ 50,000	$ -	$ 20,000
	Pink Ribbon Good, Inc.				$ 30,000	$ 30,000	$ 30,000
	Alzheimer's Disease and Related Disorders Association, Inc	X	X		$ 70,000	$ -	$ -
	Kyle J. Taylor Foundation	X	X		$ 50,000	$ -	$ -
					$ 327,000		**$ 155,000**
Economic Stability Goal % ~5% Recommended% ~ 6%	Abode	X			$ 50,200	$ -	$ 20,000
	El Camino Health - Economic Opportunity Internship Program				$ 70,620	$ 67,000	$ 67,000
	Hope Services				$ 35,000	$ 25,000	$ 25,000
	Rebuilding Together Silicon Valley*	X	X	X	$ 30,000	$ -	$ -
	Loaves & Fishes Family Kitchen	X			$ 75,000	$ -	$ 25,000
	Midtown Family Services				$ 37,192	$ 30,000	$ 30,000
	Parents Helping Parents	X	X		$ 50,000	$ -	$ -
	School of Arts and Culture at MHP				$ 30,000	$ 30,000	$ 30,000
	Downtown Streets Team, Inc.	X	X	X	$ 30,000	$ -	$ -
	Elevate Community Center	X	X		$ 105,039	$ -	$ -
	Hispanic Foundation of Silicon Valley	X	X		$ 10,000	$ -	$ -
	Neighborhood Hands	X	X		$ 30,000	$ -	$ -
	Positive Alternative Recreation Teambuilding Impact	X	X		$ 25,000	$ -	$ -
					$ 578,051		**$ 197,000**

DNF: Do Not Fund recommendation
New: New program to Community Benefit in FY2025
Dual Request: Program requested dual funding from ECH + ECHD
*Indicates program is a dual request that is not eligible for dual funding and is currently recommended for funding in ECHD or agency already has two grants recommended for funding.

Green represents higher proposal strength
Blue represents medium proposal strength
Grey represents lower proposal strength

Proposal summary sheets are organized alphabetically within each health need and do not necessarily correspond with the index order.

El Camino Health and El Camino Healthcare District Dual-Funded Community Benefit Programs: FY2024, FY2025 & FY2026

El Camino Health FY2024: $555,000 (17% of ECH grants)*| FY2025: $560,000 (17% of ECH grants)*
FY2026 (Recommended): $565,000 *(17% of ECH grants)*

El Camino Healthcare District FY2024: $1,696,500 (22% of ECHD grants)*| FY2025: $1,585,500 (20% of ECHD grants)*
FY2026 (Recommended): $1,674,000 *(20% of ECHD grants)*

Combined Total FY2024: $2,251,500 (20% of all grants)*| FY2025: $2,115,500 (19% of all grants)*
FY2026 (Recommended): $2,239,000 *(19% of all grants)*

**FY2024 & FY2025 dual request totals reflect accurate totals, only programs that are also a dual request for FY2026 are presented below.*

Bay Area Women's Sports Initiative Program (BAWSI)
FY2024 – $41,000 (BAWSI Girls)
ECH - $15,000
ECHD -$26,000
FY2025 – $59,000
ECH - $20,000
ECHD -$39,000
FY2026 – $59,000 (BAWSI Girls - Recommended)
ECH - $20,000
ECHD -$39,000
(BAWSI Rollers - Not a Dual Applicant)

Caminar
FY2026 – $78,700 (Recommended)
ECH – DNF
ECHD -$78,700

Chinese Health Initiative (ECH)
FY2024 – $295,000
ECH - $20,000
ECHD -$275,000
FY2025 – $305,000
ECH - $30,000
ECHD -$275,000
FY2026 – $305,000 (Recommended)
ECH - $30,000
ECHD -$275,000

Cupertino Union School District – Mental Health Counseling
FY2024 – $232,500
ECH - $130,000
ECHD -$102,500
FY2025 – $232,500
ECH - $130,000
ECHD -$102,500
FY2026 – $232,500 (Recommended)
ECH - $130,000
ECHD -$102,500

Cupertino Union School District – School Nurse Program
FY2024 – $215,000
ECH - $110,000
ECHD -$105,000
FY2025 – $215,000
ECH - $110,000
ECHD -$105,000
FY2026 – $220,000 (Recommended)
ECH - $110,000
ECHD -$110,000

Downtown Streets Team
FY2026 – DNF (Recommended)
ECH – DNF
ECHD – DNF

Health Mobile
FY2026 – $110,000 (Recommended)
ECH – $60,000
ECHD - $50,000

LifeMoves
FY2024 - $210,000
ECH - $50,000
ECHD - $160,000
FY2025 – $210,000
ECH - $50,000
ECHD -$160,000
FY2026 – $210,000 (Recommended)
ECH - $50,000
ECHD -$160,000

Medcycle
FY2023 – DNF
ECH - DNF
ECHD - DNF

Momentum for Mental Health
FY2024 – $330,000
ECH - $40,000
ECHD - $290,000
FY2025 – $330,000
ECH - $40,000
ECHD -$290,000
FY2026 – $330,000 (Recommended)
ECH - $40,000
ECHD -$290,000

Playworks
FY2024 – $240,000
ECH - $40,000
ECHD -$200,000
FY2025 – $240,000 (Recommended)
ECH - $40,000
ECHD -$200,000
FY2026 – $268,800
ECH - $40,000
ECHD -$228,800

Rebuilding Together Silicon Valley
FY2026 – $30,000 (Recommended)
ECH - DNF
ECHD -$30,000

South Asian Heart Center
FY2024 – $360,000
ECH - $50,000
ECHD -$310,000
FY2025 – $370,000
ECH - $60,000
ECHD -$310,000
FY2026 – $370,000 (Recommended)
ECH - $60,000
ECHD -$310,000

Vista Center for the Blind and Visually Impaired
FY2026 – $25,000 (Recommended)
ECH - $25,000
ECHD - DNF

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
FINANCE COMMITTEE MEETING MEMO

To: El Camino Hospital Finance Committee
From: Jon Cowan, Executive Director, Government Relations & Community Partnerships
Date: May 27, 2025
Subject: 2025 El Camino Health Community Health Needs Assessment

Recommendation:

To review and recommend the approval of the 2025 El Camino Health Community Health Needs Assessment.

Summary:

1. Situation: Conducted every three years, the Community Health Needs Assessment (CHNA) is conducted in compliance with IRS requirements per the Affordable Care Act of 2010.

2. Authority: The triennial CHNA is the framework for the annual Implementation Strategy Report and Community Benefit Plan (Plan) which is presented to the Finance Committee for approval.

3. Background:
Per the Affordable Care Act, El Camino Health conducted a community health needs assessment from January 2024 through April 2025. Four nonprofit hospitals/healthcare systems across San Mateo and Santa Clara counties, with additional support from the Palo Alto Medical Foundation (a nonprofit multi-specialty group), formed an informal collaborative to conduct a dual-county, triennial CHNA in compliance with current federal requirements. The 2025 CHNA builds upon the earlier assessments conducted by these entities, distills new qualitative and quantitative research, prioritizes local health needs, identifies areas for improvement, and lists Santa Clara County's assets and resources related to identified health needs.

The CHNA highlights five priority focus areas for the El Camino Health service area.

- Health Care Access & Delivery
- Behavioral Health
- Diabetes & Obesity
- Chronic Conditions
- Economic Stability

4. Outcomes: The 2025 CHNA will represent the framework of the Plans for Fiscal Years 2026 through 2028. After review and recommendation for approval by the Finance Committee, the written CHNA will be go the Hospital Board for approval.

List of Attachments:

- ECH 2025 CHNA Report.pdf

2025 Community Health Needs Assessment

June 2025

El Camino Health®

ACKNOWLEDGEMENTS

El Camino Health[1] would like to recognize the following organizations and individuals for their contributions to this report:

- El Camino Health
  Jon Cowan, Executive Director, Government Relations & Community Partnerships
  Tim Daubert, Director of Community Partnerships
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- Lucile Packard Children's Hospital Stanford
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- Sutter Health Mills-Peninsula Medical Center and Palo Alto Medical Foundation
  Kelly Brenk, Senior Director of Government Affairs, External Affairs
  Lisa Hom, Community Health Manager, External Affairs

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- George O. Ting, MD
- Don Watters
- John L. Zoglin

[1] El Camino Hospital is the legal and funding entity for El Camino Health's community benefit program. The community benefit requirement applies to 501(c)(3) tax-exempt hospitals.

The 2025 Community Health Needs Assessment report was prepared by the research firm Actionable Insights, LLC:

- Jennifer van Stelle Brozzo, PhD, Co-Founder and Principal
- Melanie Espino, Co-Founder and Principal
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1. EXECUTIVE SUMMARY

BACKGROUND

The Community Health Needs Assessment (CHNA) is designed as a tool for guiding policy, advocacy, and program-planning efforts. It also meets federal requirements. The CHNA report is made publicly available for review and comment.

The Internal Revenue Service (IRS) requires the CHNA report to describe how the assessment was conducted (including the community being served, who was involved, and the process and methods used) and which health needs were identified as significant. Gathering input from the community and experts in public health, clinical care, and other relevant industries is central to the IRS mandate.

Every three years between 1995 and 2022, El Camino Health collaborated with local nonprofit hospitals to conduct an extensive CHNA. The 2025 CHNA builds upon the earlier assessments, distills new qualitative and quantitative research, prioritizes local health needs, identifies areas for improvement, and lists Santa Clara County's assets and resources related to identified health needs. Using all of this information, El Camino Health will develop strategies to address critical health needs in order to improve the overall health and well-being of community members.

PROCESS AND METHODS

The members of the CHNA collaborative began the process of conducting the 2025 CHNA in January 2024. The collective goal for the assessment was to gather community feedback and existing data about local health needs to inform each affiliated hospital’s selection of specific issues to address through Community Benefit in its service area. The hospital members engaged Actionable Insights, a local consulting firm with expertise in CHNAs.

Between March and September 2024, community feedback was gathered through interviews and focus groups with local experts and community members, including people representing low-income, minority, medically underserved, and/or other vulnerable populations in the community. Participants were asked to identify the health needs they felt were the most pressing for the community. They could choose up to five needs from the list presented to them, which had been identified in one or both counties in 2022, or could submit needs that were not on the 2022 list. During the interviews and focus groups, for each need they chose, participants were asked the following five questions (language was modified appropriate for each audience):

- How do you see this need playing out in the community; what do you think creates these issues here?
- Which populations or geographic areas in the community are affected more than others?
- How has this community need changed in the past few years?
- What are the biggest challenges to addressing this need?
- What is needed in the community (including models/best practices/key resources) to better address this need?

These conversations centered on the needs that received the most votes from prospective participants. A total of 52 professionals and 75 community members participated in various interviews and focus groups.

Secondary data were obtained from a variety of sources, including the public County Health Rankings & Roadmaps supported by the Robert Wood Johnson Foundation and the Santa Clara County Public Health Department. The benchmarks used for comparison were San Mateo County averages and rates, unless California state averages and rates were more stringent. These data are described in the summary descriptions of the health needs in Section 6.

Health needs described in this report are either poor health outcomes and their health driver(s), or health drivers associated with poor health outcomes (see definitions, right).

DEFINITIONS

Health condition: A disease, impairment, or other state of physical or mental health that contributes to a poor health outcome.

Health driver: A behavioral, clinical, environmental, social, or economic factor that impacts health outcomes. May be a social determinant of health.

Health indicator: A characteristic of an individual, population, or environment that is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.

Health need: A poor health outcome and its health driver(s), or a health driver associated with a poor health outcome that has not yet arisen as a need.

Health outcome: The measurable impact — morbidity (quality of life) and mortality (death) — of a disease within a community.

El Camino Health generated a list of health needs reflecting the priorities in its service area based on community input and secondary data, which were filtered using certain criteria (see full description in Section 5).

HEALTH NEEDS

The 2025 community health needs are presented below, in priority order.

Health Need	Justification
Housing	● Highest community priority of focus groups and interview participants. ● Participants said housing market prices remain extremely high, making it difficult for many to afford housing. ● Home ownership is lower in Santa Clara County (56%) than in San Mateo County (60%). ● Participants described how economic instability forces people to move out of the area or live in overcrowded and/or unsafe conditions (e.g., poorly maintained housing, vehicles, makeshift shelters).

Health Need	Justification
	● Housing quality is still a concern in Santa Clara County; for example, the data show that a small fraction of the county's children and young adults aged 6-20 have very high blood lead levels (at least 9.5 mcg/dL), while San Mateo County has eradicated this issue entirely. ● Black and multiracial people are the most overrepresented in the unhoused population relative to their proportions in the county's overall population. ● Local older adults in Santa Clara County who participated in the Community Assessment Survey of Older Adults give a "Livability Score" of 19 out of 100 for housing.
Economic Stability	● Very high community priority among focus groups and interview participants. ● Household income inequality has reached an all-time high. ● In Santa Clara County, Black, Hispanic, and Native American families with children are disproportionately more likely to be in poverty than their Asian or White peers. ● The data show that the proportion of people experiencing food insecurity in Santa Clara County is higher than in San Mateo County. ● In October 2024, unemployment was higher in Santa Clara County than in San Mateo County. ● Data show that there is a greater gender pay gap in Santa Clara County ($0.73 to the dollar) than there is statewide ($0.86) or in San Mateo County ($0.90). ● Participants said wages do not keep pace with the cost of living. They explained that low wages and high living costs compel individuals as well as families to make difficult choices between essential needs like food, rent, and healthcare.
Behavioral Health (including mental health, trauma, and substance use)	● High community priority of focus groups and interview participants. ● CHNA participants frequently noted increases in feelings of loneliness and isolation among community members of all ages, including older adults and youth, with a particular emphasis on students of color and English language learners. ● Public health statistics show mental diseases/disorders are the primary reason for child hospitalizations in Santa Clara County. ● Mental healthcare access is somewhat worse overall in Santa Clara County than in San Mateo County, and especially poor for youth: there are far more students per school psychologist

Health Need	Justification
	in the county (1199:1) compared to the state ratio (1041:1) or that of San Mateo County (994:1). ● Key informants and focus group attendees spoke about countywide increases in substance use. They reported that there is a lack of accessible substance use treatment programs (inpatient/residential), and long waiting lists for the few programs that do exist. ● Among all ages, opioid overdose hospitalization rates in the county (34.3 per 100,000 people) and, specifically, in the Mountain View area (34.2), are close to triple California's rate (12.8). ● The rate of self-harm hospitalizations is significantly higher in the Mountain View area (32.9) than the county overall. ● The suicide rate in East San José (8.4 per 100,000) surpasses the county's rate. Overall, deaths of despair (deaths due to alcohol, drug use, or suicide) are also higher in East San José (44.8 per 100,000) compared to the county overall (30.8). ● Specific populations that CHNA participants identified as disproportionately affected by access to mental/behavioral healthcare included: ○ the unhoused, rural, and limited-mobility populations, who have issues with physical access; ○ low- and middle-income populations, whose challenges are primarily economic access; and ○ English learners, people of color (Asian and Pacific Islander, Black, and Hispanic populations), and LGBTQ+ populations, who experience care delivery issues including linguistic and cultural mismatches.
Diabetes & Obesity	● Moderate priority among focus groups and interview participants. ● Diabetes mortality is 50% higher in Santa Clara County (21.7 per 100,000) compared to the state rate (14.4). ○ It is highest in East San José (33.9), and also high in the northern part of the county (25.2). ○ Deaths from diabetes are much higher among both the Black (41.0) and Hispanic (37.0) communities in Santa Clara County compared to other ethnic populations in the county. ● Emergency department visit rates and hospitalizations for diabetes are also highest in East San José and among both Black and Hispanic residents of Santa Clara County.

Health Need	Justification
	● Some CHNA participants noted that diabetes is a significant issue in East San José, with high rates of both diabetes and prediabetes, particularly among Hispanic and Asian populations. ● The Silicon Valley Latino Report Card states that over 20% of Hispanic children are overweight. ● Physical fitness, one of the drivers of diabetes and obesity, is lower (worse) for elementary and middle-schoolers in Santa Clara County than in San Mateo County. ● Hispanic and Pacific Islander children are performing considerably worse than their peers of other ethnicities when it comes to physical fitness.
Respiratory Health	● Santa Clara County lists chronic lower respiratory diseases among its top 10 causes of death in 2022. ● Tuberculosis (TB) case rates are higher than the state. Experts participating in the CHNA noted a significant increase in TB rates, particularly among individuals who have been in the country for over 10 years. ● The overall rate of all Santa Clara County children who were hospitalized for asthma is higher than the asthma hospitalization rate of all children in San Mateo County. ● Santa Clara County children aged 5-17 were hospitalized for asthma at nearly twice the rate (4.0 per 10,000 hospitalizations) of their San Mateo County counterparts (2.1). ● East San José has disproportionately high child hospitalizations for asthma (5.5 per 10,000 aged 0-17), and the county's Black population has an even higher rate (12.6). Child emergency department visits for asthma are similarly disproportionate. ● Among older adults in Santa Clara County, the Black population is the least likely of all ethnic groups to get a flu shot, followed by the Hispanic population. Both ethnic groups have lower flu vaccination rates than their peers in San Mateo County.
Unintended Injuries/Accidents	● The rate of child emergency department visits for all traumatic injuries was higher in Santa Clara County compared to San Mateo County. ● ED visits among children for burns and poisoning were also slightly higher versus their peers in San Mateo County.

Health Need	Justification
	• The proportion of child hospitalizations for poisoning, including accidental overdose, was somewhat higher in Santa Clara County (1.7%) compared to San Mateo County (1.2%). • Traffic volume in both Santa Clara and San Mateo counties remained notably higher than the state average. • Santa Clara County's rate of pedestrian deaths (2.5 per 100,000) is much higher than the state rate (0.4). The rate among the Hispanic population (4.9) is notably higher than even the county rate. • While almost half of all fatal unintended injuries in Santa Clara County were among Whites, the rate for Native Americans is the highest (worst) among the county's racial/ethnic subgroups. For more on intentional injury, see the *Community Safety* health need description.
Healthcare Access & Delivery	• High priority among focus groups and interview participants. • CHNA participants highlighted high copays and lack of insurance coverage among community residents as barriers to healthcare access. • Statistical data show that Santa Clara County's proportion of uninsured residents is low, yet it is slightly higher (worse) than San Mateo County's. • Many key informants and focus group participants connected healthcare access with economic instability. • Participants felt there were significant issues with access to preventive care (e.g., colonoscopies, mammograms), including long wait times for such appointments. • With regard to oral health, participants focused on the significant lack of providers who actually accept Denti-Cal. • Participants said migrant and undocumented communities struggle greatly with access to healthcare due to high costs, lack of insurance, and difficulty navigating the medical system. • CHNA participants described the lack of cultural concordance as a significant issue in healthcare delivery, with certain populations experiencing discrimination and language barriers that hinder access to care. Close to 9% of the county's population is not proficient in English. • Preventable hospital stays are higher among Black and Hispanic populations compared to Whites and Asians in Santa Clara County.

Health Need	Justification
Heart Disease & Stroke	● Heart disease and cerebrovascular diseases ranked among the top five causes of death in Santa Clara County in 2024, while hypertension was ranked in the top 10 causes of death. ● Mortality rates for both heart disease and stroke are much higher among the county's Black and Hispanic populations than other ethnic groups.
Maternal & Infant Health	● Certain maternal and infant health statistics are worse in East San José than in the county overall, including the proportion of premature births, low birthweight births, and infant mortality. ● Infant mortality and pre-term births in Santa Clara County are highest for Black and Hispanic babies. The county's low birthweight babies are disproportionately born to Black mothers. ● Maternal morbidity in Santa Clara County is highest among the Black population (193.9 per 10,000 delivery hospitalizations) compared to the overall rate (136.7 per 10,000), including issues such as preeclampsia, hypertension at delivery, and postpartum depression.
Education	● Childcare costs in Santa Clara County have more than doubled in the past 10 years, outpacing median family income, which rose 64% over the same time period. ● Spending per pupil is lower in Santa Clara County ($14,733) compared to San Mateo County ($17,293). ● The 2022 high school graduation rate was lower (83%) than the San Mateo County rate (89%), with the county's Hispanic students more likely than students of other ethnic groups to drop out before graduation.
Cancer	● The county's liver cancer incidence rate is 10.5 per 100,000 people, higher than in neighboring San Mateo County (9.1). ● The county has a higher colorectal cancer incidence rate compared to San Mateo County. ● Santa Clara County has a higher overall cancer incidence rate for youth aged 15-19 compared to San Mateo County. ● Cancer mortality by race/ethnicity indicates substantial disparities. Examples include: ○ Overall cancer mortality among Santa Clara County's Black population is much higher (143.5) compared to other ethnic groups.

Health Need	Justification
	○ The county's Black population has higher rates of mortality for female breast, colorectal, and prostate cancers. ● Mammography screening among older adults in the county is lowest for Latinas.
Communicable Diseases	See Respiratory Health and Sexual Health for details.
Community & Family Safety (i.e., violence)	● Statistics show that domestic violence-related 911 calls are higher in Santa Clara County (4.7 per 1,000 people aged 18–69) than in neighboring San Mateo County (4.0). ● The rate of substantiated child abuse/neglect cases in the county is more than double that of San Mateo County. ● Disparities for Black youth: ○ Black children aged 0-17 are more likely to be the subjects of a substantiated child abuse case than children statewide. ○ Black children (aged 0-20) are also more likely to be in foster care than are California children on average. ○ Rates of bias-related bullying and harassment at school are higher for Black youth in Santa Clara County (43%) versus San Mateo County (35%). ○ Juvenile felony arrests (aged 10-17) are higher in Santa Clara County than the state and, specifically, much higher for Black youth.
Sexual Health	● Teen births are much higher among Latinas compared to their peers of other ethnicities in Santa Clara County. ● HIV diagnoses among the county's Hispanic population are notably higher compared to their peers of other ethnicities. ● Residents of East San Jose are more likely to be diagnosed with HIV than residents of the county overall.

NEXT STEPS

After making this CHNA report publicly available by June 30, 2025, El Camino Health will solicit feedback and comments through its website's contact form. Community input will continue to be collected until two subsequent CHNA reports have been posted to the Community Benefit page of its website.[2] El Camino Health will also develop a Plan and Implementation Strategy based on the 2025 CHNA results.

[2] https://www.elcaminohealth.org/about-us/community-benefit

2. BACKGROUND

The Community Health Needs Assessment (CHNA) is designed as a tool for guiding policy, advocacy, and program-planning efforts. It also meets the Internal Revenue Service (IRS) requirements for Community Health Needs Assessment and Implementation Strategies mandated by the 2010 Affordable Care Act. The CHNA report is made publicly available for review and comment.

The Santa Clara County Community Benefit Hospital Coalition (CBHC) formed in 1995. The CBHC brought together representatives of nonprofit hospitals, public health departments, and other local organizations. Every three years between 1995 and 2019, El Camino Health collaborated with the CBHC to conduct an extensive CHNA. In 2019, two hospital members of the CBHC were sold to Santa Clara County.[3] Therefore, beginning in 2021, four of the remaining nonprofit hospitals/healthcare systems across San Mateo and Santa Clara counties,[4] with additional support from the Palo Alto Medical Foundation (a nonprofit multi-specialty group), formed an informal collaborative to conduct a dual-county, triennial CHNA in compliance with current federal requirements.

The 2025 CHNA builds upon the 2022 CHNA and earlier assessments conducted by these entities, distills new qualitative and quantitative research, prioritizes local health needs, and identifies areas for improvement. As with prior CHNAs, this assessment also lists Santa Clara County's assets and resources related to identified health needs. Using all of this information, the members of this informal collaborative will develop strategies to address critical health needs and to improve the overall health and well-being of community members.

For the purposes of this assessment, the definition of “community health” is not limited to traditional health measures. In addition to the physical health of community members, it also encompasses quality-of-life indicators such as access to healthcare, affordable housing, food security, education, and employment, and the physical, environmental, and social factors that influence the health of the county’s residents. This broad definition reflects the collaborating hospitals’ philosophy that many factors affect community health, and that it cannot be adequately understood or addressed without consideration of trends outside the realm of healthcare.

CHNA PURPOSE AND ACA REQUIREMENTS

In 2024–2025, El Camino Health conducted an extensive Community Health Needs Assessment (CHNA) for the purpose of identifying critical health needs of the community. The 2025 CHNA will also serve to assist El Camino Health in meeting IRS CHNA requirements

[3] County of Santa Clara, Office of Communications and Public Affairs. (2019). *Acquisition Information.* Retrieved from https://news.sccgov.org/office-public-affairs/hospital-acquisition-update/acquisition-information

[4] The four entities are El Camino Health, Lucile S. Packard Children’s Hospital Stanford, Stanford Health Care, and Sutter Health.

pursuant to the Patient Protection and Affordable Care Act of 2010 (ACA). The ACA, which was enacted on March 23, 2010, includes requirements for nonprofit hospitals that wish to maintain their tax-exempt status. Regulations finalized December 31, 2014, also provided guidance related to section 501(r) of the Internal Revenue Code. These regulations mandate that at least once every three years, all nonprofit hospitals must conduct a CHNA and develop and adopt an implementation strategy to address selected needs.[5] The CHNA must be completed by the last day of a hospital's taxable year.

The CHNA process, completed in 2025 and described in this report, was conducted in compliance with current federal requirements. This CHNA report documents how the assessment was conducted, including the community served, who was involved in the assessment, the process and methods used, and the community's significant health needs that were identified and prioritized as a result of the assessment. The 2025 assessment includes input from local residents and experts in public health, clinical care and others. The 2025 CHNA serves as a tool for guiding policy and program planning efforts and is made available to the public for review and comment. It also serves to assist in developing Community Benefit plans and implementation strategies pursuant to IRS regulations.

The 2025 CHNA meets federal (IRS) requirements mandated by the ACA.

BRIEF SUMMARY OF 2022 CHNA

In 2022, El Camino Health participated in a collaborative process to identify significant community health needs and in order to meet state and federal requirements. The 2022 CHNA is posted on El Camino Health's public website.[6]

The health needs that were identified and prioritized through the 2022 CHNA process are listed below in order of priority:

1. Economic Stability
2. Behavioral Health
3. Housing and Homelessness
4. Healthcare Access and Delivery
5. Diabetes and Obesity
6. Cancer
7. Maternal and Infant Health
8. Oral/Dental Health
9. Climate/Natural Environment
10. Unintended Injuries/Accidents
11. Community Safety
12. Sexually Transmitted Infections

[5] https://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf

[6] https://www.elcaminohealth.org/sites/default/files/2022-06/2022-community-health-needs-assessment-060922.pdf

For the 2025 CHNA, the informal collaborative built upon existing work by starting with a list of previously identified health needs. Updated secondary data were collected and community input was used to add health needs to the list and to delve deeper into questions about inequities and other barriers to health and solutions to the needs.

WRITTEN PUBLIC COMMENTS ON 2022 CHNA

To offer the public a means to provide written input on the 2022 CHNA, El Camino Health maintains a Community Benefit page on its website,[7] where it posts reports and provides an online contact form. This venue will allow for continued public comments on the 2025 CHNA report.

At the time this 2025 CHNA report was completed, El Camino Health had not received written comments about the 2022 CHNA report. El Camino Health will continue to track any submissions made and will ensure that all relevant comments are reviewed and addressed by appropriate staff.

[7] https://www.elcaminohealth.org/about-us/community-benefit

3. ABOUT EL CAMINO HEALTH

El Camino Health has served the communities of Silicon Valley and the South Bay for more than 60 years, with nationally recognized physicians and nurses at two not-for-profit acute care hospitals in Los Gatos and Mountain View, and 21 care locations across Santa Clara County, which include primary care, multi-specialty care, and urgent care. Across the organization, El Camino Health has over 4,300 employees, over 1,500 physicians, and 466 patient beds. Key services lines include cancer care, cardiovascular care, maternity care, mental health and addiction services, orthopedics, pulmonology, urology, and women's health. Affiliated partners include El Camino Health Medical Network, El Camino Health Foundation and Concern.

MISSION

It is the mission of El Camino Health to heal, relieve suffering and advance wellness.

HISTORY IN BRIEF

Local voters approved the formation of a healthcare district in 1956 by a 12-to-1 margin. The Santa Clara County Board of Supervisors appointed a five-member board for the district. The district board’s first decision was the selection of a 20-acre orchard on Grant Road in Mountain View as the site for the new hospital, and it chose the name El Camino Hospital. In 1957, voters approved a $7.3 million bond issue, again by a large margin, to finance the building and operation of the hospital. Construction of the four-story hospital began in 1958. By 1961, all necessary preparations had been made, and the hospital admitted its first patients on September 1.

Continuing a steady pace of growth over the next several decades, the hospital added an array of community need-based services, including an outpatient surgery center, family birthing center, emergency, radiology and intensive care facilities, a psychiatric unit and a senior resource center. During the hospital’s third decade in the community, the Board established the El Camino Hospital Foundation, now known as El Camino Health Foundation, to raise charitable contributions in support of the hospital.

In 2006, after the second groundbreaking event in El Camino Hospital’s history, construction began on the new seismically compliant main hospital building at the Mountain View campus. Three years later, the state-of-the-art hospital in Mountain View opened on November 15, 2009.

In 2008, the hospital acquired the assets of the former Community Hospital of Los Gatos. The former owners closed the hospital in April 2009, but a fully renovated and staffed Los Gatos Hospital reopened that July. The 143-bed hospital continues to offer full-service, acute care to residents of Los Gatos and surrounding communities, just as it had been doing since it opened in 1962.

El Camino Health Medical Network, an affiliate of El Camino Health, aspires to elevate the healthcare experience – beyond healing – for the communities it serves. Through physician partnerships, it provides patients with healthcare options that fit their lifestyle. Urgent care, primary care and multi-specialty care services are provided at 21 locations across Santa Clara County.

In addition to delivering healthcare services across Santa Clara County, El Camino Health's employee assistance and mental health program, Concern, offers employers across the country an optimized blend of human connection, compassion, and technology to help employees build resilience and achieve emotional well-being. Services include resources for employees and their families to stay calm and effective even when dealing with setbacks, change and/or pressure. Concern has been affiliated with the hospital corporation since 1981.

SPECIALTY CARE AND INNOVATIONS

El Camino Health provides specialty programs and clinical areas of distinction that are highly regarded throughout the Bay Area.

Some programs and accomplishments unique to El Camino Health are:

- Distinguished hospitals. Our fully accredited hospitals, Los Gatos and Mountain View, have received numerous awards and honors for high-quality healthcare.
- Exceptional talent. Our reputation attracts high-caliber doctors who are approachable and friendly, a nursing culture exceptional for its highly personalized patient and family care, and leadership with a deeply personal commitment.
- Innovative approaches to care. We seek new treatments and techniques and contribute to the medical community through clinical trials.
- A focus on health. Our regional Men's Health Program offers a team approach to care and has a variety of specialists who are focused on men's health issues, including heart and vascular, urology, sleep disorders, sexual dysfunction and healthy weight. We created the South Asian Heart Center and the Chinese Health Initiative to address unique health disparities in our patient population.
- A healing environment. Our spaces were specially designed for tranquility and comfort, such as our labyrinth walk.

El Camino Health earned four stars from the Centers for Medicare and Medicaid Services, an 'A' grade from the Leapfrog Group, a place on the Healthgrades 100 Best Hospitals for Cardiac Care, and spots on the Newsweek World's Best Hospitals and Best Maternity Care Hospitals lists in 2024 alone. El Camino Health is also recognized as a national leader in the use of health information technology and wireless communications. El Camino Health has been awarded Gold Seals of Approval from The Joint Commission for its Stroke Care, Sepsis Care, Hip and Knee Replacement, and Spinal Fusion Surgery programs as well as the American Heart Association's Get with the Guidelines – Stroke Gold Plus recognition. Lastly, El Camino Health was recognized as a 2024 Healthiest Employers in Northern California.

COMMUNITY BENEFIT PROGRAM

For more than 60 years, El Camino Health has provided healthcare services beyond its walls — crossing barriers of age, education and income level — to serve the people of its region, because a healthier community benefits everyone.

Building a healthier community requires a combined effort. El Camino Health collaborates with community members who have expertise in understanding health disparities in local cities, as well as organizations with similar missions. Working together has vastly multiplied El Camino Health's ability to make a difference.

El Camino Health, in partnership with El Camino Healthcare District, provides funding through the Community Benefit Program in the form of grants and sponsorships to organizations that demonstrate an ability to impact the health needs of vulnerable, underserved and at-risk community members.

Every year, El Camino Health publishes the Community Benefit Annual Report to inform the community about Community Benefit Program financials, the grant programs and how these funded services improve the health of vulnerable populations both through direct services and prevention initiatives.[8]

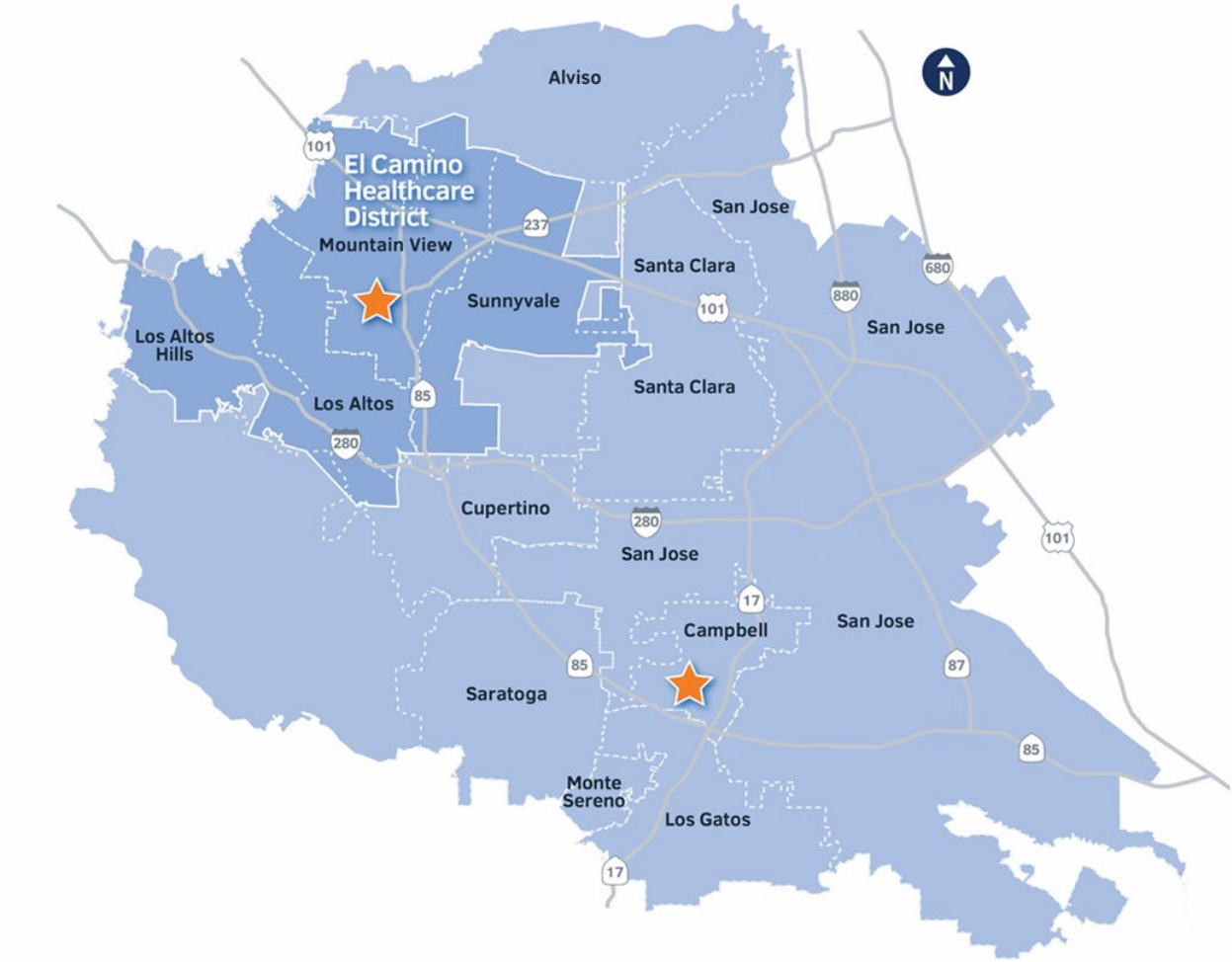
DEMOGRAPHIC PROFILE OF COMMUNITY SERVED

The IRS defines the "community served" by a hospital as those individuals living within its hospital service area, including low-income or underserved populations. El Camino Health is located in Santa Clara County, and its community encompasses most of the cities in that county. The cities served by the hospital are:

North County	West County	Mid-County
Los Altos	Cupertino	Alviso
Los Altos Hills	Los Gatos	Campbell
Loyola	Monte Sereno	San José
Mountain View	Saratoga	Santa Clara
Sunnyvale		

[8] https://www.elcaminohealth.org/about-us/community-benefit

Map of Service Area



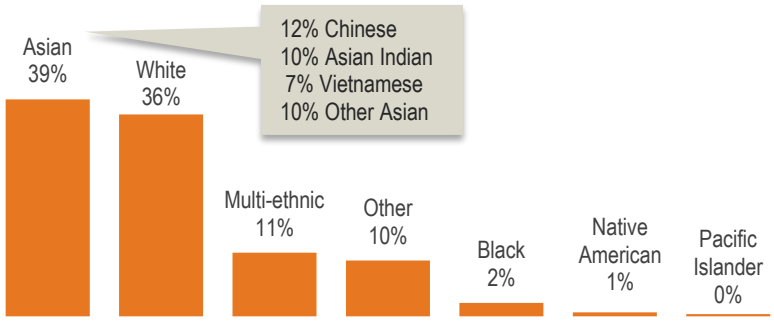
Orange stars represent El Camino Health hospital campuses.

Santa Clara County

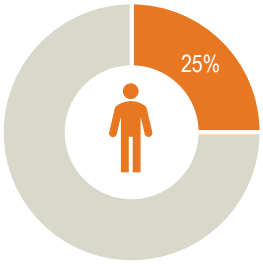
Santa Clara County comprises 18 cities and large areas of unincorporated rural land. In 2023, close to 1.9 million people lived here, making it the sixth largest county in California by population. San José is its largest city, with almost 970,000 residents (52% of the total). Additional demographics of the county are provided in the infographic on the following page.

SANTA CLARA COUNTY DEMOGRAPHICS

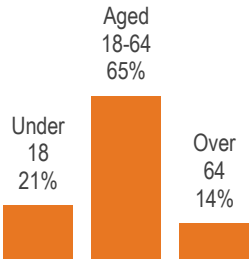
A majority of residents are non-White.



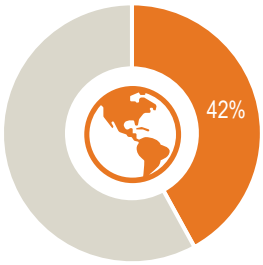
One in four are Hispanic.



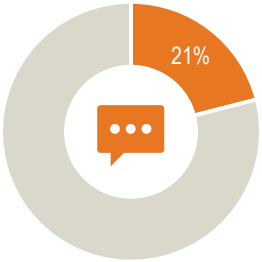
About one in five residents are children.



Over two in five residents are foreign-born.



About one in five over age 5 speak limited English.



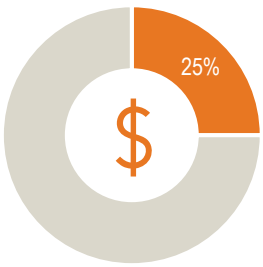
$128,176

4-person household
Real Cost Measure

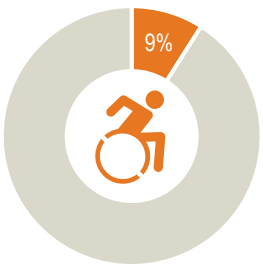
$1.7M

median home sale price

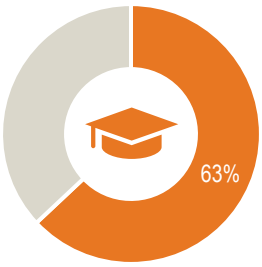
On average, one in four households lives below the Real Cost Measure.



Almost one in ten residents lives with a disability.



Over three in five residents aged 25+ have earned at least a Bachelor's degree.



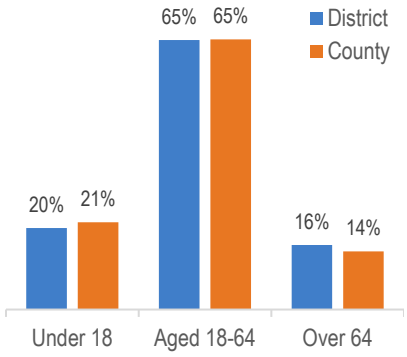
Sources: United Way: Real Cost Measure, 2021. Redfin.com: Median home sale price, 2024. U.S. Census Bureau: race and age, 2017-2022, other demographics, 2023. Note: Numbers may not add to 100% due to rounding.

El Camino Healthcare District

As shown in the map on page 20, the El Camino Healthcare District is comprised of neighborhoods in Los Altos, the Los Altos Hills, Mountain View, and Sunnyvale, as well as small portions of Palo Alto, Cupertino, and the city of Santa Clara. In comparison to Santa Clara County overall, the District has a notably higher proportion of Asian residents. The age distribution of the District's residents mirrors the county's.

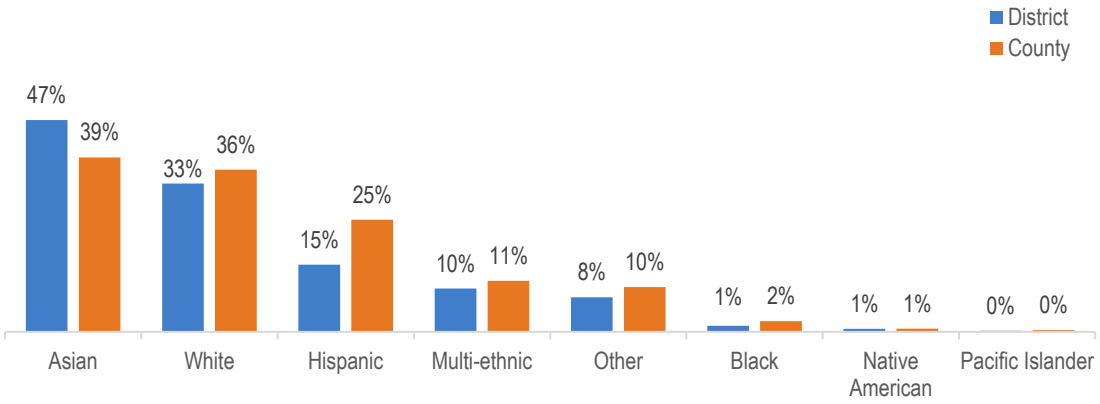
Compared to the county overall, there is a substantially lower proportion of residents on Medicare or Medicaid in the District (combined, 41% county vs. 29% District) and a higher proportion of commercially insured residents. Only 4% of District residents are uninsured, compared to 6% of county residents.

The age distribution of the District's residents is virtually the same as the county's.



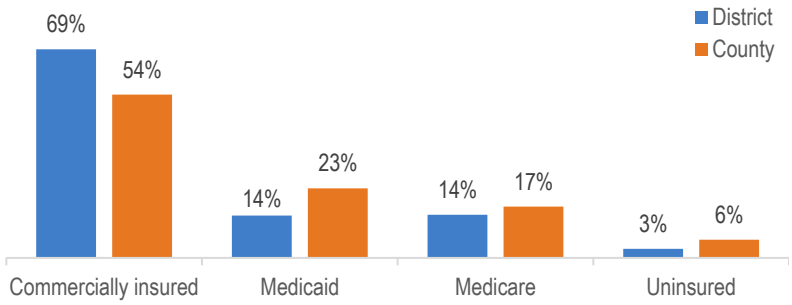
Source: El Camino Health, 2024.
Note: Numbers may not add to 100% due to rounding.

A greater proportion of District residents are Asian versus Santa Clara County overall.



Source: El Camino Health, 2024. Note: Numbers may not add to 100% due to rounding.

A greater proportion of District residents are commercially insured and a smaller proportion receive Medicare or Medicaid compared to the county overall.



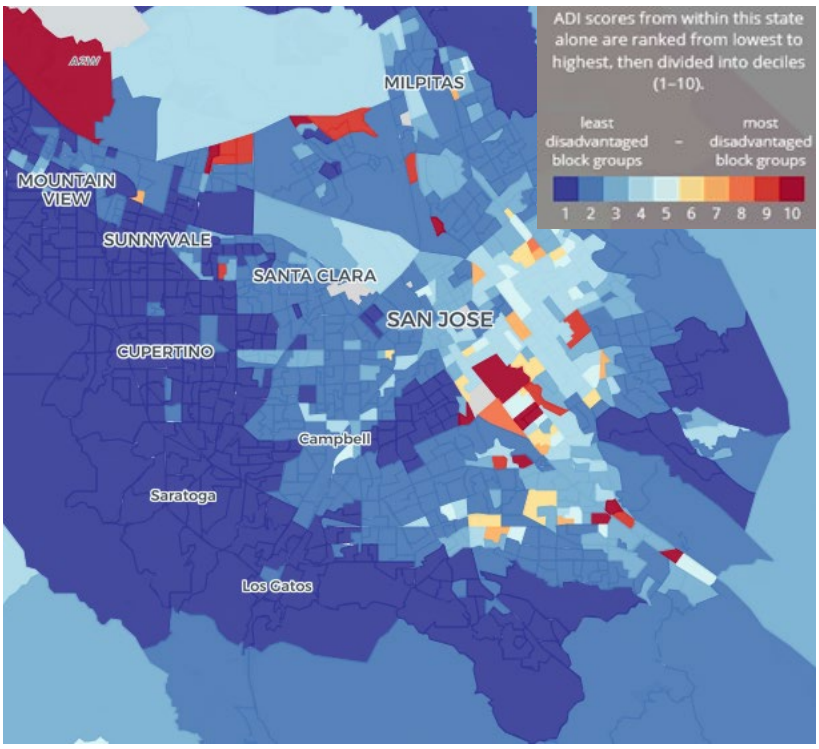
Source: El Camino Health, 2024. Note: Numbers may not add to 100% due to rounding.

Community Disparities/Inequities

In this assessment of the community health needs, there is particular focus on disparities and inequities within the community rather than simply in comparison to California or the nation as a whole. The health needs descriptions in Section 6 of this report include discussions of racial, economic, and geographic disparities. As an introduction to these issues, we reflect on the Area Deprivation Index (ADI), a composite of measures by neighborhood comprised of factors related to social determinants of health, including:[9]

- Educational attainment
- Households without a motor vehicle
- Housing costs
- Housing units without complete plumbing
- Median family income
- Overcrowded housing
- Poverty rate
- Single-parent households
- Unemployment rate

According to the Area Deprivation Index, the greatest density of disadvantaged neighborhoods are in downtown San José.



Source: Neighborhood Atlas, Applied Population Lab, UW-Madison using U.S. Census data, 2022.

The population that makes up El Camino Health's community generally does much better than California overall: On average, Santa Clara County's combined residents have higher incomes and educational attainment than much of the rest of the state. The county itself has substantial resources (see *Attachment 3: Community Assets and Resources*). However, there are areas of need, as can be seen by the notable differences in subcounty ADI metrics in the map above. For example, educational achievement and median income are lower in areas that are colored yellow, orange, and red on the map, including some neighborhoods in Mountain View as well as parts of central, east, and south San José. This is in comparison to large portions of the county that are the least disadvantaged, shown in dark blue on the map.

[9] The Area Deprivation Index ranks each Census block group in deciles from 1 to 10, compared to all other California Census block groups; higher deciles are considered worse. For more information, see originators: Kind, A.J.H. and Buckingham, W. Making Neighborhood Disadvantage Metrics Accessible: The Neighborhood Atlas. *New England Journal of Medicine*, 2018. 378: 2456-2458 and University of Wisconsin School of Medicine and Public Health. 2022 Area Deprivation Index v4. Downloaded from https://www.neighborhoodatlas.medicine.wisc.edu/ November 2024.

4. ASSESSMENT TEAM

HOSPITALS AND OTHER PARTNER ORGANIZATIONS

The following organizations collaborated with El Camino Health to prepare the 2025 Community Health Needs Assessment (CHNA):

- Lucile Packard Children's Hospital Stanford
- Stanford Health Care
- Sutter Health (including Mills-Peninsula Medical Center and Palo Alto Medical Foundation)

IDENTITY AND QUALIFICATIONS OF CONSULTANTS

Actionable Insights, LLC, an independent local research firm, completed the CHNA on behalf of El Camino Health and the collaborating hospitals. For this assessment, the firm assisted with CHNA planning, conducted primary research, collected secondary data, synthesized primary and secondary data, facilitated the processes of identifying community health needs and assets, assisted with determining the prioritization of community health needs, and documented the processes and findings into a report.

The project managers for this assessment were Melanie Espino and Jennifer van Stelle Brozzo, Ph.D., the co-founders and principals of Actionable Insights. Actionable Insights helps organizations discover and act on data-driven insights. The firm specializes in research and evaluation in the areas of health, housing, STEM (science, technology, engineering, and math) education, youth development and community collaboration. Actionable Insights conducted community health needs assessments for 12 hospitals during the 2024–2025 CHNA cycle.

In addition, El Camino Health has partnered with Actionable Insights to provide strategic planning support to ensure that its community benefit investments are addressing identified community health needs. This has become especially important in the most recent CHNA cycles, as the community focuses more on healthcare access and social determinants of health.

More information about Actionable Insights is available on the company's website.[10]

[10] https://actionablellc.com/

5. PROCESS AND METHODS

The hospitals and health systems listed in Section 4 formed a collaborative to work on the primary and secondary data requirements of the 2025 CHNA. The CHNA data collection process took place over seven months in 2024 and culminated in this report, which was written for El Camino Health in late 2024 and early 2025. The phases of the CHNA process are depicted below and described in this section.

The members of this collaborative contracted Actionable Insights to collect primary qualitative data — through key informant interviews and focus groups — and secondary qualitative and statistical data from the public Community Health Data Platform sponsored by Kaiser Permanente as well as other online sources and the county's Public Health Department.

SECONDARY DATA COLLECTION

More than 425 quantitative health indicators were analyzed to assist the collaborative with understanding the health needs in Santa Clara County and assessing the priority of those needs in the community. Data were collected from existing sources using County Health Rankings & Roadmaps, which is a public dataset supported by the Robert Wood Johnson Foundation and developed by the University of Wisconsin Population Health Institute,[11] other online sources, such as the California Department of Public Health, KidsData.org, and the U.S. Census Bureau, as well as San Mateo and Santa Clara counties' public health departments. The study team also used sub-county data when available, and a variety of secondary reports and presentations.

As a further framework for the assessment, El Camino Health requested that the data analysis address the following questions:

- How do these indicators perform against neighboring San Mateo County's rates and averages?
- What are the inequitable outcomes and conditions for people in the community?

Data sources were selected to understand general county-level health, specific underserved and/or underrepresented populations, and to fill previously identified information gaps. Additionally, data on potential health disparities by geographic area and ethnicity were analyzed. All of these data were used to inform El Camino Health's community health needs list.

[11] County Health Rankings & Roadmaps, 2024.

PRIMARY AND SECONDARY DATA COLLECTION (COMMUNITY INPUT)

Primary and secondary qualitative research was conducted for this assessment. Two strategies were used for collecting primary community input: first, key informant interviews with local experts; second, focus groups with professionals who represent and/or serve the community or community members (residents) themselves.

The assessment included input from key informants and focus group participants representing these populations:[12]

- Low-income
- Minorities, including the following:
    - Black
    - Individuals with disabilities
    - LGBTQ+
    - Native American
    - Spanish-speaking
- Medically underserved
- Unhoused
- Older adults
- Youth

The collaborative sought to build upon prior CHNAs by focusing the primary research on topics and subpopulations that are not well understood through the statistical data. For example, the experiences of the Black population in Santa Clara County are often obscured by statistics that represent an entire county's population rather than the Black population as a particular sub-group. The 2025 team specifically convened a focus group of Black community members to better understand through this primary qualitative research.

In addition, the collaborative gathered secondary qualitative data consisting of the transcripts of four interviews held by other entities conducting CHNAs in Santa Clara County. The protocols used in these interviews were substantively the same as those used by the collaborative.

Both primary and secondary interviews and focus groups were recorded. These recordings were transcribed and, when necessary, translated into English. The research team used qualitative research software tools to analyze both primary and secondary transcripts for common themes. The team also tabulated how many times health needs had been prioritized by each of the focus groups or described as a priority in a key informant interview. The collaborative then used this tabulation to help assess community health priorities.

[12] The IRS requires that community input include the low-income, minority, and medically underserved populations. California's HCAI requires that community input include vulnerable populations, including individuals experiencing disabilities, LGBTQ+ individuals, etc.

In all, the collaborative solicited input from nearly 130 community members, leaders, and/or representatives of various organizations and sectors. These representatives either work directly in the health field or improve health conditions by serving community members from high-need populations. *See Attachment 1: Community Leaders, Representatives and Members Consulted for the list of organizations that participated in the CHNA, along with their expertise and mode of consultation (focus group or key informant interview).*

Key Informant Interviews

Primary research was conducted between April and August of 2024 via key informant interviews with 21 Santa Clara County or dual-county (Santa Clara and San Mateo counties) experts from various organizations in the health and human services sectors. Interviews were conducted virtually via Zoom and lasted approximately one hour. Prior to each interview, participants were asked to complete a short online survey, in which they were asked to identify the health needs they felt were the most pressing among the people and/or communities they serve. Interviewees could choose up to five needs from the list presented to them, which had been identified in one or both counties in 2022, or could submit needs that were not on the 2022 list. Also in the survey, participants were advised of how their interview data would be used and were asked to consent to be recorded.[13] Finally, participants were offered the option of being listed in the report and were asked, but not required, to provide some basic demographic information.

The discussions centered around five questions for each health need that was prioritized by interviewees:

- How do you see this need playing out in the community; what do you think creates these issues here?
- Which populations or geographic areas in the community are affected more than others?
- How has this community need changed in the past few years?
- What are the biggest challenges to addressing this need?
- What is needed in the community (including models/best practices/key resources) to better address this need?

Details of Key Informant Interviews

Name	Agency	Expertise	Date
Elizabeth McCraven, Chief Medical Officer	Indian Health Center of Santa Clara Valley	Native health	3/20/2024
Senior Program Manager	Santa Clara County, Public Health Department	Public health	4/3/2024

[13] Only individuals who consented to be recorded were interviewed.

Name	Agency	Expertise	Date
Bindu Khurana-Brown, Associate Director, Crisis Stabilization and Mobile Response	Momentum for Health	Behavioral health*	4/4/2024
Mark Cloutier, Chief Executive Officer	Caminar	Behavioral health*	4/4/2024
Yogita Thakur, Chief Dental Officer	Ravenswood Family Health Network	Oral health*	4/11/2024
Charisse Feldman, Maternal, Child, and Adolescent Health Director and Public Health Nurse Manager	County of Santa Clara Public Health Department	Maternal/infant health*	4/16/2024
Anand Chabra MD, Medical Director, Family Health Services	San Mateo County Health	Maternal/infant health*	4/16/2024
Brandi Jothimani, Director of Client Programs	Community Services Agency of Mountain View, Los Altos and Los Altos Hills	Mountain View 94040 Corridor	4/18/2024
Jack Mahoney, Senior Director	Silicon Valley Community Foundation	Wealth gap*	5/1/2024
Margaux Lazarin, DO, MPH, Senior Medical Director	Planned Parenthood Mar Monte	Reproductive health*	5/8/2024
Senior Program Manager, Family Medicine	Planned Parenthood Mar Monte	Reproductive health*	5/8/2024
Jean Yu, Manager	Chinese Health Initiative, El Camino Health	Asian health*	5/15/2024
Jia Ren, Co-Chair	Chinese Health Initiative, San Mateo County	Asian health*	5/15/2024
Anonymous	Family Caregiver Alliance	Family health	6/11/24

Name	Agency	Expertise	Date
Anonymous	Next Door Solutions to Domestic Violence	Community safety	6/11/24
Anonymous	Community Health Partnership	Community health	7/3/24
Cheryl J. Ho, MD, Behavioral Health Medical Director	Substance Use Treatment Services, County of Santa Clara	Substance use*	7/10/2024
Clara Boyden, Deputy Director, Alcohol & Other Drug Services	San Mateo County Behavioral Health & Recovery Services	Substance use*	7/10/2024
Anonymous	Roots Community Health Center	Black health	7/30/24
Tylor Taylor, Chief Medical Officer	Successful Aging Solutions & Community Consulting (SASCC)	Older adult health*	8/12/2024
Elyse Brummer, Executive Director	Ombudsman Services of San Mateo County, Inc.	Older adult health*	8/12/2024

* Indicates dual-county interview.

Focus Groups

Focus groups with community leaders and residents were convened between May and September of 2024. Collaborative members, nonprofit hosts, and/or the Actionable Insights team recruited a total of 31 professionals and 75 community members/leaders to participate in various focus groups. These participants represented low-income, minority, medically underserved, and/or other vulnerable populations in the community. Actionable Insights sent a similar survey to focus group participants and key informants, and the same questions were asked during discussions; facilitators modified the questions appropriately for each audience.[14] Focus group discussions centered on the needs that had received the most votes from prospective participants in the pre-survey.

[14] Only individuals who consented to be recorded were included in focus groups. To preserve their anonymity, community members who participated in focus groups were not offered the option of being listed in the report.

Details of Focus Groups

Topic	Focus Group Host/Partner	Date	Number of Participants
Social determinants of health	Actionable Insights	5/28/24	8
Dual-county: Youth, behavioral health	Actionable Insights	5/28/24	8
Dual-county: Health equity	Actionable Insights	6/3/24	6
Dual-county: Healthcare access, safety net	Actionable Insights	6/6/24	9
Spanish-speakers*	Casa Circulo Cultural	6/19/24	11
Black community*	African American Community Services Agency	6/26/24	11
Dual-county: Individuals with disabilities*	Actionable Insights	7/15/24	13
Teen parents*	Shine Together	7/17/24	9
Dual-county: LGBTQ+ community*	Actionable Insights	7/23/24	8
Asian community*	Asian Americans for Community Involvement	7/24/24	8
Spanish-speakers*	Latinos United for a New America (LUNA)	7/26/24	10
Housing, unhoused community*	Amigos de Guadalupe	7/27/24	5

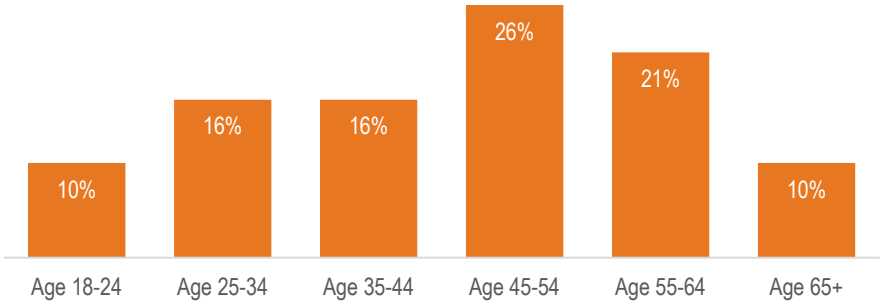
* Indicates resident/community member group.

See *Attachment 1: Community Leaders, Representatives, and Members Consulted* for a list of key informants, focus group participants, and focus group or interview details. See *Attachment 4: Qualitative Research Materials* for complete protocols and questions, including pre-surveys.

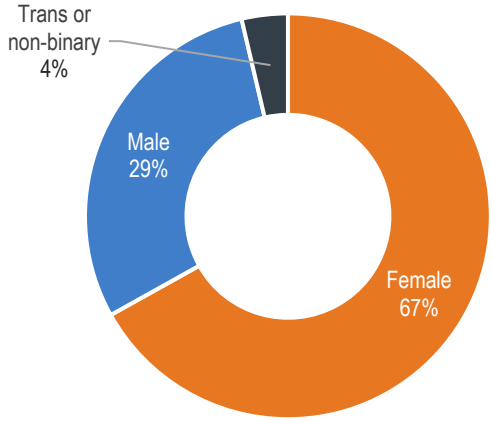
CHNA Participant Demographics

A total of 127 people participated in focus groups or interviews for the 2025 CHNA. Half (50%) participated in dual-county research (i.e., were part of a discussion covering both San Mateo and Santa Clara counties). The other half were part of Santa Clara County research only. The charts below show the age ranges of participants, as well as their gender and race; note that individuals could choose more than one race.

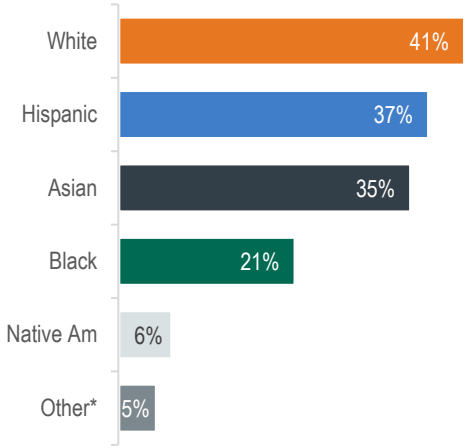
On average, participants were aged 46. (N=122)



Two-thirds of participants identified as female. (N=136).



Over one-third of participants were Hispanic. (N=126).



* "Other" includes Native HI/Pacific Islander and Middle Eastern.

INFORMATION GAPS AND LIMITATIONS

In this CHNA cycle our study team had access to more statistical data than ever before. This was due in part to local public health departments' efforts to make their data more accessible to the public, as well as their partnership in working with us to obtain that information in a format that was easy to use. However, there were some limitations to the data that we received, which affected our ability to fully assess some health issues that were identified as community needs during the 2025 CHNA process:

1. **Differing local measures.** Overall, due to differing local measures, the study team was challenged with comparing local Emergency Department (ED) visit rates and hospitalization rates across the two counties. However, local public health departments are working on these issues for future assessments.

2. **Childhood diabetes prevalence.** Because childhood obesity has been a topic of concern in previous cycles, hospitals continue to seek data about childhood diabetes as well, but these data are not currently available to the public.

3. **Oral health data.** Santa Clara County lacked applicable oral health data, including the number of dentists per capita who accept Denti-Cal, individuals with dental insurance, and prevalence of recent dental visits.

4. **Emerging or difficult-to-measure topics.** Lastly, some indicators are difficult to measure or are just beginning to emerge. For example, statistical information related to illegal drug use is scarce. Additionally, health-related data are rarely broken out by income/socioeconomic status, limiting the ability to understand disparities by income level.

PROCESS OF IDENTIFYING COMMUNITY HEALTH NEEDS

The collaborative began the 2025 CHNA planning process in January of 2024. The collective goal for the assessment was to gather community feedback and existing data about local health needs to inform how each member hospital would select specific issues to address with Community Benefit in its service area. The collaborative's members each engaged Actionable Insights, a local consulting firm with expertise in community health needs assessments.

Community feedback was gathered between May and September of 2024 via individual interviews with 21 local experts and convening 12 focus groups. The experts were asked to discuss the top needs of their constituencies, including barriers to health; identify populations experiencing inequities with respect to the needs; give their perceptions of how things have changed over the past three years; identify challenges to addressing the needs; and share which solutions may improve health (such as services and policies).

The focus group discussions centered on five questions (see page 27), which were modified appropriately for each audience. The focus groups comprised local residents and individuals who serve them. Participants included professionals in the fields representing low-income, minority, medically underserved, and/or other vulnerable populations in the community.

Secondary data were obtained from a variety of sources, including County Health Rankings & Roadmaps. In addition, data were collected from other online sources such as the California Department of Public Health, as well as both counties' public health departments and a variety of secondary reports and presentations.

Health needs described in this report are either a poor health outcome and its health driver(s), or a health driver associated with a poor health outcome. El Camino Health generated a list of health needs reflecting the priorities in its service area based on community input and secondary data, which were filtered using the following criteria (depicted in the diagram on the next page and detailed below):

1. Fits the definition of a "health need." (See Definitions box, right.)
2. Must be prioritized by multiple focus groups or key informants, or:
    a. two or more indicators must fail the benchmark by 5 percent or more, or
    b. two or more indicators must exhibit documented inequities by race, income level, or geography; or
    c. one indicator must show worse or worsening data and the need must have few available resources.

DEFINITIONS

Health condition: A disease, impairment, or other state of physical or mental health that contributes to a poor health outcome.

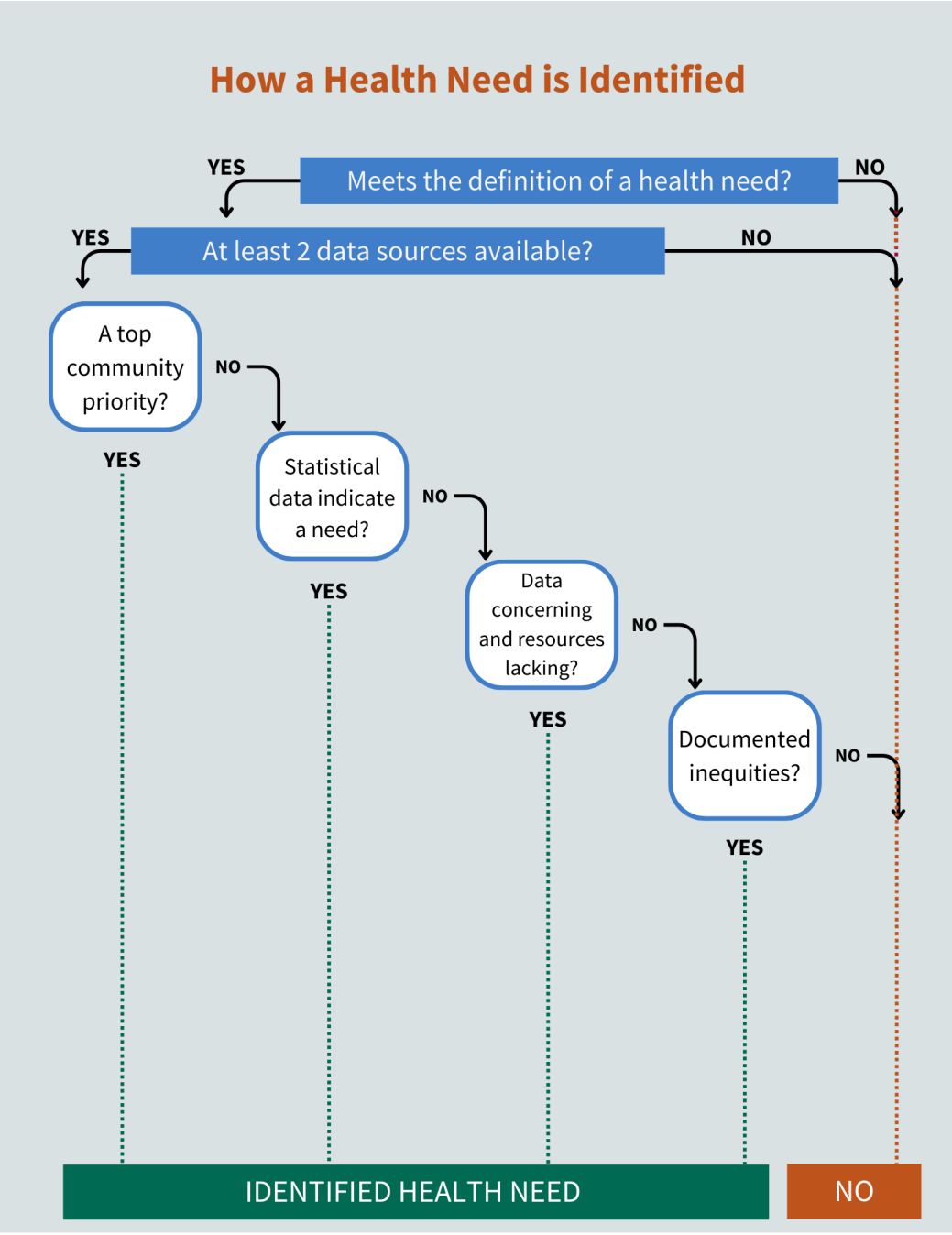
Health driver: A behavioral, clinical, environmental, social, or economic factor that impacts health outcomes. May be a social determinant of health.

Health indicator: A characteristic of an individual, population, or environment that is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.

Health need: A poor health outcome and its health driver(s), or a health driver associated with a poor health outcome that has not yet arisen as a need.

Health outcome: The measurable impact — morbidity (quality of life) and mortality (death) — of a disease within a community.

The data comprising the needs are described in the summary descriptions of each health need, which appear in Section 6: Prioritized Community Health Needs.


How a Health Need is Identified
Meets the definition of a health need?
YES
NO
At least 2 data sources available?
YES
NO
A top community priority?
NO
YES
Statistical data indicate a need?
NO
YES
Data concerning and resources lacking?
NO
YES
Documented inequities?
NO
YES
IDENTIFIED HEALTH NEED
NO

PROCESS OF PRIORITIZING THE HEALTH NEEDS

The IRS CHNA requirements state that hospital facilities must identify and prioritize significant health needs of the community.

As described in the Process and Methods section, qualitative input was solicited from focus group and interview participants about which needs they deemed were the highest priority (most pressing). Feedback was also sought from El Camino Health's Executive Leadership Team. El Camino Health used this input to identify the significant health needs. Therefore, the resulting 2025 health needs listed in this report reflect the health priorities of the community, as follows (an asterisk indicates a tie in rank order):

1. Housing
2. Economic Stability
3. Behavioral Health
4. Diabetes & Obesity
5. Respiratory Health*
6. Unintended Injuries/Accidents*
7. Healthcare Access & Delivery
8. Heart Disease & Stroke
9. Maternal & Infant Health
10. Education
11. Cancer
12. Communicable Diseases*
13. Community & Family Safety*
14. Sexual Health

Summarized descriptions of each health need appear in Section 6: Prioritized Community Health Needs.

6. PRIORITIZED COMMUNITY HEALTH NEEDS

The processes and methods described in Section 5: Process and Methods resulted in the prioritization of 14 health needs (see list on previous page). Each description summarizes the statistical data and community input collected during the community health needs assessment.

As stated in the introduction to this report, the definition of “community health” in this assessment goes beyond traditional measures of the physical health of community members to include broader social determinants of health, such as access to healthcare, affordable housing, and access to healthy food. This more inclusive definition reflects the understanding that many factors impact community health.

The assessment found that social determinants of health underlie many of health needs in addition to being identified as needs in and of themselves. CHNA participants frequently mentioned economic challenges, including low-wage jobs, food insecurity, and housing instability, as underlying factors contributing to poor health outcomes. Many participants highlighted the difficulty in accessing healthcare services, particularly for marginalized communities, due to economic barriers, provider shortages, and cultural or language differences.

Participants in Santa Clara County, when describing those who were most greatly affected by the needs, frequently named low-income individuals, youth, older adults, BIPOC (Black, Indigenous, and people of color) communities—naming in particular Black, Hispanic, and Pacific Islander populations, immigrants (including the undocumented), people not proficient in English (especially those who also did not speak Spanish), LGBTQ+ communities, individuals with disabilities, and individuals experiencing homelessness.

HOUSING

In more than half of focus groups and key informant interviews, participants identified housing and homelessness as a top community priority. Participants said housing market prices remain extremely high, making it difficult for many to afford housing. The data indicate that home ownership is lower in Santa Clara County (56%) than in San Mateo County (60%). Participants described how economic instability forces people to move out of the area or live in overcrowded and/or unsafe conditions (e.g., poorly maintained housing, vehicles, makeshift shelters). Housing quality is still a concern in Santa Clara County; for example, the data show that a small fraction of the county's children and young adults aged 6-20 have very high blood lead levels (at least 9.5 mcg/dL), while San Mateo County has eradicated this issue entirely.

> *"We are seeing multi-generational families living in one home. They might not have access to a kitchen. We are seeing a lot of families living in a garage with a microwave."*

> *"People are cutting costs on their medication, not going to the doctor's, nothing, …and then also living in situations which [are] uninhabitable or not recommended, where there are three families, five families, people are huddled together, couch surfing and sleeping in their cars."*

— Service Providers' Focus Group

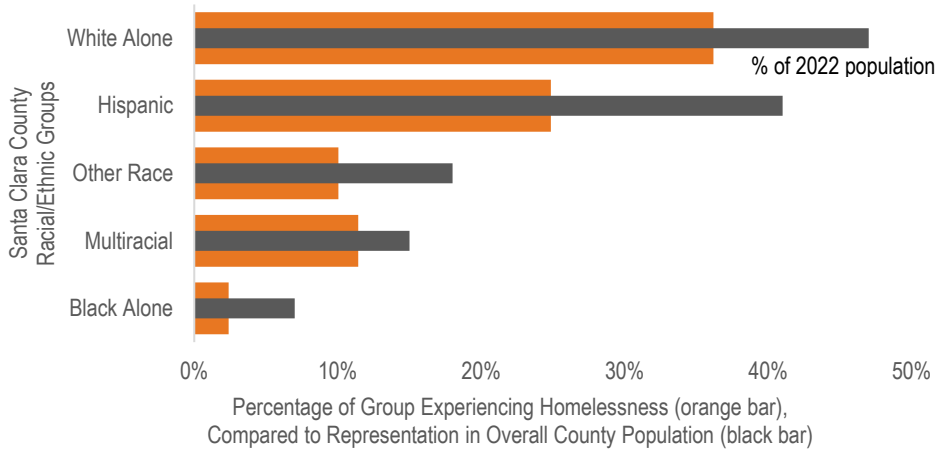
Specifically with regard to unhoused populations, CHNA participants indicated that mental health issues and substance use disorders can be both causes and consequences of homelessness. Participants also mentioned that parents experiencing homelessness fear losing custody of children because of their unhoused status. Participants enumerated the groups that are most vulnerable to housing instability in Santa Clara County: Black and Hispanic community members, LGBTQ+ community members, single mothers, and foster youth. Black and multiracial people are the most overrepresented in the unhoused population relative to their proportions in the county's overall population. Finally, older adults (aged 65+) and other individuals on fixed incomes can also be vulnerable. Local older adults in Santa Clara County who participated in the Community Assessment Survey of Older Adults give a "Livability Score" of 19 out of 100 for housing.[15]

> *"The unhoused rates are going off the charts for people who are older."*

— Expert Interviewee

[15] Polco, formerly the National Research Center. (2023). *Community Assessment Survey for Older Adults: Avenidas, September 2022.*

Among those experiencing homelessness, Black people are the most overrepresented compared to their proportion of Santa Clara County's population.



Source: 2023 Santa Clara County Point-in-Time Count public Tableau dashboard. Population: U.S. Census Bureau. "ACS Demographic and Housing Estimates." American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05, 2022.

ECONOMIC STABILITY

Over two-thirds of focus groups and key informant interviews identified economic stability as a top community priority. According to the U.S. Office of Disease Prevention and Health Promotion, "many people can't afford things like healthy foods, healthcare, and housing. …People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries, or [chronic] conditions… may be especially limited in their ability to work. In addition, many people with steady work still don't earn enough to afford the things they need to stay healthy."[16]

Participants said wages do not keep pace with the cost of living. They explained that low wages and high living costs compel individuals as well as families to make difficult choices between essential needs like food, rent, and healthcare. The data show that the proportion of people experiencing food insecurity in Santa Clara County is higher than in San Mateo County. Participants also indicated that economic insecurity especially affected certain job sectors due to high living costs (e.g., janitorial services).

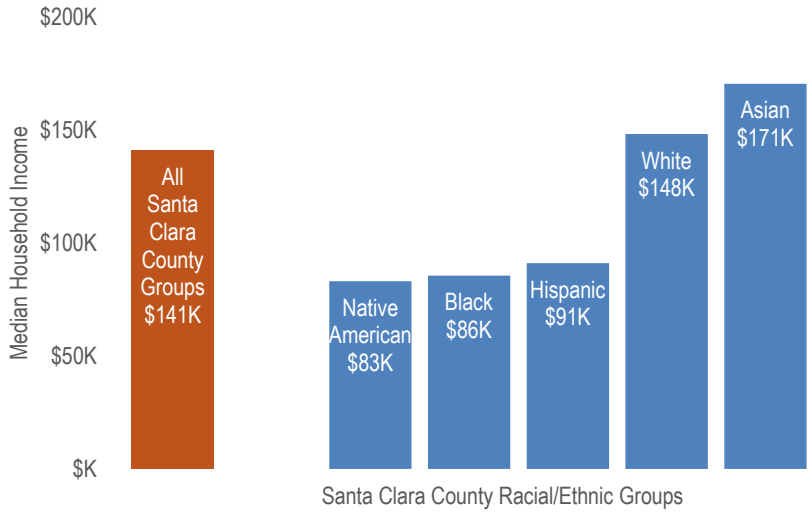
> *"Economic security here is bad. The reason is that the salary is very low. Every time you go to Cárdenas, to any grocery store, the groceries are through the roof. You have to decide whether you eat or pay the rent."*
>
> — Spanish-speaking Community Member

[16] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. (Undated). *Economic Stability.*

Santa Clara County's percentage of households with children below the Federal Poverty Level is higher than neighboring San Mateo County's, and is rising. In Santa Clara County, Black, Hispanic, and Native American families with children are disproportionately more likely to be in poverty than their Asian or White peers.

Data show that there is a greater gender pay gap in Santa Clara County ($0.73 to the dollar) than there is statewide ($0.86) or in San Mateo County ($0.90). There are also substantial disparities in median income by race/ethnicity within the county, and household income inequality by race/ethnicity reached an all-time high in 2022.

Median household income in Santa Clara County varies substantially by race/ethnicity, with BIPOC households earning the least.



Source: U.S. Census Bureau Small Area Income and Poverty Estimates, 2018–2022. Retrieved from County Health Rankings, June 2024.

BEHAVIORAL HEALTH

Behavioral Health, which includes mental health and trauma as well as consequences such as substance use and domestic violence, ranked high as a health need, being prioritized by more than three-quarters (77%) of the CHNA's focus groups and key informants combined.

CHNA participants frequently noted increases in feelings of loneliness and isolation among community members of all ages, including older adults and youth. Participants emphasized that isolation and loneliness among older adults has worsened since the COVID-19 pandemic, exacerbating mental health issues. One expert highlighted the connection between loneliness, lack of social engagement, and cognitive decline in geriatric populations. Participants also expressed great concern regarding youth mental health. They mentioned high levels of anxiety and depression among youth and young adults, with particular emphasis on students of color and English language learners. Based on public health statistics, mental diseases/disorders are the primary reason for child hospitalizations in Santa Clara County.

Many participants suggested that economic stressors and structural inequities, such as those created by systemic discrimination, have heightened poor mental health overall. One of the common barriers identified was insufficient support systems. In particular, postpartum depression and anxiety were common issues among participants who were mothers, with many feeling they did not receive adequate mental health support.

Mental healthcare access is somewhat worse overall in Santa Clara County than in San Mateo County, and especially poor for youth: there are far more students per school psychologist in the county (1199:1) compared to the state ratio (1041:1) or that of San Mateo County (994:1). Specific populations that CHNA participants identified as disproportionately affected by access to mental/behavioral healthcare included the unhoused, rural, and limited-mobility populations, who have issues with physical access; low- and middle-income populations, whose challenges are primarily economic access; and English learners, people of color (Asian and Pacific Islander, Black, and Hispanic populations), and LGBTQ+ populations, who experience care delivery issues including linguistic and cultural mismatches. Concerns also arose over low utilization related to the stigma of poor mental health among low-income communities and Asian and Pacific Islander communities, to name a few.

There are also geographic differences to consider. Although self-harm hospitalizations are not worse for the county overall (27.2 per 100,000 population) compared to state or local benchmarks, the rate is significantly higher in the Mountain View area (32.9). Similarly, while Santa Clara County's overall suicide rate (7.7 per 100,000) is not as high as the state rate, the suicide rate in East San José (8.4) surpasses the county's rate. Overall, deaths of despair (deaths due to alcohol, drug use, or suicide) are also higher in East San José (44.8 per 100,000) compared to the county overall (30.8).

> *"You have individual trauma, you have community trauma, familial, you have generational trauma. … I also think addiction thrives in isolation and loneliness and disconnection. And when I think about this huge spike we saw of overdose deaths being driven by fentanyl and methamphetamines, I think that is a huge part of it as well. It [the combination of issues] makes it hard for folks, even when they're seeking treatment, to stay healthy and well."*
>
> —Behavioral Health Expert

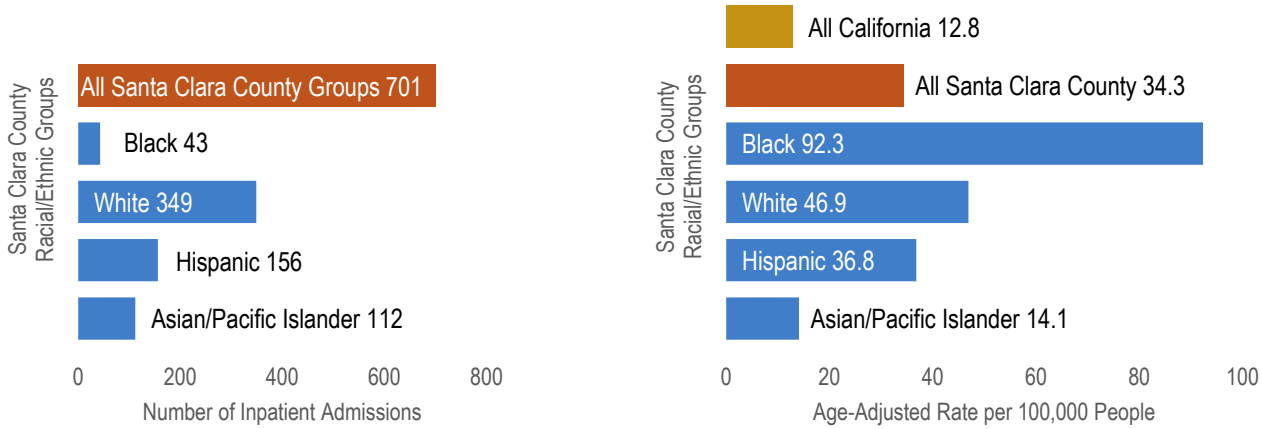
Trauma was frequently cited as a root cause of substance use, mental health issues, and subsequent community violence.

Key informants and focus group attendees spoke about countywide increases in substance use, which they said was often employed as a coping behavior in situations when individuals experience social isolation, high stress, and/or discrimination (e.g., racism). Additionally, participants expressed concern about levels of use of various substances in the county (e.g., higher rates of cannabis and alcohol use among youth and LGBTQ+ populations; greater methamphetamine use among the unhoused and justice-involved populations). They reported

that there is a lack of accessible substance use treatment programs (inpatient/residential), and long waiting lists for the few programs that do exist. The rise in drug potency continues to lead to higher levels of accidental fentanyl-related and other opioid-related overdoses and deaths, and was referenced multiple times among CHNA participants. Participants described Santa Clara County's low-income population as being the first in the county affected by rising opioid overdoses, followed by more affluent populations.

Among all ages, opioid overdose hospitalization rates in the county (34.3 per 100,000 people) and, specifically, in the Mountain View area (34.2), are close to triple California's rate (12.8). Although excessive alcohol use is no worse in the county than at the state level, the proportion of driving deaths with alcohol involvement is still higher in Santa Clara County than in neighboring San Mateo County (though trending down). Recent alcohol use by youth (measured as use within the past month) appears to be highest among the county's Black and Pacific Islander populations, compared to their peers of other ethnicities. Santa Clara County's American Indian/Alaskan Native population had the highest proportion of youth across all ethnic groups who tried alcohol more than seven times in their lifetime.[17]

The number of opioid hospitalizations is highest among White residents, but the rate per 100,000 population is highest for Black residents.



Source: California Department of Health Care Access & Information (HCAI), Patient Discharge Data, 2017–21.

DIABETES & OBESITY

Just over one-third (35%) of key informants and focus group discussions identified Diabetes and Obesity as a top health need. Among discussion participants, there was a shared emphasis on the need for care focused on prevention through education, nutrition support, and lifestyle changes. Likewise, the importance of culturally competent health initiatives was mentioned in this context (i.e., programs that are accessible and relevant to diverse populations). Structural

[17] Note that of the youth in Santa Clara County's public schools (7th, 9th, 11th, and non-traditional students, aligning with the indicators shown), Black students are 1.9%, Pacific Islander students 0.5%, and Native students 0.2% of all enrolled students in those grades. Therefore, alcohol use proportions should be treated with caution.

inequities were also seen as fundamental to the origins of diabetes and obesity; for example, some participants discussed the need for continued efforts to improve local food systems in places where diabetes is particularly prevalent.

Economic insecurity and poverty along with the high cost of living were frequently mentioned as underlying factors that exacerbate diabetes and obesity. For example, some indicated that inflation has made it more difficult for low-income families to afford nutritious food and the lack of healthy alternatives diminishes the ability of families to sustain healthy lifestyles.

> *"How do you promote healthy eating when all you have is McDonald's and Taco Bell on every corner? You have liquor stores that sell food, but it's all just processed foods. …I've had diabetics who were homeless, but they could only eat what was given to them. These shelters[,] the food banks… a lot of the times it's just carbs after carbs, or it's canned food. And I mean, I know it's something. But …it's like this terrible cycle. How do we get better nutrition to our community?"*
>
> —Healthcare Provider

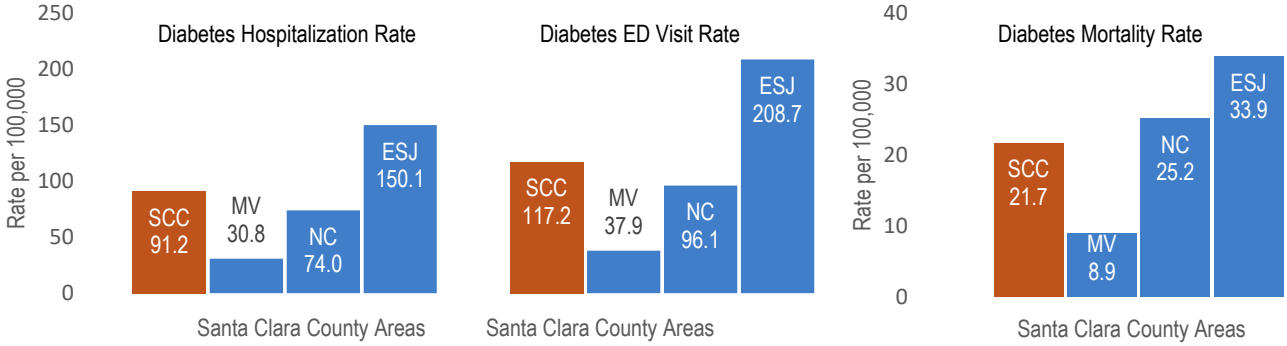
Some participants further linked the experience of chronic stress to poor management of diabetes and obesity, highlighting the need for integrated care approaches.

Participants noted that high copays and lack of insurance coverage for effective diabetes medications are significant barriers. They also said that access to nutritionists and proper dietary guidance is limited, making it more difficult for patients to manage chronic conditions like diabetes effectively. One participant emphasized the challenge of underdiagnosis of prediabetes among Hispanic community members despite high diabetes rates.

Diabetes mortality is 50% higher in Santa Clara County (21.7 per 100,000) compared to the state rate (14.4). It is highest in East San José (33.9), and also high in the northern part of the county (25.2). Deaths from diabetes are much higher among both the Black (41.0) and Hispanic (37.0) communities in Santa Clara County compared to other ethnic populations in the county. Tracking with the mortality rate, emergency department visit rates and hospitalizations for diabetes are also highest in East San José and among both Black and Hispanic residents of Santa Clara County. The Silicon Valley Latino Report Card states that over 20% of Hispanic children are overweight.[18] Supporting these data, some CHNA participants noted that diabetes is a significant issue in East San José, with high rates of both diabetes and prediabetes, particularly among Hispanic and Asian populations.

[18] Hispanic Foundation of Silicon Valley. (2023). *2023 Silicon Valley Latino Report Card.*

Diabetes morbidity and mortality rates (per 100,000) are worse in East San José than Santa Clara County overall and worse than the other sub-county target areas of Mountain View and North County.



Source: Santa Clara County Public Health Department. ED Visits and Hospitalizations are 2017–21; Mortality 2019–23. SCC=Santa Clara County; MV=Mountain View Corridor; SC=South County; NC=North County; ESJ=East San José.

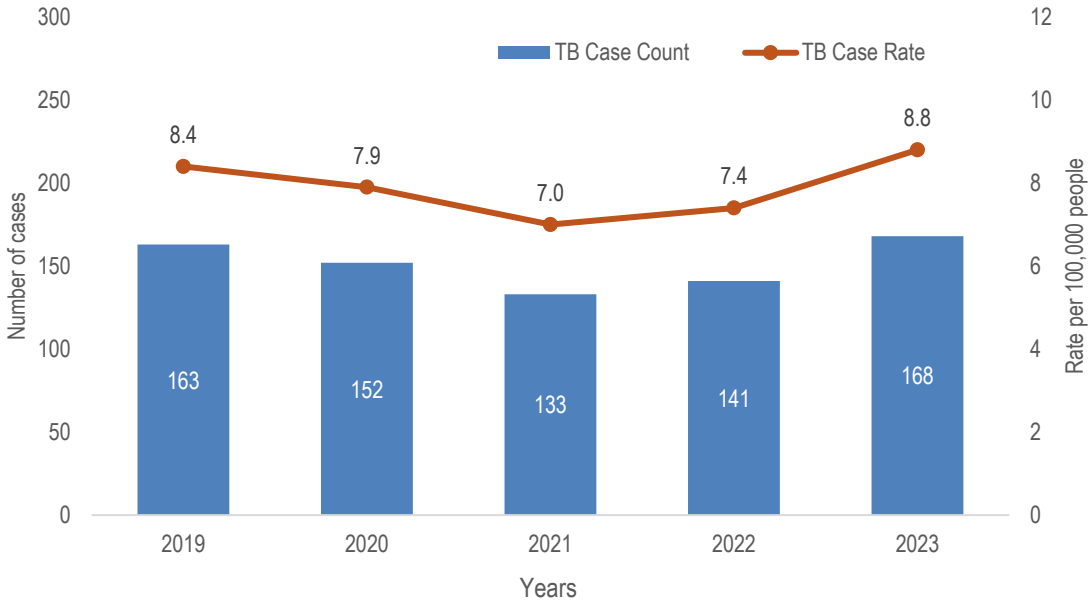
While low overall, child diabetes hospitalizations are higher in Santa Clara County compared to San Mateo County. Physical fitness, one of the drivers of diabetes and obesity, is also lower (worse) for elementary and middle-schoolers in Santa Clara County than in San Mateo County. Although high-schoolers appear to be faring better, physical fitness among the county's ninth graders is declining, while Hispanic and Pacific Islander children are performing considerably worse than their peers of other ethnicities when it comes to physical fitness.

None of the other available statistics (e.g., adult physical activity, child diet, food environment, exercise opportunities) are worse for the county overall compared to either neighboring San Mateo County or the state as a whole. However, these state and local benchmarks are not considered particularly healthy. For example, over 20% of Santa Clara County adults are obese, compared to 21% of San Mateo County adults and 30% of CA adults. Similar proportions among adults who are physically inactive can also be found in each geography. One CHNA participant noted that physical activity is hindered by safety concerns in certain neighborhoods, making it difficult for residents to exercise freely outdoors, while others mentioned the lack of access to exercise facilities in certain areas.

RESPIRATORY HEALTH

Santa Clara County lists chronic lower respiratory diseases among its top 10 causes of death in 2022. In particular, tuberculosis (TB) case rates remain higher than the state, as they have been historically. Experts participating in the CHNA noted a significant increase in TB rates, particularly among individuals who have been in the country for over 10 years. They said the pandemic made this issue worse due to reduced testing/diagnosis. CHNA participants expressed concerns about the quality and accessibility of healthcare services for respiratory conditions, with some noting long wait times and inadequate care.

Santa Clara County's tuberculosis case rates have been rising over the past three years.



Source: Santa Clara County Public Health. 2024.

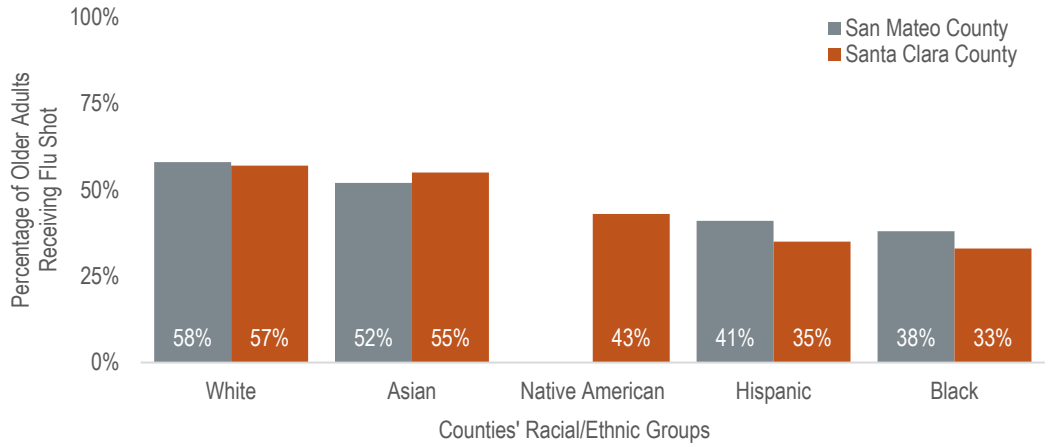
One participant highlighted that economic insecurity and poor housing conditions can exacerbate respiratory health issues. Overcrowded living situations consequently can make it difficult to maintain good health practices, including those related to respiratory health.

Among CHNA participants, the importance of a healthy environment and climate was discussed, with some participants mentioning that climate change and poor air quality can negatively impact respiratory health. Some described an increase in asthma cases, particularly among children: the overall rate of all Santa Clara County children who were hospitalized for asthma is higher than the asthma hospitalization rate of all children in San Mateo County. However, Santa Clara County children aged 5-17 were hospitalized for asthma at nearly twice the rate (4.0 per 10,000 hospitalizations) of their San Mateo County counterparts (2.1). East San José has disproportionately high child hospitalizations for asthma (5.5 per 10,000 aged 0-17), and the county's Black population has an even higher rate (12.6). Child emergency department visits for asthma are similarly disproportionate. These inequities are, in part, related to the neighborhoods in which low-income and BIPOC community members live, which are in turn related to historical systemic discrimination such as red-lining.[19]

Finally, among older adults in Santa Clara County, the Black population is the least likely of all ethnic groups to get a flu shot, followed by the Hispanic population. Both ethnic groups have lower flu vaccination rates than their peers in San Mateo County.

[19] Iton, A., & Ross, R. K. (2017). Understanding How Health Happens: Your Zip Code is More Important Than Your Genetic Code. In *Public Health Leadership*, Callahan, R.F. & Bhattacharya, D., eds. (pp. 83-99). New York, NY: Routledge. See also: Duncan, D. T., & Kawachi, I. (Eds.). (2018). *Neighborhoods and Health.* Oxford, UK: Oxford University Press.

Among older adults, the Black and Hispanic populations are the least likely of all ethnic groups to get a flu shot.

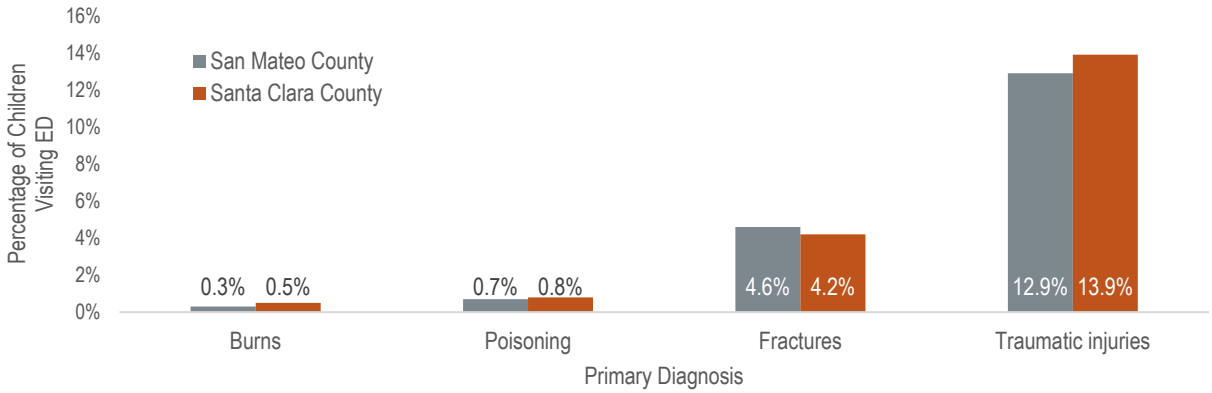


Source: Centers for Medicare and Medicaid. 2022. Note: No data made available for Native population in San Mateo County.

UNINTENDED INJURIES/ACCIDENTS

The rate of child Emergency Department (ED) visits for all traumatic injuries was higher in Santa Clara County compared to San Mateo County. ED visits among children for burns and poisoning were also slightly higher versus their peers in San Mateo County.

Children in Santa Clara County were more likely to visit the Emergency Department for traumatic injuries than their peers in San Mateo County.



Source: California Dept. of Health Care Access and Information custom tabulation (Feb. 2021).

In addition, the proportion of child *hospitalizations* for poisoning, including accidental overdose, was somewhat higher in Santa Clara County (1.7%) compared to San Mateo County (1.2%). Accidental poisonings among young adults (aged 18-24) have been on the rise in the U.S. due to the increase in accidental drug overdoses.[20]

[20] Jarosz, B. & van Orman, A. (2016). *Accidental Poisoning Deaths Exceed Homicides of U.S. Young Adults*. Population Reference Bureau: Washington, D.C.

Traffic volume in both Santa Clara and San Mateo counties remained notably higher than the state average. One consequence of high traffic volume can be pedestrian accidents. This can be seen in Santa Clara County's rate of pedestrian deaths (2.5 per 100,000), which is much higher than the state rate (0.4).[21] The rate among the Hispanic population (4.9) is notably higher than even Santa Clara County's rate.

Racial inequities in accident rates have been found nationwide, and are attributed in part to unequal access to safe transportation.[22] The absence of sidewalks in low-income neighborhoods is another factor related to inequities in pedestrian accident rates nationally.[23] While almost half of all fatal unintended injuries in Santa Clara County were among Whites, the rate for Native Americans is the highest (worst) among the county's racial/ethnic subgroups.

For more on intentional injury, see the *Community Safety* health need description.

HEALTHCARE ACCESS & DELIVERY

Healthcare Access and Delivery, which affects various other community health needs, was identified as a top health need by two-thirds (67%) of focus groups and key informants combined. CHNA participants highlighted high copays and lack of insurance coverage among community residents (e.g., high deductibles, lapsed coverage among Medi-Cal-eligible individuals) as barriers to healthcare access. Statistical data show that Santa Clara County's proportion of uninsured residents is low, yet it is slightly higher (worse) than San Mateo County's. Many key informants and focus group participants connected healthcare access with economic instability, noting that people are less likely to seek care if they cannot pay for it.

Participants felt there were significant issues with access to preventive care (e.g., colonoscopies, mammograms), including long wait times for such appointments, which could lead to worsened health outcomes. Some professionals specifically noted that the healthcare system is under such strain that some preventable issues become acute due to the consequent long waits for these appointments.

CHNA participants indicated that community-based clinics and programs providing direct healthcare services are beneficial but underfunded. In particular, participants focused on difficulties in accessing dental care, especially for low-income individuals and those on Medi-Cal. They explained that there is a significant lack of providers who actually accept Denti-Cal. Participants noted that even basic dental care can be prohibitively expensive, leading patients to delay or forego treatment altogether.

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[21] Updated data on pedestrian mortality was not available for San Mateo County.

[22] Hamann, C., Peek-Asa, C., & Butcher, B. (2020). Racial disparities in pedestrian-related injury hospitalizations in the United States. BMC public health, 20(1), 1-7.

[23] Lu, W., McKyer, E.L.J., Lee, C., Ory, M.G., Goodson, P., & Wang, S. (2015). Children's active commuting to school: an interplay of self-efficacy, social economic disadvantage, and environmental characteristics. *International Journal of Behavioral Nutrition and Physical Activity.* 12(1):29.

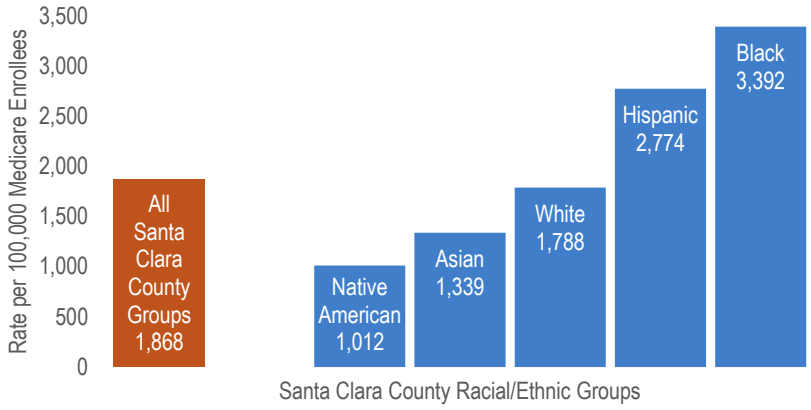
Participants said migrant and undocumented communities struggle greatly with access to healthcare due to high costs, lack of insurance, and difficulty navigating the medical system. Many community members have challenges understanding medical terminology and knowing what questions to ask providers. Participants also mentioned access barriers for individuals with disabilities or special needs and those with poor transportation options.

> *"Most nurses or medical practitioners do not know ASL [American Sign Language]... I do not feel good always going with the translator or having to write [things] down or wait longer periods just to be attended to."*
>
> —Participant, Community Focus Group

CHNA participants described the lack of cultural concordance, or at least cultural competence, as a significant issue in healthcare delivery, with certain populations experiencing discrimination and language barriers that hinder access to care. Close to 9% of the county's population is not proficient in English. In particular, over 9% of children in Santa Clara County live in a limited English-speaking household, a higher proportion than in neighboring San Mateo County or California overall (both around 7%). In addition to limited English-speaking households, participants also recognized the LGBTQ+ community as a group that faces significant disparities across health indicators. One local expert noted that stigmas and historical mistreatment make it difficult to gather data on the LGBTQ+ population's specific needs.

> *"I'm seeing folks who are not aware of resources, if they're aware of resources they don't know how to access, or they have apprehensive thoughts or actions about accessing those resources for a variety of reasons."*
>
> — Service Provider, Health Equity Focus Group

Black and Hispanic Medicare enrollees have significantly higher rates of preventable hospital stays than other groups.



Source: Center for Medicare & Medicaid Services Mapping Medicare Disparities Tool, 2020. Retrieved from County Health Rankings, June 2024.

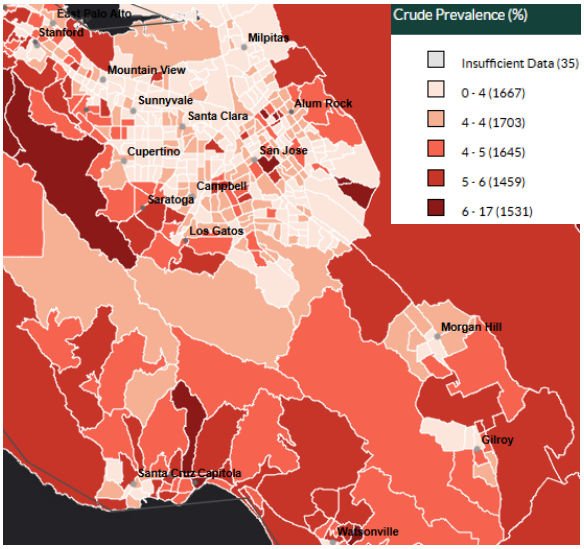
CHNA participants described systemic inequalities resulting in higher rates of chronic illnesses and lower quality of care for Black, Indigenous, and people of color (BIPOC) groups. For example, preventable hospital stays, which are higher among Black and Hispanic populations compared to Whites and Asians in Santa Clara County, may be a sign of inequitable access to high-quality care (see chart, previous page).[24]

CHNA participants also spoke at length about issues of access to mental healthcare and substance use treatment, which is covered in the Behavioral Health need description.

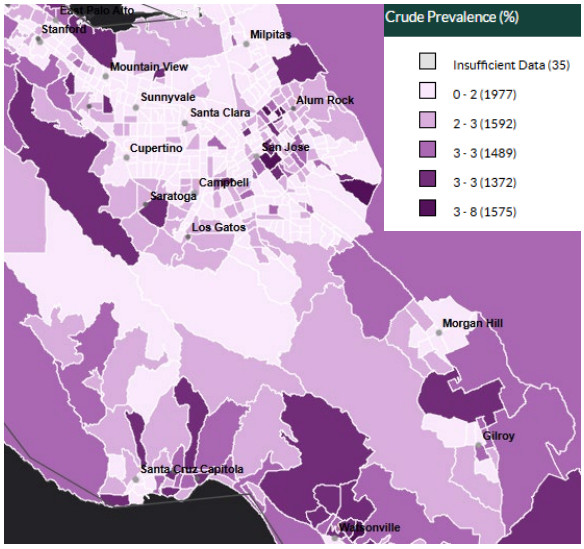
HEART DISEASE & STROKE

Heart disease and cerebrovascular diseases ranked among the top five causes of death in Santa Clara County in 2024, while hypertension was ranked in the top 10 causes of death.

Heart disease prevalence is higher in some areas, like Saratoga, East San José, and Gilroy.



Stroke prevalence is higher in some areas, including central San José and Gilroy.



Source: Interactive Atlas of Heart Disease and Stroke, Centers for Disease Control and Prevention, 2021.

Mortality rates for both heart disease and stroke are much higher among the county's Black and Hispanic populations than other ethnic groups. Although Whites also have a high CVD mortality rate, it is not as high as the rates for certain BIPOC populations.

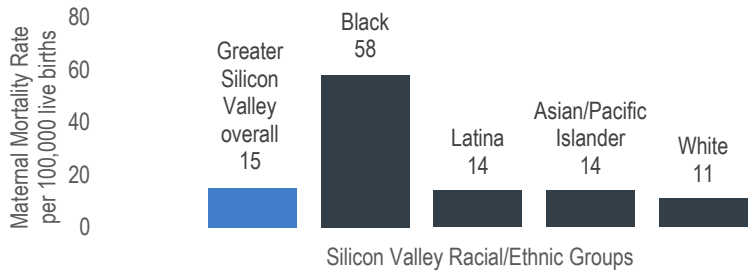
Heart disease and stroke were prioritized by a small proportion of key informants and focus group participants. Overall, economic instability and poverty were frequently mentioned as factors that limit access to healthy food and healthcare services, which are crucial for preventing and managing heart disease. Some participants also highlighted the high cost of accessing healthcare, including insurance and prescriptions, as a significant barrier to managing cardiovascular health.

[24] Similarly, an internal nursing survey conducted by El Camino Health found that access to dialysis was an issue among respondents.

MATERNAL & INFANT HEALTH

Certain maternal and infant health statistics are worse in East San José than in the county overall, including the proportion of premature births, low birthweight births, and infant mortality. Infant mortality and pre-term births in Santa Clara County are highest for Black and Hispanic babies. The county's low birthweight babies are disproportionately born to Black mothers. Several CHNA participants specifically mentioned inequities in care provided to Black people, including inadequate maternal care. Access to critical maternal health services, including perinatal care, was a recurring issue among participants consulted during the CHNA as well.

In Silicon Valley, Black women have had a much higher maternal mortality rate per 100,000 live births than their peers of other races/ethnicities.



Source: United States Department of Health and Human Services (US DHHS), Centers of Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS), Vital Statistics Cooperative Program, CDC WONDER online database. (1999–2020).

Maternal morbidity in Santa Clara County is highest among the Black population (193.9 per 10,000 delivery hospitalizations) compared to the overall rate (136.7 per 10,000), including issues such as preeclampsia, hypertension at delivery, and postpartum depression. Young mothers and mothers of color who participated in the CHNA reported feeling judged and stereotyped by healthcare providers, which affected their general care experience and the quality of the care they received.

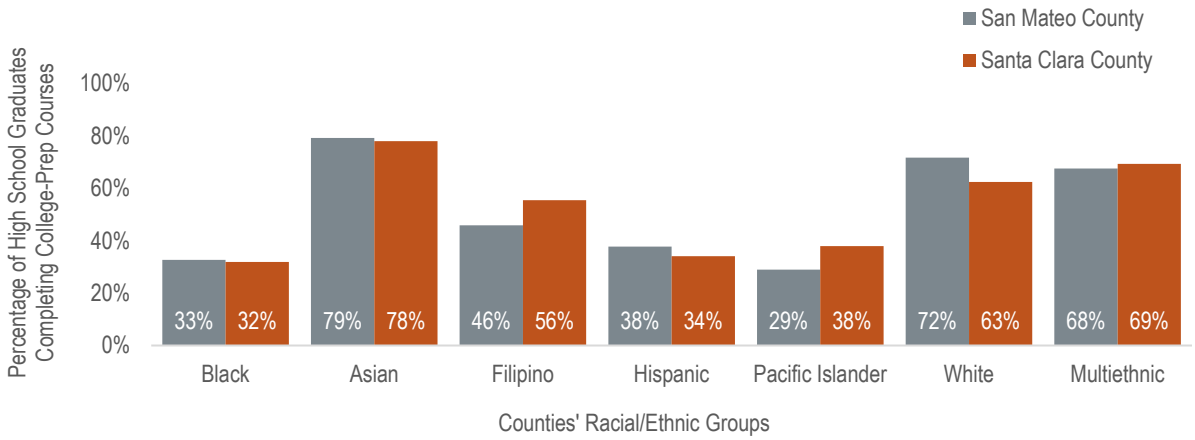
EDUCATION

The data show that childcare costs in Santa Clara County have more than doubled in the past 10 years, outpacing median family income, which rose 64% over the same time period. Adequate childcare and preschool were identified by CHNA participants as crucial for foundational learning and economic mobility. Spending per pupil is substantially lower in Santa Clara County ($14,733) compared to San Mateo County ($17,293). Research indicates that educational inequities, often related to neighborhood segregation[25], lead to educational disparities that begin at an early age.

[25] Acevedo-Garcia, D., Noelke, C., & McArdle, N. (2020). *The Geography of Child Opportunity: Why Neighborhoods Matter for Equity*. Institute for Child, Youth and Family Policy, The Heller School for Social Policy and Management, Brandeis University: Waltham, MA.

In Santa Clara County, smaller percentages of Hispanic and Black students are able to meet or exceed grade-level math and English-language arts standards versus all students in San Mateo County. The county's 2022 high school graduation rate was also lower (83%) than San Mateo County's rate (89%), with Santa Clara County's Hispanic students more likely than students of other ethnic groups to drop out before graduation. Notably smaller proportions of the county's White and Hispanic high school graduates completed college-preparatory courses compared to high school graduates in San Mateo County.

Hispanic and White high school graduates Santa Clara County are less likely to complete college-prep courses than peers of the same racial/ethnic group in San Mateo County.



Source: California Dept. of Education, Adjusted Cohort Graduation Rate and Outcome Data (Jun. 2020).

Education has generally and historically correlated directly with income, so educational statistics that differ by race/ethnicity are particularly concerning to CHNA participants. Participants also identified socioeconomic disadvantages and language barriers as significant inequities affecting educational attainment. Some highlighted the need for better accommodations and support within the school system, including improved cultural competency among educators to better serve diverse populations.

> *"In my experience, my daughter has been discriminated against for being autistic at school, in the school itself."*
>
> – Spanish-Speaking Focus Group Participant

CHNA participants viewed education as crucial for achieving economic stability and better job opportunities.

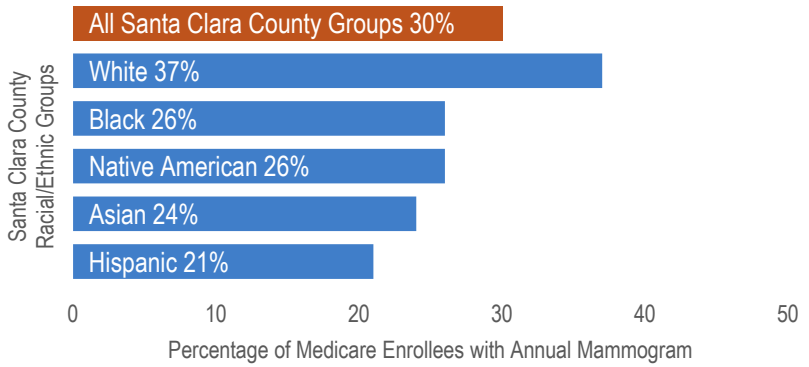
> *"[In] service-oriented [industries], income and wages are not moving as fast as in other industries. …And we're also noting that in terms of educational attainment, it's not getting better. So I think in a generation or two, when these children [of parents in service industries] become employees or join whatever industries, I think they're not going to have access to the jobs that other students may be having access to."*
>
> – Social Services Provider Focus Group Participant

CANCER

Cancer is the leading cause of death in Santa Clara and San Mateo counties. Although Santa Clara County's overall cancer mortality (112.0 per 100,000) is on par or better than the state (119.8), mortality by race/ethnicity indicates substantial disparities. For example, overall cancer mortality among Santa Clara County's Black population is much higher (143.5) compared to other ethnic groups. Similarly, the county's Black population has higher rates of mortality for female breast, colorectal, and prostate cancers. While the county's White population also has cancer incidence and mortality rates that exceed benchmarks, these rates are generally lower than those of the county's Black population.

A professional noted that the pandemic led to a decrease in routine screenings like mammograms, which may have resulted in missed or delayed cancer diagnoses. Community members' stories also illustrated potential gaps in timely and comprehensive cancer screening. Mammography screening among older adults in the county is highest for White women, and lowest for Latinas.

Hispanic older adults are the least likely to have had a mammogram (breast cancer screening) compared to their peers from other racial/ethnic groups.



Source: Centers for Medicare & Medicaid Services Mapping Medicare Disparities Tool, 2020. Retrieved from County Health Rankings, June 2024.

In addition, some Santa Clara County cancer incidence rates are of marked concern. The county's liver cancer incidence rate is 10.5 per 100,000 people, higher than in neighboring San Mateo County (9.1) or statewide (9.9). The county also has a higher colorectal cancer incidence rate compared to San Mateo County. Finally, Santa Clara County has a higher overall cancer incidence rate for youth aged 15-19 compared to San Mateo County.

COMMUNICABLE DISEASES

Issues related to communicable diseases were entirely contained within Respiratory Health and Sexual Health. See Respiratory Health and Sexual Health needs descriptions for details.

COMMUNITY & FAMILY SAFETY

Statistics show that domestic violence-related 911 calls are higher in Santa Clara County (4.7 per 1,000 people aged 18–69) than in neighboring San Mateo County (4.0).[26] Some CHNA participants noted an increase in domestic violence cases following the COVID-19 pandemic, with cases becoming more complex and requiring more individual-level support.

In addition, the rate of substantiated child abuse/neglect cases in the county is more than double that of San Mateo County. There are disparities in these statistics: Black children aged 0-17 in both counties are more likely to be the subjects of a substantiated child abuse case than children statewide. Certain researchers attribute these disparities to differences in family circumstances that put children at greater risk of abuse (e.g., being young and/or single parents, experiencing poverty), while others highlight systemic racism, especially in the child welfare system.[27]

Building on the contrasts in child abuse statistics, both counties' Black children (aged 0-20) are also more likely to be in foster care than are California children on average. Many researchers have noted that children placed in foster care are at greater risk of contact with the juvenile justice system.[28] Statistics demonstrate that juvenile felony arrests (aged 10-17) are higher in Santa Clara County than the state and, specifically, much higher for Black youth and slightly higher for Hispanic youth in both counties. These disparities for young people can lead to inequities, not just in their experience of community safety but in their ability to succeed in school and in life.[29]

Close to two in five focus groups and interviews prioritized community and family safety. CHNA participants linked economic instability and housing issues to family safety concerns. They noted that financial stress and lack of stable housing contribute to unsafe environments. Participants identified immigrant communities and low-income families as particularly vulnerable to these issues. They said the stress from unsafe environments affects family dynamics and overall well-being.

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[26] Rates are not age-adjusted.

[27] Font, S. A., Berger, L. M., & Slack, K. S. (2012). Examining racial disproportionality in child protective services case decisions. *Children and Youth Services Review,* 34(11), 2188-2200. See also: Thomas, M.M.C., Waldfogel, J., and Williams, O.F. (2023). Inequities in Child Protective Services Contact Between Black and White Children. *Child Maltreat*, 28(1):42-54.

[28] See, for example Cutuli, J.J., Goerge, R.M., Coulton, C., Schretzman, M., Crampton, D., Charvat, B.J., Lalich, N., Raithel, J., Gacitua, C. and Lee, E.L., 2016. From foster care to juvenile justice: Exploring characteristics of youth in three cities. *Children and Youth Services Review*, 67, pp.84-94. And see Yi, Y., & Wildeman, C. (2018). Can foster care interventions diminish justice system inequality?. *The Future of Children*, 28(1), 37-58.

[29] Gallegos, A. H., & White, C. R. (2013). Preventing the School-Justice Connection for Youth in Foster Care. *Family Court Review*, 51(3), 460-468. And see: Foster, M. & Gifford, E. (2004). "The Transition to Adulthood for Youth Leaving Public Systems: Challenges to Policies and Research," in *On the Frontier of Adulthood: Theory, Research, and Public Policy*, eds. Richard A. Settersten, Jr., Frank F. Furstenberg, Jr., & Rubén G. Rumbaut. Chicago: University of Chicago Press.

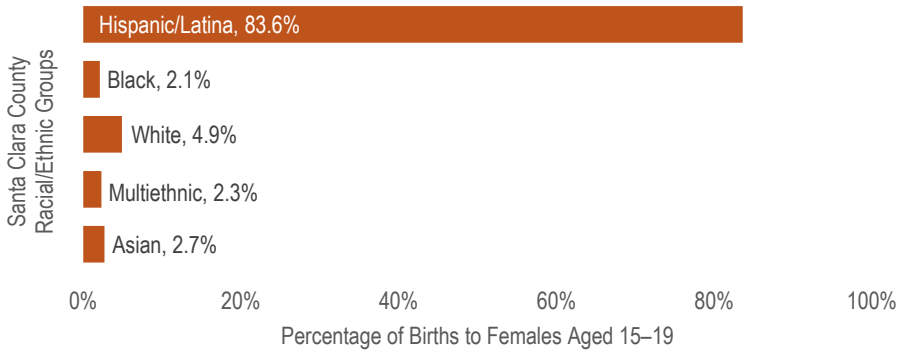
Safety concerns varied significantly by geographic area and population within the county. For example, some Asian participants highlighted historical discrimination against Chinese immigrants as a factor contributing to ongoing feelings of a lack of safety within these communities. As another example, LGBTQ+ participants noted the existence of anti-LGBTQ+ hate. Although it does not usually result in physical violence, there was agreement among the participants that it creates a sense of feeling unsafe. Finally, rates of bias-related bullying and harassment at school are higher for Black youth in Santa Clara County (43%) versus San Mateo County (35%), and both are higher than the state (30%).

> *"Morgan Hill and Gilroy are very conservative. So someone who is trans down here is going to feel a lot less safe …It does not feel like a safe spot to be openly queer most of the time."*
>
> –LGBTQ+ Focus Group Participant

SEXUAL HEALTH

Teen births are highest among Santa Clara County's Latinas (16 per 1,000 females aged 15-9) compared to their peers of other ethnicities in Santa Clara County.

The proportion of teen births among Latinas in Santa Clara County is much larger compared to their peers of other ethnicities.



Source: California Department of Public Health, Adolescent Births Dashboard. 2020–2022.

Although statistics on sexually transmitted infections are better for Santa Clara County than the state, there are concerning disparities. For example, HIV diagnoses among the Hispanic population are notably higher in comparison to their peers of other races/ethnicities. Residents of East San José are more likely to be diagnosed with HIV than residents of the county overall. The importance of screening, prevention, and treatment for sexually transmitted infections (STIs) was stressed by CHNA participant, who also mentioned the high rates of congenital syphilis in California.

Participants highlighted the need for better access to contraception and sexual health resources, including emergency contraceptives and HIV prevention methods, especially on school campuses and in healthcare settings. One participant communicated the need for culturally sensitive approaches in sexual health education and services, particularly for diverse populations. Another noted that the stress and anxiety related to sexual health issues, including access to gender-affirming care services, were significant concerns affecting patients' overall well-being. The Centers for Disease Control and Prevention suggest that income inequality, poverty, lack of employment, relative lack of education, and distrust of the healthcare system (whether due to shame or stigma, experience or fear of discrimination, or other reasons) affect the ability of individuals to “stay sexually healthy.”[30]

[30] Centers for Disease Control and Prevention. (2020). *STD Health Equity.*

NEEDS THAT DID NOT RISE TO THE LIST

Climate & Natural Environment

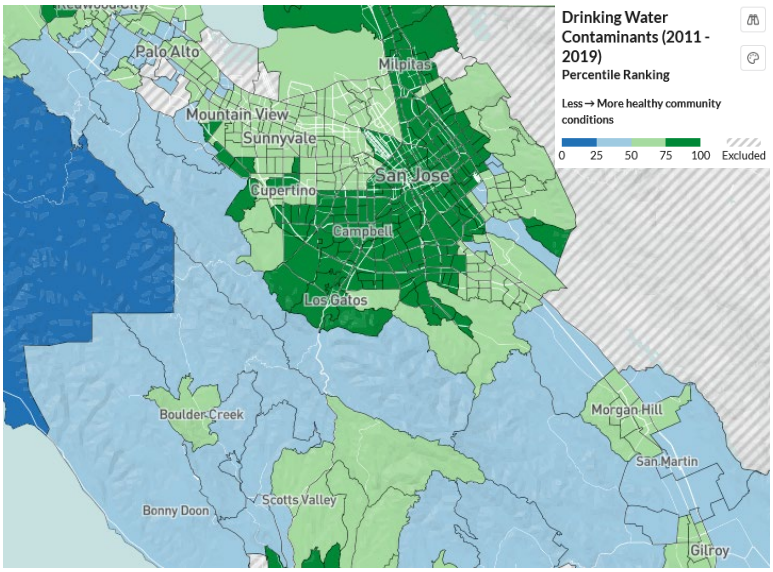
Although certain evidence suggests that climate is a need in Santa Clara County, a lack of comparable data meant it did not meet the criteria to be included in the health needs list. However, climate is an issue that El Camino Health takes seriously and plans to continue monitoring.

CHNA participants spoke about climate change concerns, and a number of interviews and focus group discussions prioritized the natural environment as a need. Those who mentioned it mainly referred to either poor air quality or increasing days of extreme heat. Regarding air quality, participants spoke about the effects of wildfire smoke and vehicle-related air pollution, the latter also associated with where people live. A health expert suggested that both air quality and heat issues could be related to increasing rates of asthma.

Drinking water quality is poor in a number of places in the county, although not a concern for the county overall. In addition, over one-third (34%) of all Santa Clara County properties are at risk of flooding in the next 30 years.[31]

The likelihood of a heat wave in the county lasting three or more days has risen substantially today compared to 30 years ago. The urban center of San José is reported to be the most vulnerable to extreme heat.[32] Diesel air pollution was also found to be especially high near the San José airport, though not throughout the whole county.[33]

Water quality is poor in a number of places in the county.

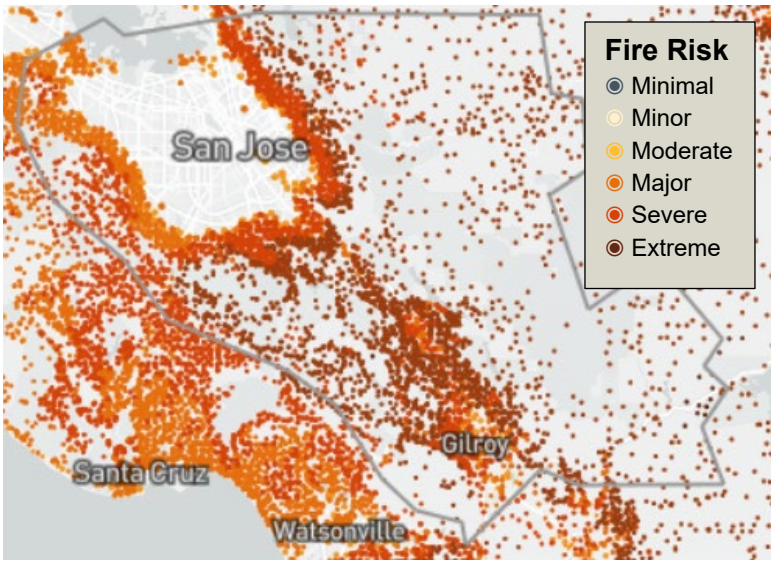


[31] Flooding data obtained from First Street, a public benefit corporation connecting climate risk to financial risk via advanced climate science: https://firststreet.org/county/san-mateo-county-ca/6081_fsid/flood and https://firststreet.org/county/santa-clara-county-ca/6085_fsid/flood

[32] San Mateo County: from 34% to 88%. Santa Clara County: from 39% to 63%. Information in this paragraph retrieved from First Street (see above): https://firststreet.org/county/santa-clara-county-ca/6085_fsid/heat and https://firststreet.org/county/san-mateo-county-ca/6081_fsid/heat

[33] Although the latest diesel particulate matter data are from 2016, the Healthy Places Index is the standard relied upon by HCAI in determining communities that are vulnerable to air pollution.

The southern portion of Santa Clara County has the greatest density of properties at extreme risk of fire.



Source: First Street Technologies, Inc. via https://firststreet.org/county/santa-clara-county-ca/6085_fsid/fire

Finally, Santa Clara County is at major risk for wildfire outbreaks, with a history of 18 wildfires in the past 35+ years, including the SCU Lightening Complex fire of 2020, which burned nearly 1,650 square miles of land and more than a dozen properties. Nearly 40% of all properties in the county are at some risk of being affected by wildfire in the next 30 years.[34]

Healthy Aging

Healthy aging is an issue that overlaps a number of other health needs, including behavioral health, economic security, healthcare access and delivery, chronic diseases (i.e., heart disease and stroke), and concerns such as cognitive decline. These various issues, most of which rose to the list of needs for this assessment, are issues for people of all ages but are of special concern for older adults.

A small proportion of interviews and focus groups prioritized healthy aging. Among these, CHNA participants' comments cited the various health needs described in this report, including:

- **Economic stability.** Financial challenges were frequently mentioned, with older adults struggling to meet their financial obligations, which impacts their ability to afford healthcare and maintain a decent quality of life. The significance of providing opportunities for employment and purposeful activities for older adults was discussed as a means to enhance their sense of independence and worth.

- **Behavioral health.** Many participants highlighted the issue of social isolation among older adults, which exacerbates mental health issues such as depression and cognitive

[34] Information in this paragraph retrieved from https://firststreet.org/county/santa-clara-county-ca/6085_fsid/fire and https://firststreet.org/county/san-mateo-county-ca/6081_fsid/fire

decline. The need for better mental health support was emphasized, including addressing issues like grief and loss among the aging population.

- **Healthcare access & delivery.** There were concerns about the complexity of the healthcare system, making it difficult for older adults to navigate and access necessary medical care, including psychiatric and psychological support. Concerns were raised about the declining quality of care in skilled nursing and rehabilitation facilities due to rising shortages of healthcare worker. Participants also noted a lack of preventive health measures and educational resources about aging, which can lead to crises when warning signs are not caught early.

Cognitive decline was also a topic of CHNA participants' discussions. They said many older adults experience significant isolation, which plays a factor in cognitive decline and different forms of dementia.

> *"When we're talking about the older adult population that is most likely to develop, say, dementia, there's usually some other kind of chronic condition that goes along with that. It's mainly manageable, but it gets more complicated by the overlay of dementia. So access to care and follow-up care is really important."*
>
> — Service Provider

One professional in particular described long waitlists for nursing facilities and challenges accessing in-home care, made more problematic by the general absence of family support that is often due to the economic migration of younger generations. Disparities in mortality due to Alzheimer's disease were found countywide, with White and Hispanic populations being more often affected than other groups.

Oral Health

Not enough data were available to support adding oral health as a need to the list on its own. However, a small proportion of interviews and focus groups prioritized oral health, and the discussions were primarily related to access to and delivery of dental care (e.g., affordability, shortage of providers, delivery to individuals with special needs). Therefore, oral health is covered under the health need Healthcare Access & Delivery.

7. EVALUATION OF 2023–2025 IMPLEMENTED STRATEGIES

In 2021–2022, El Camino Health participated in a Community Health Needs Assessment similar to the collaborative 2025 effort.

The 2022 CHNA report is posted on the Community Benefit page of the El Camino Health website.[35] IRS regulations mandate that all nonprofit hospitals develop and adopt an implementation strategy to address community needs every three years.[36]

After reviewing the findings of the 2022 CHNA, El Camino Health's Community Benefit Advisory Council (CBAC) identified five health needs to address in FY23 and the subsequent two fiscal years with community benefit grant funding.

The health needs fall under five health priority areas:

Healthcare Access & Delivery
(Including Oral Health)

- Healthcare access
- Healthcare delivery
- Maternal and infant health
- Oral health

Behavioral Health
(Including Domestic Violence Trauma)

- Child and intimate partner violence
- Mental health and trauma
- Substance use and overdose

Diabetes & Obesity

- Diabetes
- Fitness
- Healthy diet
- Obesity

Economic Stability
(Including Food Insecurity, Housing & Homelessness)

- Economic instability
- Food insecurity
- Housing insecurity
- Housing quality
- Employment and living wages
- Educational disparities

Chronic Conditions
(Other than Diabetes & Obesity)

- Cancer
- Chronic liver disease
- Chronic respiratory disease (e.g., asthma)
- Heart disease
- Stroke

[35] https://www.elcaminohealth.org/about-us/community-benefit

[36] https://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf

Due to the timing of the CHNA publication and the submission of year-end data from grants, annual data for FY25 (July 1, 2024–June 30, 2025) is unavailable for inclusion. Each year, the Community Benefit Program publishes an Annual Report to the Community available on the Community Benefit page of the website.[37]

For additional details on El Camino Health's Community Benefit Program results in fiscal years 2023, 2024, and the first six months of fiscal year 2025, see *Attachment 6: FY23 – FY25 Year-over-Year Dashboard.*

[37] https://www.elcaminohealth.org/about-us/community-benefit

8. CONCLUSION

El Camino Health worked with its collaborative partners, pooling expertise and resources, to conduct the 2025 Community Health Needs Assessment in Santa Clara County.

By gathering secondary data and conducting new primary research as a team, the partners were able to understand the community's perception of health needs as well as prioritize health needs with an understanding of how each compares against benchmarks.

The 2025 CHNA, which builds upon prior assessments, meets federal (IRS) requirements.

Next steps for El Camino Health:

- After the CHNA is adopted by the hospital's board, make the CHNA report publicly available on the website (by June 30, 2025).
- Monitor community comments on the CHNA report (ongoing).
- Select priority health needs to address.
- Develop strategies to address priority health needs (independently or with collaborative partner hospitals).
- Ensure Community Benefit Plan and Implementation Strategy is approved by the hospital board (by June 2025).

9. LIST OF ATTACHMENTS

1. Community Leaders, Representatives and Members Consulted
2. Secondary Data Indicators Index
3. Community Assets and Resources
4. Qualitative Research Materials
5. IRS Checklist
6. FY23 – FY25 Year-over-Year Dashboard

ATTACHMENT 1. COMMUNITY LEADERS, REPRESENTATIVES AND MEMBERS CONSULTED

The list below contains the names of leaders, representatives, and members who were consulted for their expertise in the community. Leaders were identified based on their professional expertise and knowledge of target groups including low-income populations, minorities, and the medically underserved. Interviewees and focus group participants discussed health needs in both San Mateo and Santa Clara counties unless otherwise noted (i.e., designated "SMC" or "SCC").

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Organizations						
Interview	Yogita Thakur, Chief Dental Officer, Ravenswood Family Health Network	Oral health	1	Low-income, medically underserved	Leader	4/11/2024
Interview	Jack Mahoney, Senior Director, Silicon Valley Community Foundation	Wealth gap	1	Low-income	Leader	5/1/2024
Interview	Margaux Lazarin, DO, MPH, Senior Medical Director, Planned Parenthood Mar Monte	Reproductive health	1	Medically underserved	Leader	5/8/2024
Interview	Senior Program Manager, Family Medicine, Planned Parenthood Mar Monte	Reproductive health	1	Medically underserved	Leader	5/8/2024
Interview	Elizabeth McCraven, Chief Medical Officer, Indian Health Center of Santa Clara Valley	SCC: Native health	1	Minorities, medically underserved	Leader	3/20/2024

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Interview	Senior Program Manager, Santa Clara County, Public Health Department	SCC: Public health	1	Low-income, minorities, medically underserved	Leader	4/3/2024
Interview	Bindu Khurana-Brown , Associate Director, Crisis Stabilization and Mobile Response, Momentum for Health	SCC: Behavioral health	1	Medically underserved	Leader	4/4/2024
Interview	Mark Cloutier, Chief Executive Officer, Caminar	SMC: Behavioral health	1	Medically underserved	Leader	4/4/2024
Interview	Charisse Feldman, Maternal, Child, and Adolescent Health Director and Public Health Nurse Manager, County of Santa Clara Public Health Department	SCC: Maternal/ infant health	1	Medically underserved	Leader	4/16/2024
Interview	Anand Chabra MD, Medical Director, Family Health Services, San Mateo County Health	SMC: Maternal/ infant health	1	Medically underserved	Leader	4/16/2024
Interview	Brandi Jothimani, Director of Client Programs, Community Services Agency of Mountain View, Los Altos and Los Altos Hills	SCC: Mountain View 94040 Corridor	1	Low-income, medically underserved	Leader	4/18/2024

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Interview	Jean Yu, Manager, Chinese Health Initiative, El Camino Health	SCC: Asian health	1	Minorities, medically underserved	Leader, representative	5/15/2024
Interview	Jia Ren, Co-Chair of Chinese Health Initiative, San Mateo County	SMC: Asian health	1	Minorities, medically underserved	Leader, representative	5/15/2024
Interview	Cheryl J. Ho, MD, Behavioral Health Medical Director, Substance Use Treatment Services, County of Santa Clara	SCC: Substance use	1	Medically underserved	Leader	7/10/2024
Interview	Clara Boyden, Deputy Director, Alcohol & Other Drug Services, San Mateo County Behavioral Health & Recovery Services	SMC: Substance use	1	Medically underserved	Leader	7/10/2024
Interview	Tylor Taylor, Chief Medical Officer, Successful Aging Solutions & Community Consulting (SASCC)	SCC: Older adult health	1	Medically underserved	Leader	8/12/2024
Interview	Elyse Brummer, Executive Director, Ombudsman Services of San Mateo County, Inc.	SMC: Older adult health	1	Low-income, medically underserved	Leader	8/12/2024
Interview – Secondary	Community Health Partnership	SCC: Health	1	Low-income, medically underserved	Leader	7/3/24

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Interview – Secondary	Family Caregiver Alliance	SCC: Health, families	1	Low-income, medically underserved	Leader	6/11/24
Interview – Secondary	Next Door Solutions to Domestic Violence	SCC: Community safety	1	Low-income, minorities	Leader	6/11/24
Interview – Secondary	Roots Community Health Center	SCC: Black health	1	Low-income, minorities, medically underserved	Leader	7/30/24
Focus Group	Host: Actionable Insights	Health Equity	6	Minority, low-income, medically underserved	(see below)	5/30/2024
	Attendees:					
	Lauren Weston, Executive Director, Acterra: Action for a Healthy Planet				Leader	
	Lisa M. Tealer, Executive Director, Bay Area Community Health Advisory Council (BACHAC)				Leader	

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	Leilani Michelle Jones, Executive Director, Office for Health Equity and Improvement, County of Santa Clara				Leader	
	Kamilah Davis, Program Coordinator, County of Santa Clara Public Health Department - Perinatal Equity Initiative				Leader	
	Maria Lorente-Foresti, Ph.D., Office of Diversity and Equity Director, San Mateo County Behavioral Health and Recovery Services				Leader	
	Tamarra Jones, Director of Public Health, Policy & Planning, San Mateo County Health				Leader	
Focus Group	Host: Actionable Insights	Safety net clinics		Medically underserved, low-income	(see below)	6/6/2024
	Attendees:					
	Sarita Kohli, President & Chief Executive Officer, AACI				Leader	

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	Harsha Ramchandani, MD, Chief Medical Officer, Bay Area Community Health				Leader	
	Ranjani Chandramouli, MD, Chief Medical officer, Gardner health services				Leader	
	Daniela Arcienega, Director of Population Health, Indian Health Center of Santa Clara Valley				Leader	
	Medical Director, North East Medical Services				Leader	
	Ravenswood Family Health Network				Leader	
	Baldeep Singh, MD, Medical Director, Samaritan House				Leader	
	Tamara Montacute, Associate Medical Director, Samaritan House Free Clinics				Leader	
	Ria Paul, MD, Chief Medical Officer, Santa Clara Family Health Plan				Leader	
Focus Group	Host: Actionable Insights	SCC: Social determinants of health	8	Low-income	(see below)	6/3/2024

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	Attendees:					
	Marty Estrada, Director of Community Development, Community Agency for Resources, Advocacy and Services (CARAS)				Leader	
	Brooke Heymach, Directing Attorney, Law Foundation of Silicon Valley				Leader	
	Dalenna Ruelas Hughes, Associate Director, Sacred Heart Community Service				Leader	
	Alejandra Navarro, Director of Community Nutrition, Second Harvest of Silicon Valley				Leader	
	Saul Ramos, Co-Executive Director, SOMOS Mayfair				Leader	
	David Hernandez, Chief Programs Officer, Sunnyvale Community Services				Leader	
	Kelly Batson, Chief Community Impact Officer, United Way Bay Area				Leader	

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	Sujatha Venkatraman, Executive Director, West Valley Community Services				Leader	
Focus Group	Host: Actionable Insights	Youth behavioral health	8	Medically underserved	(see below)	5/28/2024
	Attendees:					
	Marc Rappaport, Clinical Director, allcove - San Mateo					
	Annya Shapiro, Executive Director, Daly City Youth Health Center					
	Kara					
	Patrick Neddersen, Clinical Program Manager, Pacific Clinics					
	Jennifer Grier, LCSW, Senior Chief Clinical Officer, Rebekah Children's Services					
	Veronica Amador, Director of Self-Sufficiency, Sacred Heart Community Service					

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	Program Manager, Santa Clara County Public Health Department					
	Olivia Heffernan, Youth Services, Events & Communications Manager, The National Alliance on Mental Illness (NAMI) San Mateo County					
Community Members						
Focus Group	Host: Actionable Insights	Individuals with disabilities	13	Medically underserved, minority	Members	7/15/24
Focus Group	Host: Actionable Insights	LGBTQ+ community	8	Medically underserved, minority	Members	7/23/24
Focus Group	Host: Casa Circulo Cultural	SCC: Spanish-speakers	11	Medically underserved, minority	Members	6/19/24
Focus Group	Host: African American Community Services Agency	SCC: Black community	11	Minority	Members	6/26/24
Focus Group	Host: Shine Together	SCC: Teen parents	9	Low-income, medically underserved	Members	7/17/24

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Focus Group	Host: Asian Americans for Community Involvement	SCC: Asian community	8	Minority	Members	7/24/24
Focus Group	Host: Amigos de Guadalupe	SCC: Housing, unhoused community	5	Low-income, medically underserved	Members	7/27/24

ATTACHMENT 2. SECONDARY DATA INDICATORS INDEX

Category	Indicator	Description	Source	Year(s)
BEHAVIORAL HEALTH: ATOD[38]	Adult Alcohol Use Hospitalization Rate	Average annual age-adjusted hospitalization rate due to acute or chronic alcohol abuse per 10,000 population aged 18 years and older. "Alcohol abuse" includes alcohol dependence syndrome, non-dependent alcohol abuse, alcoholic psychoses, toxic effects of alcohol, and excessive blood level of alcohol. Diseases of the nervous system, digestive system, and circulatory system caused by alcohol are also included.	San Mateo County Health All Together Better platform	2018–2020
BEHAVIORAL HEALTH: ATOD	Adult Smoking	Percentage of adults who are current smokers (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2020
BEHAVIORAL HEALTH: ATOD	Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement	National Highway Traffic Safety Administration, Fatality Analysis Reporting System	2016–2020
BEHAVIORAL HEALTH: ATOD	Chronic Liver Disease And Cirrhosis Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File	2022
BEHAVIORAL HEALTH: ATOD	Current Smokers	Percentage of people who currently smoke tobacco	California Health Interview Survey (CHIS)	2022
BEHAVIORAL HEALTH: ATOD	Drug and Opioid-Involved Overdose Death Rate	Age-adjusted drug and opioids-involved death rate per 100,000 population	San Mateo County Health All Together Better platform	2018–2020
BEHAVIORAL HEALTH: ATOD	Drug Overdose Deaths	Number of drug poisoning deaths per 100,000 population, age-adjusted	National Center for Health Statistics - Mortality Files	2018–2020

[38] ATOD stands for alcohol, tobacco, and other drugs.

Category	Indicator	Description	Source	Year(s)
BEHAVIORAL HEALTH: ATOD	Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2020
BEHAVIORAL HEALTH: ATOD	Opioid Overdose ED Visits Hospitalizations, Deaths	Age-Adjusted Rates Related to Opioid Overdose per 100,000	Santa Clara County Public Health Department: Deaths: 2021–2023 Hospitalizations: 2017–2021	See Source column
BEHAVIORAL HEALTH: ATOD	Student Drinking	Percentage of Students Who Have Consumed Alcohol 7 or More Times in Their Lifetimes (7th, 9th, 11th Grade)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS, California Dept. of Education, as cited by KidsData.org	2017–2019
BEHAVIORAL HEALTH: ATOD	Student Recent Alcohol or Drug Use	Percentage of Students Who Used Alcohol or Drugs in the Previous Month (7th, 9th, 11th Grade)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS, California Dept. of Education, as cited by KidsData.org	2017–2019
BEHAVIORAL HEALTH: ATOD	Students Recent Marijuana Use	Percentage of Students Who Used Marijuana 20-30 Days in the Previous Month (7th, 9th, 11th Grade))	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS, California Dept. of Education, as cited by KidsData.org	2017–2019
BEHAVIORAL HEALTH: ATOD	Substance Use ED Visits and Hospitalizations, San Mateo County	The age-adjusted emergency room visit rate due to substance use disorders per 10,000 population aged 18 years and older. Substance-related disorders include the use, abuse, and dependence of opioids, cannabis, sedatives, hypnotics, anxiolytics, cocaine, other stimulants, hallucinogens, nicotine, inhalants, and other psychoactive substances. Cases of abuse of non-psychoactive substances, maternal care for (suspected) damage to fetus by drugs, and drug use complicating pregnancy, childbirth, and the puerperium are also included. Cases of alcohol-related disorders and poisoning due to intentional self-harm (if primary diagnosis) are excluded.	San Mateo County Health All Together Better platform	2018–2020

Category	Indicator	Description	Source	Year(s)
BEHAVIORAL HEALTH: MH[39]	Adult Mental Health ED and Hospitalization Rates, San Mateo County	Age-adjusted ED and Hospitalization Rates related to Mental Health per 10,000 population 18 years and older	San Mateo County Health All Together Better platform	2018–2020
BEHAVIORAL HEALTH: MH	Adults with Adverse Childhood Experiences	Percentage of Adults with 1-3 or 4+ Adverse Childhood Experiences	California Dept. of Public Health, Injury and Violence Prevention Branch, CA Behavioral Risk Factor Surveillance System custom tabulation, as cited by KidsData.org	2013–2019
BEHAVIORAL HEALTH: MH	Children with Adverse Experiences	Percentage of Children Ages 0-17 with 2 or More Adverse Experiences (Parent Reported)	Population Reference Bureau, analysis of National Survey of Children's Health and the American Community Survey	2016–2019
BEHAVIORAL HEALTH: MH	Deaths of Despair	Deaths due to alcohol, drug abuse and suicide counts, crude rates, and age adjusted rates per 100,000 population	Santa Clara County Public Health Department, California Integrated Vital Records System (CalIVRS), California Comprehensive Death Files	2021–2023
BEHAVIORAL HEALTH: MH	Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	CA Behavioral Risk Factor Surveillance System	2020
BEHAVIORAL HEALTH: MH	Health Provider Shortage Areas: Mental Health	Designated Healthy Provider Shortage Areas within County	U.S. Department of Health & Human Services, Health Resources and Services Administration	2022
BEHAVIORAL HEALTH: MH	Mental Health Hospitalizations among Children	Mental Health Hospitalization Discharges (Primary Diagnosis) per 1,000 Children Ages 5-14, 15-19	California Dept. of Health Care Access and Information custom tabulation (Feb. 2021), as cited in KidsData.org	2020
BEHAVIORAL HEALTH: MH	Mental Health Providers	Ratio of population to mental health providers	Centers for Medicare & Medicaid Services, National Provider Identification	2022
BEHAVIORAL HEALTH: MH	Mental Health, Children ED Visits and Hospitalizations	Age-adjusted emergency room visit rate and hospitalization rate due to mental health per 10,000 population under 18 years. Cases include adjustment disorders; anxiety disorders; attention deficit conduct and disruptive behavior disorders; delirium, dementia, amnestic and other cognitive disorders; disorders	San Mateo County Health All Together Better platform	2018–2020

[39] MH stands for mental health.

Category	Indicator	Description	Source	Year(s)
		usually diagnosed in infancy, childhood, or adolescence; mood disorders; personality disorders; schizophrenia and other psychotic disorders; and impulse control disorders not elsewhere classified.		
BEHAVIORAL HEALTH: MH	Poor mental health - Latino	Percent rating mental health not “good” for 1+ days in last month, Silicon Valley	Hispanic Foundation of Silicon Valley, 2023 Silicon Valley Latino Report Card Survey	2022–2023
BEHAVIORAL HEALTH: MH	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2020
BEHAVIORAL HEALTH: MH	Ratio of Students to School Psychologists	Ratio of Students to School Psychologists	California Dept. of Education, Staff Assignment and Course Data & DataQuest, as cited in KidsData.org	2019
BEHAVIORAL HEALTH: MH	Ratio of Students to School Social Workers	Ratio of Students to School Social Workers	California Dept. of Education, Staff Assignment and Course Data & DataQuest, as cited in KidsData.org	2019
BEHAVIORAL HEALTH: MH	Received Mental Health Supports they needed - Latino	Percentage received, Latino vs. non-Latino, Silicon Valley	Hispanic Foundation of Silicon Valley, 2023 Silicon Valley Latino Report Card Survey	2022–2023
BEHAVIORAL HEALTH: MH	Self-Harm (Suicide) Among Leading Causes of Death	Rank among reasons for death within counties	California Department of Public Health, 2024 Death Statistics File	2022
BEHAVIORAL HEALTH: MH	Self-Harm ED Visits and Hospitalizations	ED Visits or Hospitalizations with an intentional self-harm/injury diagnosis per 100,000 population, age adjusted	Santa Clara County Public Health Department	2017–2021
BEHAVIORAL HEALTH: MH	Severe Mental Illness ED Visits and Hospitalizations	Age-adjusted ED Visits or Hospitalizations rates per 100,000. ICD-10 Codes: F2[0-9]|F30[1-3,8-9]| F31[0-6]|F317[0-1,3,5,7]|F31[8-9]|F32[2-4]|F32[8-9]|F33[1-3]|F334[0-1]|F33[8-9]|F34|F39|F400|F4[1-2]|F431|F4[4-5]|F48[1-2]|F60|F50|F53|F91	California Department of Health Care Access and Information (HCAI), Patient Discharge Data	2017–2021
BEHAVIORAL HEALTH: MH	Severe Mental Illness Related to Drug and Alcohol ED Visits and Hospitalizations	ED Visits or Hospitalizations per 100,000 population. ICD-10 Codes: F101[4-5]|F10180|F102[4-5] |F10280|F109[4-5]|F10980|F111[4-5]|F112[4-5]|F119[4-4],|F12150|F12180|F1225|F12280|F1295|F12980|F131[4-5]|F13180|F132[4-	California Department of Health Care Access and Information (HCAI), Patient Discharge Data	2017–2021

Category	Indicator	Description	Source	Year(s)
		5]|F13280|F139[4-5]|F13980|F141[4-5]|F14180|F142[4-5]|F14280|F149[4-5]|F14980|F151[4-5]|F15180|F152[4-5]|F15280|F159[4-5]|F15980|F161[4-5]|F16180|F162[4-5]|F16280|F169[4-5]|F16980|F181[4-5]|F18180|F182[4-5]|F18280|F189[4-5]|F18980|F191[4-5]|F19180|F192[4-5]|F19280|F199[4-5]|F19980		
BEHAVIORAL HEALTH: MH	Social Associations	Number of membership associations per 10,000 population (not age-adjusted)	U.S. Census Bureau, County Business Patterns	2020
BEHAVIORAL HEALTH: MH	Student Depression	Percentage of Students Who Had Depression- Related Feelings in the Previous Year (7th, 9th, 11th Grade)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS, California Dept. of Education, as cited on KidsData.org	2017–2019
BEHAVIORAL HEALTH: MH	Student Suicidal Ideation the Previous Year	Percentage of Students Who Seriously Considered Attempting Suicide in the Previous Year (9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS, California Dept. of Education, as cited on KidsData.org	2017–2019
BEHAVIORAL HEALTH: MH	Students Lacking Caring Adult Relationships at School	Percentage of Students with a Low Level of Caring Relationships with Adults at School (7th, 9th, 11th Grade)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS, California Dept. of Education, as cited on KidsData.org	2017–2019
BEHAVIORAL HEALTH: MH	Suicide Deaths	Age adjusted rates per 100,000 population	Santa Clara County Public Health Department	2013–2023
CANCER	Breast Cancer (Female) Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco, California Health Maps website.	2012–2021
CANCER	Cancer Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File	2022
CANCER	Cancer Deaths (overall and by site)	Age-adjusted mortality rate due to all cancers and by site per 100,000	Santa Clara County Public Health Department	2019–2023
CANCER	Cancer Incidence among Children Ages 0-19	Cancer Incidence Rate among Children Ages 0-19, per 100,000	National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program Research Data; U.S. Cancer Statistics Working Group, U.S. Cancer Statistics Data Visualizations Tool, as cited on KidsData.org	2012–2016

Category	Indicator	Description	Source	Year(s)
CANCER	Cancer Incidence, All Sites	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for all sites	University of California, San Francisco, California Health Maps website	2012–2021
CANCER	Colorectal Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco, California Health Maps website	2012–2021
CANCER	Kidney Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco, California Health Maps website	2012–2021
CANCER	Liver Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco, California Health Maps website	2012–2021
CANCER	Lung Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco, California Health Maps website	2012–2021
CANCER	Lymph Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco, California Health Maps website	2012–2021
CANCER	Mammography Screening	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening	Centers for Medicare & Medicaid Services, Mapping Medicare Disparities Tool	2020
CANCER	Melanoma Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco, California Health Maps website	2012–2021
CANCER	Pancreas Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco, California Health Maps website	2012–2021
CANCER	Prostate Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco, California Health Maps website	2012–2021
CANCER	Thyroid Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco, California Health Maps website	2012–2021
CANCER	Urinary Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco, California Health Maps website	2012–2021
CANCER	Uterine Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site: Corpus and Uterus Not Otherwise Specified (NOS)	University of California, San Francisco, California Health Maps website	2012–2021
CLIMATE/ NATURAL ENV[40]	Air Pollution - Diesel	Average daily amount of particulate pollution from diesel sources	California Office of Environmental Health Hazard Assessment, CalEnviroScreen 4.0	2016
CLIMATE/ NATURAL ENV	Air Pollution - Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	Environmental Public Health Tracking Network	2019

[40] ENV stands for environment.

Category	Indicator	Description	Source	Year(s)
CLIMATE/ NATURAL ENV	Air Pollution - Particulate Matter	Annual average amount of fine particulate matter (PM2.5)	National Institute for Minority Health and Health Disparities	2015–2017
CLIMATE/ NATURAL ENV	Change in Average Daily Temperature	Change in Average Daily Temperature (Degrees Fahrenheit)	First Street Technology	2025
CLIMATE/ NATURAL ENV	Drinking Water Contaminants	Index score combining information about 13 contaminants and 2 types of water quality violations found during drinking water sample testing	California Environmental Protection Agency (CalEPA); California Office of Environmental Health Hazard Assessment, CalEnviroScreen 4.0	2011–2019
CLIMATE/ NATURAL ENV	Drinking Water Violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	U.S. EPA, Safe Drinking Water Information System	2021
CLIMATE/ NATURAL ENV	Driving Alone to Work	Percentage of the workforce that drives alone to work	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
CLIMATE/ NATURAL ENV	Environmental Sustainability	Grade of A to F (based on 3 measures) for Environmental Sustainability, Latinos	Hispanic Foundation of Silicon Valley, 2023 Silicon Valley Latino Report Card Survey	2022–2023
CLIMATE/ NATURAL ENV	Extreme Heat Days (Projected)	Projected number of extreme heat days annually for 2050 and 2085. Extreme heat refers to 90 degrees or more.	CDPH California Building Resilience Against Climate Effects (CalBRACE)	2022
CLIMATE/ NATURAL ENV	Flood Risk	Flood risk now and in 30 years (minor to severe) by type (residential, commercial, infrastructure, social, and roads)	First Street Technology	2025
CLIMATE/ NATURAL ENV	Greenhouse gas emissions, Silicon Valley	Greenhouse gas emissions in Silicon Valley from sources such as transportation, electricity and natural gas use, and solid waste, in millions of metric tons	Joint Venture Silicon Valley, Silicon Valley Index 2024	2022
CLIMATE/ NATURAL ENV	High Temperature Days	Number of days in excess of 95° (Projected)	First Street Technology	2025
CLIMATE/ NATURAL ENV	Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021

Category	Indicator	Description	Source	Year(s)
CLIMATE/ NATURAL ENV	Per Capita Transit Use Silicon Valley	Number of rides per capita on regional public transportation systems	Altamont Corridor Express, Caltrain, SamTrans, Santa Clara Valley Transportation Authority, California Department of Finance with analysis by Silicon Valley Institute for Regional Studies	2023
CLIMATE/ NATURAL ENV	Poor Air Quality	The likely number of days with air quality considered to be “Unhealthy” or “Unhealthy for Sensitive Groups,” based on the U.S. Environmental Protection Agency’s Air Quality Index (AQI), for both today and 30 years in the future under the influence of climate change.	First Street Technology	2025
CLIMATE/ NATURAL ENV	Traffic Volume	Average traffic volume per meter of major roadways in the county	EJSCREEN: Environmental Justice Screening and Mapping Tool, as cited by Community Health Rankings	2019
CLIMATE/ NATURAL ENV	Wildfire Risk	Wildfire risk now and in 30 years (1=minimal; 10=extreme)	First Street Technology	2025
COGNITIVE DECLINE	Alzheimer's Deaths, Santa Clara County	Age-adjusted mortality per 100,000 Population	Santa Clara County Public Health Department	2019-2023
COGNITIVE DECLINE	Leading Causes of Death, Alzheimer's Disease	Rank within county	California Department of Public Health, 2024 Death Statistics File.	2024
COMMUNIC[41] DISEASES	COVID-19 Case Rate, Santa Clara County	New case rate per 100,000 population	Santa Clara County Public Health Department	2023
COMMUNICABLE DISEASES	COVID-19 Death Rate, Santa Clara County	Age-adjusted rate per 100,000 population	Santa Clara County Public Health Department	2023
COMMUNIC DISEASES	Flu Vaccinations	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	Centers for Medicare & Medicaid Services, Mapping Medicare Disparities Tool	2020
COMMUNIC DISEASES	Influenza and Pneumonia Among	Rank within county	California Department of Public Health, 2024 Death Statistics File	2022

[41] COMMUNIC stands for communicable.

Category	Indicator	Description	Source	Year(s)
	Leading Causes of Death			
COMMUNIC DISEASES	Kindergarteners with All Required Immunizations	Percentage of Kindergarteners with All Required Immunizations	California Dept. of Public Health, Immunization Branch, Reporting Data for Kindergarten and 7th Grade, as cited by KidsData.org	2020
COMMUNIC DISEASES	Tuberculosis Case Rate and Rank	Tuberculosis Cases, Rates per 100,000 Population (age-adjusted), and Rank	California Department of Public Health, Tuberculosis Control Branch	2022
COMMUNITY & FAMILY SAFETY	Assault (Homicide) Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File	2022
COMMUNITY & FAMILY SAFETY	Assault ED Visits, Hospitalizations, Deaths (Homicide)	Rates per 100,000 Population, age-adjusted	Santa Clara County Public Health Department	2017–2021
COMMUNITY & FAMILY SAFETY	Children Ages 0-21 in Foster Care	Percentage of Children Ages 0-21 in Foster Care	California Child Welfare Indicators Project, CCWIP Reports, University of California at Berkeley & California Dept. of Social Services; California Dept. of Finance, Population Estimates and Projections, as cited by KidsData.org	2024
COMMUNITY & FAMILY SAFETY	Domestic Violence-Related Calls for Assistance, Adults	Domestic Violence-Related Calls for Assistance per 1,000 Adults Ages 18-69	California Dept. of Justice Criminal Justice Statistics Center, Domestic Violence-Related Calls for Assistance & California Dept. of Finance, Population Estimates and Projections, as cited by KidsData.org	2020
COMMUNITY & FAMILY SAFETY	Felony Arrests among Juveniles Ages 10-17	Felony Arrests per 1,000 Juveniles Ages 10-17	California Dept. of Justice, Crime Statistics: Arrests; California Dept. of Finance, Population Estimates and Projections, as cited by KidsData.org	2020
COMMUNITY & FAMILY SAFETY	Firearm-Related Deaths	Number of deaths due to firearms per 100,000 population, age-adjusted	National Center for Health Statistics - Mortality Files, as cited by County Health Rankings	2016–2020
COMMUNITY & FAMILY SAFETY	Firearm-Related Deaths, Santa Clara County	Number of deaths due to firearms per 100,000 population, age-adjusted	Santa Clara County Public Health Department	2019–2023

Category	Indicator	Description	Source	Year(s)
COMMUNITY & FAMILY SAFETY	Foster Care - Length of Stay	Median Length of Stay (Months) in Foster Care among Children Ages 0-17 Entering Foster Care	California Child Welfare Indicators Project, CCWIP Reports, University of California at Berkeley & California Dept. of Social Services	2022
COMMUNITY & FAMILY SAFETY	Homicide	Age-adjusted mortality per 100,000 Population	Santa Clara County Public Health Department	2019–2023
COMMUNITY & FAMILY SAFETY	Homicide Rate	Age-adjusted death rate per 100,000 population due to homicides	San Mateo County Health All Together Better platform	2018–2020
COMMUNITY & FAMILY SAFETY	Homicides	Number of deaths due to homicide per 100,000 population, age adjusted	National Center for Health Statistics - Mortality Files	2014–2020
COMMUNITY & FAMILY SAFETY	Juvenile Arrests	Rate of delinquency cases per 1,000 juveniles	Easy Access to State and County Juvenile Court Case Counts, as cited by Community Health Rankings	2019
COMMUNITY & FAMILY SAFETY	Student Gang Affiliation	Percentage of Students Who Consider Themselves Gang Members (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS, California Dept. of Education, as cited by KidsData.org	2017–2019
COMMUNITY & FAMILY SAFETY	Students Bullied or Harassed at School	Percentage of Students Bullied or Harassed at School in the Previous Year (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS, California Dept. of Education, as cited by KidsData.org	2017–2019
COMMUNITY & FAMILY SAFETY	Students Bullied or Harassed at School because of Race/Ethnicity or National Origin	Percentage of Students who were bullied or harassed at school in the previous year on the basis of their race/ethnicity or national origin, by race/ethnicity and number of occasions (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS, California Dept. of Education, as cited by KidsData.org	2017–2019
COMMUNITY & FAMILY SAFETY	Students Cyberbullied	Percentage of Students Cyberbullied 4 or More Times in the Previous Year (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS, California Dept. of Education, as cited by KidsData.org	2017–2019
COMMUNITY & FAMILY SAFETY	Students Fear Being Beaten Up at School	Percentage of Students Who Feared Being Beaten Up at School on 4 or More Occasions in the Previous Year (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS, California Dept. of Education, as cited by KidsData.org	2017–2019

Category	Indicator	Description	Source	Year(s)
COMMUNITY & FAMILY SAFETY	Students Who Feel Very Unsafe at School	Percentage of Students Who Feel Very Unsafe at School (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS, California Dept. of Education, as cited by KidsData.org	2017–2019
COMMUNITY & FAMILY SAFETY	Substantiated Cases of Child Abuse or Neglect	Percentage of Children Ages 0-17 with Substantiated Cases of Abuse or Neglect	California Child Welfare Indicators Project, CCWIP Reports, University of California at Berkeley & California Dept. of Social Services	2020
COMMUNITY & FAMILY SAFETY	Violent Crime Rate	Number of reported violent crime offenses per 100,000 population	Uniform Crime Reporting – FBI, as cited by County Health Rankings	2007–2016
DEMOGS[42]	Birth Rate Trend	Births per 1,000 people	California Dept. of Finance, analysis by Silicon Valley Institute for Regional Studies	2023
DEMOGS	Kids Ages 0-17 Living in LEP Households	Percentage of Children Ages 0-17 living in limited English-speaking households	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata, as cited by KidsData.org	2022
DEMOGS	Percent Not Proficient in English	Percentage of population aged 5 and over who reported speaking English less than “well"	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
DEMOGS	Percent of Population by Age 65 and Older	Percentage of population ages 0-18, 65 and older	Census Population Estimates	2021
DEMOGS	Percent of Population by Gender	Percentage of population by gender	Census Population Estimates	2021
DEMOGS	Percent of Population by Race	Percentage of population self-identifying as American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Black, or White	Census Population Estimates	2021
DEMOGS	Percent of Population, Hispanic	Percentage of population self-identifying as Hispanic	Census Population Estimates	2021
DEMOGS	Percent Rural	Percentage of population living in a rural area	Census Population Estimates	2010
DEMOGS	Population	Resident population	Census Population Estimates	2021

[42] DEMOGS stands for demographics.

Category	Indicator	Description	Source	Year(s)
DIABETES & OBESITY	Adult Obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2020
DIABETES & OBESITY	Diabetes Deaths, Santa Clara County	Diabetes age-adjusted death rate per 100,000 population	Santa Clara County Public Health Department	2019–2023
DIABETES & OBESITY	Diabetes ED Visits, Hospitalizations, Deaths	Age-Adjusted Rate per 100,000. Regex codes: E0[8,9]|E1[0,1,3]|O24	Santa Clara County Public Health Department, Deaths: 2019–2023 ED Visits, Hospitalizations: 2017–2021	See Source column
DIABETES & OBESITY	Diabetes Mellitus Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File	2022
DIABETES & OBESITY	Diabetes Prevalence	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2020
DIABETES & OBESITY	Share of Hospitalizations among Children Ages 0-17 for Diabetes	Share of hospitalizations among children ages 0-17 for Diabetes	California Dept. of Health Care Access & Information custom tabulation, as cited on KidsData.org	2020
ECONOMIC STABILITY	Annual Cost of Childcare in a Childcare Center	Annual Cost of Childcare for Infants Ages 0-2, Children Ages 3-5 in a Childcare Center	California Child Care Resource and Referral Network, California Child Care Portfolio, as cited on KidsData.org	2021
ECONOMIC STABILITY	Broadband Access	Percentage of households with broadband internet connection	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECONOMIC STABILITY	Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income in U.S. dollars	The Living Wage Calculator; U.S. Census Bureau, Small Area Income and Poverty Estimates	2022 & 2021
ECONOMIC STABILITY	Child Poverty by Race	Percentage of households, with children, below the Federal Poverty Limit, by race of head of household	U.S. Department of Commerce, Bureau of Economic Analysis | Analysis: Silicon Valley Institute for Regional Studies	2022
ECONOMIC STABILITY	Children Ages 0-17 without Secure Parental Employment	Percentage of Children Ages 0-17 without Secure Parental Employment	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata, as cited on KidsData.org	2022
ECONOMIC STABILITY	Children in Poverty	Percentage of people under age 18 in poverty	United States Census Bureau, Small Area Income and Poverty Estimates	2021
ECONOMIC STABILITY	Children in Single-Parent Households	Percentage of children that live in a household headed by a single parent	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021

Category	Indicator	Description	Source	Year(s)
ECONOMIC STABILITY	Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECONOMIC STABILITY	Females in Tech	Female Share of Employees in SV's Largest Tech Companies	Individual company EEO-1 Consolidated Reports; United States Census Bureau, American Community Survey | Analysis: Silicon Valley Institute for Regional Studies, as cited by Silicon Valley Index 2024	2022
ECONOMIC STABILITY	Financial Stability Grade	Grade of A to F (based on 7 measures) Financial Stability for Silicon Valley Latinos	Hispanic Foundation of Silicon Valley, 2023 Silicon Valley Latino Report Card Survey	2022–2023
ECONOMIC STABILITY	Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar"	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECONOMIC STABILITY	Going without healthcare - Latinos	Percentage of Silicon Valley Latinos vs. non-Latinos going without healthcare in past year. Also, percent change since 2018 (points).	Hispanic Foundation of Silicon Valley, 2023 Silicon Valley Latino Report Card Survey	2023
ECONOMIC STABILITY	Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECONOMIC STABILITY	Kids in Working Families for Whom Licensed Childcare is Available	Percentage of Children Ages 0-12 in Working Families for Whom Licensed Childcare is Available	California Child Care Resource and Referral Network, California Child Care Portfolio; U.S. Census Bureau, American Community Survey public usemicrodata, as cited by KidsData.org	2021
ECONOMIC STABILITY	Median Household Income	The income, in U.S. dollars, where half of households in a county earn more and half of households earn less	United States Census Bureau, Small Area Income and Poverty Estimates	2021
ECONOMIC STABILITY	Meeting Costs of Living	Percent of Bay Area residents who can consistently afford to pay their monthly expenses	Joint Venture Silicon Valley, 2023 Silicon Valley Poll	2023
ECONOMIC STABILITY	Per Capita Personal Income by Educational Attainment, Silicon Valley	Individual Median Income, in U.S. Dollars, by Educational Attainment	United States Census Bureau, American Community Survey with analysis by Silicon Valley Institute for Regional Studies	2022

Category	Indicator	Description	Source	Year(s)
ECONOMIC STABILITY	Per Capita Personal Income, Silicon Valley	In U.S. dollars, sum of wage and salary disbursements (including stock options), supplements to wages and salaries, proprietors' income, dividends, interest, rental income, and personal current transfer receipts, less contributions for government social insurance	United States Department of Commerce, Bureau of Economic Analysis | Analysis: Silicon Valley Institute for Regional Studies	2022
ECONOMIC STABILITY	Percent change in household earning $100k or more - Latinos	Percent change in households earning $100k or more – Latinos -- between 2016–2021	Hispanic Foundation of Silicon Valley, 2023 Silicon Valley Latino Report Card	2016 & 2021
ECONOMIC STABILITY	Population Dependency Ratio	Proportion of the non-working or economically dependent population (ages <15, 65+) to the working-age population (ages 16-64). Silicon Valley	Joint Venture Silicon Valley, Silicon Valley Index 2024	2022
ECONOMIC STABILITY	Population Dependency Ratio Trend	Proportion of the non-working or economically dependent population (ages <15, 65+) to the working-age population (ages 16-64) in Silicon Valley	United States Census Bureau, American Community Survey with analysis by Silicon Valley Institute for Regional Studies	2022
ECONOMIC STABILITY	Real Cost Measure	Funds, in U.S. dollars, needed to afford the cost of living based on the cost of housing, childcare, food, health care, transportation, taxes and other miscellaneous things	United Ways of California, Real Cost Measure Interactive Data Dashboard. Retrieved July 2024, United Way	2023
ECONOMIC STABILITY	Share of Employees in Silicon Valley's Largest Tech Companies by Race/Ethnicity	Share of Employees in Silicon Valley's Largest Tech Companies by Race/Ethnicity	United States Census Bureau, American Community Survey with analysis by Silicon Valley Institute for Regional Studies	2022
ECONOMIC STABILITY	Unemployment	Percentage of population ages 16 and older unemployed but seeking work	U.S. Bureau of Labor Statistics	2025
ECONOMIC STABILITY: FOOD	Children Ages 0-17 Living in Food Insecure Households	Percentage of Children Ages 0-17 Living in Food Insecure Households	USDA Food Environment Atlas; Map the Meal Gap from Feeding America, as cited on KidsData.org	2019
ECONOMIC STABILITY: FOOD	Children Eligible for Free or Reduced-Price Lunch+	Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch	National Center for Education Statistics	2020–2021
ECONOMIC STABILITY: FOOD	Food Insecurity	Percentage of population who lack adequate access to food	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2020

Category	Indicator	Description	Source	Year(s)
ECONOMIC STABILITY: FOOD	Going without food - Latinos	Percentage of Latinos vs. non-Latinos going without food at any time in the past year, in Silicon Valley. Also, percent change since 2018 (points). S	Hispanic Foundation of Silicon Valley, 2023 Silicon Valley Latino Report Card Survey	2023
EDUCATION	Child Care Centers	Number of child care centers per 1,000 population under 5 years old	U.S. Dept. of Homeland Security, Geospatial Management Office, Homeland Infrastructure Foundation-Level Data, as cited by County Health Rankings	2010–2022
EDUCATION	College Educated, Latino	Percentage of Latinos vs. non-Latinos in Silicon Valley with B.A. or Higher	Hispanic Foundation of Silicon Valley, 2023 Silicon Valley Latino Report Card Survey	2022–2023
EDUCATION	Education grade	Grade of A to F (based on 7 measures) for Education among Silicon Valley Latinos	Hispanic Foundation of Silicon Valley, 2023 Silicon Valley Latino Report Card Survey	2022–2023
EDUCATION	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
EDUCATION	High School Graduates Completing College Preparatory Courses	Percentage of High School Graduates Completing College Preparatory Courses	California Dept. of Education, Adjusted Cohort Graduation Rate and Outcome Data, as cited by KidsData.org	2019
EDUCATION	High School Graduation+	Percentage of ninth-grade cohort that graduates in four years	U.S. Department of Education, EDFacts	2019–2020
EDUCATION	Math Scores	Average grade level performance for 3rd graders on math standardized tests	Stanford University, Stanford Education Data Archive	2018
EDUCATION	Ratio of Students to School Counselors	Ratio of Students to School Counselors	California Dept. of Education, Staff Assignment and Course Data & DataQuest, as cited by KidsData.org	2019
EDUCATION	Reading Scores	Average grade level performance for 3rd graders on English Language Arts standardized tests	Stanford University, Stanford Education Data Archive	2018
EDUCATION	School Funding Adequacy	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.	Albert Shanker Institute, University of Miami School of Education and Human Development, and the Rutgers University Graduate School of Education: School Finance Indicators Database	2020

Category	Indicator	Description	Source	Year(s)
EDUCATION	School Segregation	The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.	National Center for Education Statistics	2021–2022
EDUCATION	Some College	Percentage of adults ages 25-44 with some post-secondary education	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
EDUCATION	Students Meeting English Language Standards	Percentage of 11th Graders Meeting or Exceeding Grade-Level CAASPP Standard in English Language Arts	California Dept. of Education, Test Results for California's Assessments, as cited by KidsData.org	2021
EDUCATION	Students Meeting Math Standards	Percentage of 11th Graders Meeting or Exceeding Grade-Level CAASPP Standard in Mathematics	California Dept. of Education, Test Results for California's Assessments, as cited by KidsData.org	2021
EDUCATION	Students Not Completing High School	Percentage of Students Not Completing High School	California Dept. of Education, Dropouts by Race and Gender & Adjusted Cohort Graduation Rate and Outcome Data, as cited by KidsData.org	2021
EDUCATION	Students with a Low Level of Meaningful Participation at School	Percentage of Students with a Low Level of Meaningful Participation at School (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS, California Dept. of Education, as cited by KidsData.org	2017–2019
EDUCATION	Students with a Low Level of School Connectedness	Percentage of Students with a Low Level of School Connectedness (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS, California Dept. of Education, as cited by KidsData.org	2017–2019
EDUCATION	Tech Barriers to Education, Latino	Percentage who report that technology was a barrier to children's education during pandemic, Silicon Valley Latinos vs. non-Latinos	Hispanic Foundation of Silicon Valley, 2023 Silicon Valley Latino Report Card Survey	2022–2023
GENERAL HEALTH,	All-Cause Mortality	Age-adjusted mortality for all causes per 100,000 Population	Santa Clara County Public Health Department, California Integrated Vital	2019–2023

Category	Indicator	Description	Source	Year(s)
LIFE, MORTALITY			Records System (Cal-IVRS), California Comprehensive Death Files	
GENERAL HEALTH, LIFE, MORTALITY	Child Mortality	Number of deaths among residents under age 18 per 100,000 population	National Center for Health Statistics - Mortality Files	2017–2020
GENERAL HEALTH, LIFE, MORTALITY	Child/Youth Mortality (Ages 1-24)	Deaths per 100,000 Among Children and Youth Ages 1-24	California Dept. of Public Health, Death Statistical Master Files; California Dept. of Finance, Population Estimates and Projections; CDC WONDER Online Database, Underlying Cause of Death	2020
GENERAL HEALTH, LIFE, MORTALITY	Deaths (all causes)	Age-adjusted mortality for all causes per 100,000 Population	Santa Clara County Public Health Department	2019–2023
GENERAL HEALTH, LIFE, MORTALITY	Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2020
GENERAL HEALTH, LIFE, MORTALITY	Health Grade	Grade of A to F (based on 11 measures) for Health for Silicon Valley Latinos	Hispanic Foundation of Silicon Valley, 2023 Silicon Valley Latino Report Card Survey	2022–2023
GENERAL HEALTH, LIFE, MORTALITY	Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2020
GENERAL HEALTH, LIFE, MORTALITY	Life Expectancy	Average number of years a person can expect to live	National Center for Health Statistics - Mortality Files, as cited by County Health Rankings	2018–2020
GENERAL HEALTH, LIFE, MORTALITY	Life Expectancy	The average number of years that a newborn could expect to live, if he or she were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of his or her birth, for a specific year, in a given country, territory, or geographic area.	Santa Clara County Public Health Department, California Integrated Vital Records System (CalIVRS), California Comprehensive Death Files	2019–2023

Category	Indicator	Description	Source	Year(s)
GENERAL HEALTH, LIFE, MORTALITY	Mortality Rates and Rank, California and by County	Mortality counts and age-adjusted rates per 100,000, ranked	California Dept. of Public Health, Death Statistical Master Files.	2022
GENERAL HEALTH, LIFE, MORTALITY	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2020
GENERAL HEALTH, LIFE, MORTALITY	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2020
GENERAL HEALTH, LIFE, MORTALITY	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	National Center for Health Statistics - Mortality Files, as cited by County Health Rankings	2018–2020
GENERAL HEALTH, LIFE, MORTALITY	Premature Mortality	Number of deaths among residents under age 75 per 100,000 population (age-adjusted)	National Center for Health Statistics - Mortality Files	2018–2020
GENERAL HEALTH, LIFE, MORTALITY	Total Population	Total population of each county	U.S. Census Bureau, American Community Survey 5-year Estimates	2017–2021
HEALTHCARE ACCESS & DELIVERY	Access as Ranked Concern (out of 10) for San Mateo County Seniors	Rank of topic, “Learning about services and benefits for older adults”	County of San Mateo Health System, New Beginning Coalition	2019
HEALTHCARE ACCESS & DELIVERY	Children Ages 0-18 with Health Insurance Coverage	Percentage of Children Ages 0-18 with Health Insurance Coverage	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata, as cited on KidsData.org	2021
HEALTHCARE ACCESS & DELIVERY	Children in Limited English Households	Percent of Children Living in Limited English-Speaking Households	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata, as cited on KidsData.org	2021

Category	Indicator	Description	Source	Year(s)
HEALTHCARE ACCESS & DELIVERY	Health Provider Shortage Areas: Primary Care	Designated Healthy Provider Shortage Areas within County	U.S. Department of Health & Human Services, Health Resources and Services Administration	2022
HEALTHCARE ACCESS & DELIVERY	Healthcare Quality	Percentage feeling that their race/ethnicity impacted quality of healthcare they received - Latino vs. non-Latino, Silicon Valley	Hispanic Foundation of Silicon Valley, 2023 Silicon Valley Latino Report Card Survey	2022–2023
HEALTHCARE ACCESS & DELIVERY	Limited English Proficiency by ZIP Code	Map of Zip Codes Where the Proportion of Residents is More or Less than 20% of the California Benchmark	Center for Community Health & Evaluation, Kaiser Permanente Community Health Data Platform	2021
HEALTHCARE ACCESS & DELIVERY	Non-Physician Primary Care Providers Ratio	Ratio of population to primary care providers other than physicians	Centers for Medicare & Medicaid Services, National Provider Identification	2022
HEALTHCARE ACCESS & DELIVERY	Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	Centers for Medicare & Medicaid Services, Mapping Medicare Disparities Tool, as cited by County Health Rankings	2020
HEALTHCARE ACCESS & DELIVERY	Primary Care Physicians	Ratio of population to primary care physicians	U.S. Dept. of Health & Human Services, Health Resources & Services Administration, Area Health Resource File/American Medical Association	2020
HEALTHCARE ACCESS & DELIVERY	Ratio of Students to School Nurses	Ratio of Students to School Nurses	California Dept. of Education, Staff Assignment and Course Data & DataQuest, as cited on KidsData.org	2019
HEALTHCARE ACCESS & DELIVERY	Ratio of Students to School Speech/Language/Hearing Specialists	Ratio of Students to School Speech/Language/ Hearing Specialists	California Dept. of Education, Staff Assignment and Course Data & DataQuest, as cited on KidsData.org	2019
HEALTHCARE ACCESS & DELIVERY	Uninsured	Percentage of population under age 65 without health insurance	U.S. Census Bureau, Small Area Health Insurance Estimates	2020
HEALTHCARE ACCESS & DELIVERY	Uninsured Adults	Percentage of adults under age 65 without health insurance	U.S. Census Bureau, Small Area Health Insurance Estimates	2020
HEALTHCARE ACCESS & DELIVERY	Uninsured Children	Percentage of children under age 19 without health insurance	U.S. Census Bureau, Small Area Health Insurance Estimates	2020

Category	Indicator	Description	Source	Year(s)
HEALTHCARE ACCESS: ORAL HEALTH	Dentists	Ratio of population to dentists	U.S. Dept. of Health & Human Services, Health Resources & Services Administration, Area Health Resource File/National Provider Identifier Downloadable File	2021
HEALTHCARE ACCESS: ORAL HEALTH	Health Provider Shortage Areas: Dental Health	Designated Healthy Provider Shortage Areas within County	U.S. Department of Health & Human Services, Health Resources and Services Administration	2022
HEALTHY LIFESTYLES	Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity	ArcGIS Business Analyst and Living Atlas of the World; YMCA; U.S. Census TIGER/Line Shapefiles	2022 & 2020
HEALTHY LIFESTYLES	Food Environment Index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2019 & 2020
HEALTHY LIFESTYLES	Lack of Physical Activity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2020
HEALTHY LIFESTYLES	Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store	USDA Food Environment Atlas	2019
HEALTHY LIFESTYLES	Students Meeting All Fitness Standards	Percentage of 5th Graders Meeting All Fitness Standards	California Dept. of Education, Physical Fitness Testing Research Files	2019
HEALTHY LIFESTYLES	Students Meeting All Fitness Standards	Percentage of Students Meeting All Fitness Standards (7th Graders, 9th Graders)	California Dept. of Education, Physical Fitness Testing Research Files	2020
HEALTHY LIFESTYLES	Students Who Did Not Eat Breakfast in the Previous Day	Percentage of Students Who Did Not Eat Breakfast in the Previous Day (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS, California Dept. of Education, as cited by KidsData.org	2017–2019
HEALTHY LIFESTYLES	Sufficient Fruit and Vegetable Consumption, Children Ages 12-17	Percentage of Children Ages 2-11, 12-17 Who Ate 5 or More Servings of Fruits and Vegetables in the Previous Day	UCLA Center for Health Policy Research, California Health Interview Survey, as cited on KidsData.org	2017–2018
HEART DISEASE/ STROKE	Cardiac Dysrhythmia Heart Disease Deaths, Santa Clara County	Mortality age-adjusted rates per 100,000	Santa Clara County Public Health Department	2019–2023

Category	Indicator	Description	Source	Year(s)
HEART DISEASE/ STROKE	Cardiovascular Disease Deaths, Santa Clara County	Mortality age-adjusted rates per 100,000	Santa Clara County Public Health Department	2019–2023
HEART DISEASE/ STROKE	Coronary Heart Disease Deaths, Santa Clara County	Mortality age-adjusted rates per 100,000	Santa Clara County Public Health Department	2019–2023
HEART DISEASE/ STROKE	Heart Attack Deaths, Santa Clara County	Mortality age-adjusted rates per 100,000	Santa Clara County Public Health Department	2019–2023
HEART DISEASE/ STROKE	Heart Disease Deaths, Santa Clara County	Mortality age-adjusted rates per 100,000	Santa Clara County Public Health Department	2019–2023
HEART DISEASE/ STROKE	Heart Failure Deaths, Santa Clara County	Mortality age-adjusted rates per 100,000	Santa Clara County Public Health Department	2019–2023
HEART DISEASE/ STROKE	High Blood Pressure Prevalence	Percent (Crude Prevalence) of Population with High Blood Pressure	CDC Interactive Atlas of Heart Disease and Stroke (BRFSS)	2021
HEART DISEASE/ STROKE	High Blood Pressure Prevalence	Percentage of adults 18 years and older who reported ever having been told by a doctor, nurse, or other health professional more than once that they have hypertension or high blood pressure.	San Mateo County Health All Together Better Platform	2022
HEART DISEASE/ STROKE	Hypertension Deaths, Santa Clara County	Age-adjusted mortality per 100,000 Population	Santa Clara County Public Health Department	2019–2023
HEART DISEASE/ STROKE	Hypertension, San Mateo County	Age-adjusted ED visit rate and hospitalization rate due to hypertension, or high blood pressure, per 10,000 population aged 18 years and older. Cases with kidney disease combined with dialysis access procedure, and cases with a cardiac procedure are excluded.	San Mateo County Health All Together Better Platform	2018–2020
HEART DISEASE/ STROKE	Ischemic Stroke Disease Deaths, Santa Clara County	Mortality age-adjusted rates per 100,000	Santa Clara County Public Health Department	2019–2023

Category	Indicator	Description	Source	Year(s)
HEART DISEASE/ STROKE	Leading Causes Of Death, Cerebrovascular Diseases	Number and age-adjusted mortality rate per 100,000	California Department of Public Health, 2024 Death Statistics File.	2020–2022
HEART DISEASE/ STROKE	Leading Causes of Death, Cerebrovascular Diseases	Rank within county	California Department of Public Health, 2024 Death Statistics File.	2022
HEART DISEASE/ STROKE	Leading Causes Of Death, Diseases Of Heart	Number and age-adjusted mortality rate per 100,000	California Department of Public Health, 2024 Death Statistics File.	2020–2022
HEART DISEASE/ STROKE	Leading Causes of Death, Diseases of Heart	Rank within county	California Department of Public Health, 2024 Death Statistics File.	2022
HEART DISEASE/ STROKE	Leading Causes Of Death, Essential Hypertension and Hypertensive Renal Disease	Number and age-adjusted mortality rate per 100,000	California Department of Public Health, 2024 Death Statistics File.	2020–2022
HEART DISEASE/ STROKE	Stroke Deaths, Santa Clara County	Mortality age-adjusted rates per 100,000	Santa Clara County Public Health Department	2019–2023
HOUSING	Apartment rental cost	Funds needed to rent a 2-bedroom apartment (U.S. Dollars)	Zillow Real Estate Research, analysis by Silicon Valley Institute for Regional Studies	2024
HOUSING	Average home value, San José Area	Mean value of home in U.S. dollars	National Association of Realtors (NAR)	2024
HOUSING	Children Ages 0-17 Living in Crowded Households	Percentage of Children Ages 0-17 Living in Crowded Households	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata, as cited by KidsData.org	2022
HOUSING	Going without housing - Latinos	In the past year, percentage of Latinos vs. non-Latinos in Silicon Valley going without housing at any time. Also, percent change since 2018 (points).	Hispanic Foundation of Silicon Valley, 2023 Silicon Valley Latino Report Card Survey	2023
HOUSING	Homelessness, San Mateo County	Point-in-time count of homeless individuals, sheltered and unsheltered, with demographics (e.g. race and age)	San Mateo County Homelessness Dashboard	2024

Category	Indicator	Description	Source	Year(s)
HOUSING	Homelessness, Santa Clara County	Point-in-time count of homeless individuals, sheltered and unsheltered, with demographics (e.g. race and age)	County of Santa Clara Point-in-Time Report on Homelessness, Census and Survey Results	2023
HOUSING	Homeownership	Percentage of owner-occupied housing units	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
HOUSING	Homeownership - Latino	Percent of population who are homeowners, Latino vs. non-Latino, Silicon Valley	Hispanic Foundation of Silicon Valley, 2023 Silicon Valley Latino Report Card Survey	2022–2023
HOUSING	Homeownership Affordability	Annual income (U.S. dollars) needed to afford to buy a home, San José area	National Association of Realtors (NAR)	2024
HOUSING	Household Income Inequality	Absolute Gini Coefficients of Income Inequality. The standard Gini coefficient measures relative income inequality, indexed between zero and one. The absolute Gini coefficient normalizes the standard coefficient by average income.	United States Census Bureau, American Community Survey with analysis by Silicon Valley Institute for Regional Studies	2022
HOUSING	Housing Affordability	Least affordability housing, ranking among U.S. areas	National Association of Realtors (NAR)	2024
HOUSING	Housing Grade	Grade of A to F (based on 5 measures) for Housing for Silicon Valley Latinos	Hispanic Foundation of Silicon Valley, 2023 Silicon Valley Latino Report Card Survey	2022–2023
HOUSING	Housing Quality	Percent of Latinos vs. non-Latinos who feel like their race/ethnicity has impacted the quality or availability of housing in the county where they currently live, Silicon Valley	Hispanic Foundation of Silicon Valley, 2023 Silicon Valley Latino Report Card Survey	2023
HOUSING	Point-in-Time Count of Homeless Children Ages 0-17	Point-in-Time Count of Homeless Children Ages 0-17 (multiple counties and California)	U.S. Dept. of Housing and Urban Development, Point-In-Time Estimates of Homelessness in the U.S., as cited in KidsData.org	2022
HOUSING	Point-in-Time Count of Homeless Youth Ages 18–24	Point-in-Time Count of Homeless Youth Ages 18–24 (multiple counties and California)	U.S. Dept. of Housing and Urban Development, Point-In-Time Estimates of Homelessness in the U.S., as cited in KidsData.org	2022
HOUSING	Point-in-Time Count of Unsheltered Homeless Children Ages 0-17	Point-in-Time Count of Unsheltered Homeless Children (multiple counties and	U.S. Dept. of Housing and Urban Development, Point-In- Time Estimates	2022

Category	Indicator	Description	Source	Year(s)
		California)Ages 0-17 (multiple counties and California)	of Homelessness in the U.S., as cited in KidsData.org	
HOUSING	Point-in-Time Count of Unsheltered Homeless Youth Ages 18–24	Point-in-Time Count of Unsheltered Homeless Youth Ages 18–24 (multiple counties and California)	U.S. Dept. of Housing and Urban Development, Point-In-Time Estimates of Homelessness in the U.S., as cited in KidsData.org	2022
HOUSING	Rent-Burdened	Percent of residents who are rent-burdened, including severely rent-burdened (by race, socioeconomic status)	California Housing Partnership	2022
HOUSING	Residential Segregation	Index of dissimilarity where higher values indicate greater residential segregation between Black and white county residents	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
HOUSING	Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
HOUSING	Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	U.S. Department of Housing & Urban Development, Comprehensive Housing Affordability Strategy (CHAS) data	2015–2019
HOUSING	Students Recorded as Homeless at Some Point during the School Year	Number and percentage of Students Recorded as Homeless at Some Point during the School Year	California Dept. of Education, Coordinated School Health and Safety Office custom tabulation & DataQuest, as cited by KidsData.org	2021
MATERNAL/ INFANT HEALTH	Babies Breastfed in Hospital	Percentage of Babies Breastfed in Hospital	California Dept. of Public Health, In-Hospital Breastfeeding Initiation Data, as cited by KidsData.org	2019
MATERNAL/ INFANT HEALTH	Babies Breastfed in Hospital Exclusively	Percentage of Babies Breastfed Exclusively in Hospital	California Dept. of Public Health, In-Hospital Breastfeeding Initiation Data, as cited by KidsData.org	2019
MATERNAL/ INFANT HEALTH	Early Prenatal Care	Percentage of Babies Born to Mothers Who Received Prenatal Care in the First Trimester	California Dept. of Public Health, California Vital Data (Cal-ViDa) Query Tool and Birth Statistical Master Files, as cited by KidsData.org	2021
MATERNAL/ INFANT HEALTH	Infant Mortality	Number of infant deaths (within 1 year) per 1,000 live births	National Center for Health Statistics - Mortality Files	2014–2020

Category	Indicator	Description	Source	Year(s)
MATERNAL/ INFANT HEALTH	Infant Mortality, Santa Clara County	Number of infant deaths (within 1 year) per 1,000 live births	Santa Clara County Public Health Department	2019–2023
MATERNAL/ INFANT HEALTH	Low Birthweight Babies	Percentage of live births with low birthweight (< 2,500 grams)	National Center for Health Statistics - Natality files, as cited by County Health Rankings	2014–2020
MATERNAL/ INFANT HEALTH	Low Birthweight Babies, Santa Clara County	Percentage of live births with low birthweight (< 2,500 grams)	Santa Clara County Public Health Department	2019–2023
MATERNAL/ INFANT HEALTH	Maternal Mortality by Race, by County	Rate per 10,000 live births. Pregnancy-related death is a death while pregnant or within one year of the end of pregnancy – regardless of the outcome, duration or site of the pregnancy – from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.	California Department of Public Health, The California Pregnancy Mortality Surveillance System (CA-PMSS)	2021
MATERNAL/ INFANT HEALTH	Maternal Mortality by Race, Silicon Valley	Rate per 100,000 live births	Latoya Hill, et. al. Kaiser Family Foundation, “Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them”, as cited by Silicon Valley Index 2024	1999–2020
MATERNAL/ INFANT HEALTH	Premature Birth Rate, Santa Clara County	Number of births less 37 weeks gestational age divided by total number of births	Santa Clara County Public Health Department	2019–2023
MATERNAL/ INFANT HEALTH	Severe Maternal Morbidity (SMM)	Rate of SMM events per 10,000 labor hospitalizations among females, aged 12 to 55 years, by race	California Department of Public Health, The California Pregnancy Mortality Surveillance System (CA-PMSS)	2021
MATERNAL/ INFANT HEALTH	Teen Births	Number of births per 1,000 female population ages 15-19	California Dept. of Public Health, Birth Statistical Master Files; CDC WONDER, Natality; California Dept. of Finance, Population Estimates and Projections, as cited by KidsData.org	2021
MATERNAL/ INFANT HEALTH	Teen Births	Number of births per 1,000 female population ages 15-19	National Center for Health Statistics - Natality files, as cited by County Health Rankings	2016–2022

Category	Indicator	Description	Source	Year(s)
RESPIR HEALTH[43]	Adult Asthma ED Visits and Hospitalizations, San Mateo County	ED and Hospitalization Rates per 10,000 population 18 years and older. Asthma cases with a secondary diagnosis of cystic fibrosis or other respiratory anomalies are excluded.	San Mateo County Health All Together Better platform	2022
RESPIR HEALTH	Asthma Deaths (by Age), Santa Clara County	Age-adjusted mortality rate per 100,000. ICD_10 Codes: J45[2-5][0-2]|J459	Santa Clara County Public Health Department	2017–2021
RESPIR HEALTH	Asthma Hospitalizations Among Children Ages 0-4	Asthma Hospitalizations per 10,000 Children Ages 0-4	California Breathing, tabulation of data from the California Dept. of Health Care Access and Information, as cited on KidsData.org	2021
RESPIR HEALTH	Asthma Hospitalizations Among Children Ages 5-17	Asthma Hospitalizations per 10,000 Children Ages 5-17	California Breathing, tabulation of data from the California Dept. of Health Care Access and Information, as cited on KidsData.org	2021
RESPIR HEALTH	Asthma Hospitalizations, Children, San Mateo County	Age-adjusted emergency room visit rate due to asthma per 10,000 population aged under 18 years. Asthma cases with a secondary diagnosis of cystic fibrosis or other respiratory anomalies are excluded.	San Mateo County Health All Together Better platform	2018–2020
RESPIR HEALTH	Asthma/Bronchitis as Reason for Child Hospitalization	Based on percentage of hospital discharges among children ages 0-17 for the 11 most common primary diagnoses, excluding childbirth	California Dept. of Health Care Access and Information custom tabulation, as cited on KidsData.org	2020
RESPIR HEALTH	Children Ages 1-17 Ever Diagnosed with Asthma	Percentage of Children Ages 1-17 Ever Diagnosed with Asthma	UCLA Center for Health Policy Research, California Health Interview Survey, as cited on KidsData.org	2019–2020
RESPIR HEALTH	Chronic Lower Respiratory Diseases Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File	2022
RESPIR HEALTH	COPD ED Visits, Hospitalizations	ER and Hospitalization Rates per 10,000 population 18 years and older, age-adjusted	Santa Clara County Public Health Department	2017–2021

[43] RESPIR stands for respiratory.

Category	Indicator	Description	Source	Year(s)
SEXUAL HEALTH	Chlamydia Incidence	Number of newly diagnosed chlamydia cases per 100,000 population, age-adjusted	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2020
SEXUAL HEALTH	Chlamydia Incidence among Youth Ages 10-19	Chlamydia Incidence per 100,000 Youth Ages 10-19	California Dept. of Public Health, Sexually Transmitted Diseases Control Branch custom tabulation; Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance; U.S. Census Bureau, National Population by Characteristics & National Intercensal Tables, as cited by KidsData.org	2020
SEXUAL HEALTH	Chlamydia Rate	Chlamydia Incidence per 100,000	Santa Clara County Public Health Department	2022
SEXUAL HEALTH	Gonorrhea Incidence among Youth Ages 15-19	Gonorrhea Incidence per 100,000 Youth Ages 10-19	California Dept. of Public Health, Sexually Transmitted Diseases Control Branch custom tabulation; Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance; U.S. Census Bureau, National Population by Characteristics & National Intercensal Tables, as cited by KidsData.org	2020
SEXUAL HEALTH	Gonorrhea Rate	Number of new cases of gonorrhea per 100,000 population	Santa Clara County Public Health Department	2022
SEXUAL HEALTH	HIV Prevalence+	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population, age-adjusted	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention [CHR]	2020
SEXUAL HEALTH	HIV/AIDS Case Rate	Number of new cases of HIV/AIDS per 100,000 population	Santa Clara County Public Health Department	2022
SEXUAL HEALTH	HIV/AIDS Deaths	Age-adjusted rate per 100,000 of deaths due to Human Immunodeficiency Virus (HIV:ICD-9 042-044 and ICD-10 B20-B24) infection	Santa Clara County Public Health Department	2022

Category	Indicator	Description	Source	Year(s)
UNINTENDED INJURIES/ ACCIDENTS	Burn Injury ED Visits, Kids	Percent of emergency department visits among children ages 0-17 for the 11 most common primary diagnoses	California Dept. of Health Care Access and Information custom tabulation, as cited on KidsData.org	2021
UNINTENDED INJURIES/ ACCIDENTS	Fatalities from Crashes	Number and rate of fatal crashes per 100 vehicle miles driven	Metropolitan Transportation Commission and Association of Bay Area Governments, Vitalsigns.mtc.ca.gov	2022
UNINTENDED INJURIES/ ACCIDENTS	Fracture Injury ED Visits, Kids	Percent of emergency department visits among children ages 0-17 for the 11 most common primary diagnoses	California Dept. of Health Care Access and Information custom tabulation, as cited on KidsData.org	2021
UNINTENDED INJURIES/ ACCIDENTS	High Blood Lead, Children and Youth	Among those tested ages 0-5 and 6–20. High= 4.5-9.49 mcg/dL, Very High=at least 9.5 mcg/dL.	California Dept. of Public Health, Childhood Lead Poisoning Prevention Branch, California Blood Lead Data & California's Progress in Preventing and Managing Childhood Lead Exposure, as cited on KidsData.org	2020
UNINTENDED INJURIES/ ACCIDENTS	High Blood Lead, Children and Youth	Among those tested ages 0-5 and 6–20. High= 4.5-9.49 mcg/dL, Very High=at least 9.5 mcg/dL.	California Dept. of Public Health, Childhood Lead Poisoning Prevention Branch, California Blood Lead Data & California's Progress in Preventing and Managing Childhood Lead Exposure, as cited on KidsData.org	2020
UNINTENDED INJURIES/ ACCIDENTS	Injury Deaths	Number of deaths due to injury per 100,000 population, age-adjusted	National Center for Health Statistics - Mortality Files	2016–2020
UNINTENDED INJURIES/ ACCIDENTS	Motor Vehicle Crash Deaths	Number of motor vehicle crash deaths per 100,000 population, age-adjusted	National Center for Health Statistics - Mortality Files	2014–2020
UNINTENDED INJURIES/ ACCIDENTS	Pedestrian Deaths	Age-Adjusted Rate per 100,000. Regex codes: V1[2-4][3-9]|V19[4-6]|V0[2-4]{1,9}|V092	Santa Clara County Public Health Department	2021–2023
UNINTENDED INJURIES/ ACCIDENTS	Poisoning ED Visits, Kids	Percent of emergency department visits among children ages 0-17 for the 11 most common primary diagnoses	California Dept. of Health Care Access and Information custom tabulation, as cited on KidsData.org	2021
UNINTENDED INJURIES/ ACCIDENTS	Poisoning Hospitalizations, Kids	Share of Hospitalizations among children Ages 0-17 for Poisoning	California Dept. of Health Care Access and Information custom tabulation, as cited on KidsData.org	2020

Category	Indicator	Description	Source	Year(s)
UNINTENDED INJURIES/ ACCIDENTS	Traumatic Injuries Hospitalization, Kids	Share of Hospitalizations among children Ages 0-17 for Traumatic Injuries	California Dept. of Health Care Access and Information custom tabulation, as cited on KidsData.org	2020
UNINTENDED INJURIES/ ACCIDENTS	Traumatic Injury ED Visits, Kids	Percent of emergency department visits among children ages 0-17 for the 11 most common primary diagnoses	California Dept. of Health Care Access and Information custom tabulation, as cited on KidsData.org	2020
UNINTENDED INJURIES/ ACCIDENTS	Unintentional Injuries (Accidents) Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File	2022
UNINTENDED INJURIES/ ACCIDENTS	Unintentional Injury Deaths	Age-adjusted mortality per 100,000 Population	Santa Clara County Public Health Department	2019–2023

ATTACHMENT 3. COMMUNITY ASSETS AND RESOURCES

Programs and resources available to meet identified community health needs are listed on the following pages, organized in two categories:

- **Assets.** Includes alliances, initiatives, campaigns, and general resources
- **Resources.** Includes public/government services, school-based services, community-based organization services, and clinical hospitals and clinic services

GENERAL RESOURCES

- 211 (United Way). A free, confidential referral and information service that helps people find local health and human services by web, phone, and text.
- Aunt Bertha aka FindHelp.org
- Community Health Partnership
- Ethiopian Community Services
- FIRST 5 Santa Clara County (children 0-5)
- The Health Trust
- Listing of Santa Clara County programs and services
- Santa Clara County Public Health Department
- Vietnamese-American Service Center

COMMUNITY HEALTH NEEDS

Behavioral Health

Assets

- ASPIRE youth mental health program
- CareSolace
- Corporation/El Centro de Bienestar
- Depression and Bipolar Support Alliance (DBSA)
- Gardner Family Care
- Gilroy Behavioral Health
- HEARD (Health Care Alliance for Response to Adolescent Depression)
- Hope Counseling Center Services
- NAMI
- Project Safety Net (Palo Alto) youth suicide prevention coalition
- South Bay Project Resource
- Tobacco Free Coalition Santa Clara
- UJIMA Adult & Family Services

- Young Adult Transition Team same as La Plumas Mental Health

Resources

- Adolescent Counseling Services
- allcove
- Alum Rock Counseling Center
- Asian Americans for Community Involvement (AACI) support services for survivors of domestic violence
- Bay Area Children's Association (BACA)
- Bill Wilson Center
- Billy DeFrank LGBT Community Center
- CA Dept of Rehabilitation, San Jose District
- Caminar
- Casa de Clara
- Catholic Charities
- Chamberlain's Mental Health (Gilroy)
- Child Advocates of Silicon Valley
- Community Health Awareness Council (CHAC)
- Community Solutions
- Counseling and Support Services for Youth (CASSY)
- Crestwood Behavioral Health
- County of Santa Clara Behavioral Health Services, including Mental Health Crisis Services and The Q Corner (LGBTQ+ support)
- Discovery Counseling Center (Morgan Hill)
- Eastern European Services Agency
- Eating Disorder Resource Center of Silicon Valley
- Ethnic Cultural Community Advisory Committees (ECCAC)
- Grace Community Center
- In-Home Supportive Services (IHSS)
- Jewish Family Services of Silicon Valley
- Josefa Chaboya de Narvaez Mental Health
- Law Foundation of Silicon Valley Mental Health Advocacy Project
- LGBT Youth Space Drop-In Center
- LifeMoves counseling
- Maitri support services for survivors of domestic violence
- MayView Community Health Centers, members of Ravenswood Family Health Network (Mountain View, Palo Alto, Sunnyvale)
- Mekong Community Center
- Mental Health Urgent Care
- Momentum for Mental Health

- Momentum-Alliance for Community Care
- NAMI (National Alliance on Mental Illness)
- Next Door Solutions support services for survivors of domestic violence and gender-based violence, therapy, counseling, support groups
- Parents Helping Parents
- Ravenswood Family Health Center
- Rebekah's Children's Services (Gilroy)
- Recovery Café
- San José Behavioral Health Hospital
- San José Vet Center
- Santa Clara Valley Medical Center Sunnyvale Behavioral Health Center
- Services for Brain Injury
- Silicon Valley Independent Living Center (SVILC)
- Sourcewise
- Supporting Mamas
- Uplift Family Services
- YMCA Silicon Valley Project Cornerstone and support services for survivors of domestic violence

Cancer

Assets

- American Cancer Society
- Bonnie J. Addario Lung Cancer Foundation
- Cancer Support Community
- Leukemia & Lymphoma Society
- Vietnamese Reach for Health Initiative

Resources

- Asian American Cancer Support Network
- Bay Area Cancer Connections
- Cancer CAREpoint
- Latinas Contra Cancer
- Real Options - mammograms

Communicable Diseases

See Respiratory Health and Sexual Health.

Community & Family Safety

Assets

- County of Santa Clara East San José Prevention Efforts Advance Community Equity Partnership - PEACE Partnership
- Promoting Healthy Relationships Campaign in South San José/South County
- SafeCare Home Visiting Services
- Safe Kids Santa Clara/San Mateo coalition
- Santa Clara County Child Abuse Prevention Council
- Santa Clara County Human Relations Commission
- Santa Clara County Office of Gender-Based Violence Prevention
- Santa Clara County Office of Women's Policy: Santa Clara County Domestic Violence Council
- Santa Clara County Public Health Department, including "We All Play a Role" in Violence Free Communities Campaign, Safe and Healthy Communities Division (violence and injury prevention) including anti-bullying resources for parents
- South County United for Health collaborative
- South County Youth Task Force

Resources

- Alum Rock Counseling Center
- Asian Americans for Community Involvement – Asian Women's Home, Center for Survivors of Torture
- Bill Wilson Center: Safe Place
- CHAC (Community Health Awareness Counseling)
- Community Solutions
- Family & Children Services of Silicon Valley: Domestic Violence Survivor Support Services
- GoNoodle online lessons on bullying awareness
- ICAN (Vietnamese parenting classes)
- Maitri: Anjali Transitional Housing Program
- Next Door Solutions to Domestic Violence: The Shelter Next Door
- Peace Builders Program (elementary schools)
- PlayWorks
- Rebekah Children's Services
- San José Mayor's Gang Prevention Task Force
- San José Police Department Family Violence Center
- Santa Clara County Juvenile Probation Department programs
- StrongHearts Native Helpline: domestic and sexual violence helpline

- Sunday Friends violence prevention classes
- Uplift Family Services counseling for all high schools in the Campbell Union High School District; Crisis Intervention Programs
- YMCA Silicon Valley / Project Cornerstone, Support Services, Emergency Shelter

Diabetes & Obesity

See Economic Stability for free food resources.

Assets

- Bay Area Nutrition and Physical Activity Collaborative (BANPAC)
- California WALKS Program
- Community Alliance with Family Farmers (CAFF) Foundation:
- Green Belt Alliance
- Pacific Institute
- Santa Clara County Diabetes Prevention Initiative
- Santa Clara County Office of Education's Coordinated School Health Advisory Council
- Sunnyvale Collaborative
- YMCA National Diabetes Prevention Program

Resources

- African American Community Services Agency
- Asian Americans for Community Involvement Clinic
- Boys and Girls Clubs of Silicon Valley
- Breathe CA
- Challenge Diabetes Program
- Children's Discovery Museum
- Choices for Children: 5 Keys for Child Care
- Community Service Agency Mountain View
- County of Santa Clara Parks and Recreation Department (incl. community centers)
- Eritrean Community Center
- Ethiopian Community Center
- FIRST 5 Family Resource Centers
- Fit Kids Foundation
- Gardner Clinic
- Healthier Kids Foundation
- Kaiser Permanente Farmer's Markets (open to the community)
- Lucile Packard Children's Hospital Pediatric Weight Control Program
- Playworks

- Project Access
- San Francisco Planning & Urban Research (SPUR) Double Up Food Bucks
- Santa Clara County Public Health Department Breastfeeding Program
- Silicon Valley HealthCorps
- Second Harvest Food Bank
- Somos Mayfair
- Sunnyvale Community Services
- THINK Together
- Veggielution: Healthy Food Access and Engagement for Low-Income Families
- West Valley Community Services

Economic Stability

Education, employment, and poverty. See also Housing and Homelessness.

Assets

- California Budget & Policy Center
- Silicon Valley Leadership Group

Resources

- African American Community Services Agency
- allcove
- Bay Area Legal Aid
- CalFresh
- CalWorks
- Catholic Charities
- Center for Employment Training (CET)
- City of San José employment resource center
- Community Service Agencies (Mountain View/Los Altos, Sunnyvale, West Valley)
- Connect Center CA (Pro-match and Nova job centers)
- Day Worker Center (Mountain View)
- Emergency Assistance Network of Santa Clara County
- Employment Development Department
- Eritrean Community Center
- Occupational Training Institute
- Social Services Agency of Santa Clara County
- SparkPoint
- United Way Bay Area
- Veterans Administration employment center
- Women, Infants, and Children (WIC) Nutrition Services
- Work 2 Future

Food Resources

- The Food Connection
- Fresh Approach –mobile food pantry
- Hope's Corner
- Loaves and Fishes
- Meals on Wheels (The Health Trust and Sourcewise)
- Santa Maria Urban Ministries
- St. Joseph's Cathedral
- St. Joseph's Family Center—food bank and hot meals (Gilroy)
- St. Vincent De Paul
- Salvation Army
- Second Harvest Food Bank
- Valley Verde
- Vietnamese-American Service Center

Education

Assets

- Children's Discovery Museum
- Human Connexus Foundation
- Opportunity Youth Partnership
- Pivotal (formerly Silicon Valley Children's Fund)
- Silicon Valley Education Foundation
- The OpenCode Foundation
- The Tech Interactive

Resources

- 4-H
- Aim High for High School
- All Stars Helping Kids
- Autism Living Leisure & Education Nurturing
- Bill Wilson Center
- Big Brothers, Big Sisters
- Boys & Girls Club of Silicon Valley
- Breakthrough Silicon Valley
- Center for Employment Training
- City Year
- College of Adaptive Arts
- Community Media Access Partnership
- County of Santa Clara, Social Services Agency, Educational Services Unit
- Educational Partnership Center - San José CalSOAP, TRIO
- Emotional Awareness Institute

- Foundation for a College Education
- Girl Scouts
- Head Start (multiple sites)
- International Children Assistance Network (ICAN)
- Pacific Autism Center for Education
- PARTI Program
- Positive Coaching Alliance
- Sacred Heart Community Service
- Santa Clara Adult Education
- Santa Clara County Office of Education
- Sunday Friends
- Teen Success
- Third Street Community Center
- Youth Science Institute

Healthcare Access & Delivery

Healthcare Facilities and Systems

- El Camino Hospital – Los Gatos
- El Camino Hospital – Mountain View
- Good Samaritan Hospital
- Kaiser Foundation Hospital – San Jose
- Kaiser Foundation Hospital – Santa Clara
- Lucile Packard Children's Hospital Stanford
- O'Connor Hospital
- Regional Medical Center of San Jose
- Saint Louise Regional Hospital
- Santa Clara Valley Health & Hospital System
- Stanford Health Care
- VA Hospital Menlo Park (U.S. Department of Veterans Affairs)
- VA Palo Alto Health (U.S. Department of Veterans Affairs)

Community Clinics

- Asian Americans for Community Involvement
- allcove (physical health consultation for youth 12-25)
- Bay Area Community Health (formerly Foothill Community Health Center; multiple clinics)
- Cardinal Free Clinics (incl. Pacific Free Clinic)
- Gardner Health Services
- Indian Health Center
- Mar Monte Community Clinic

- MayView Community Health Centers, members of Ravenswood Family Health Network (Mountain View, Palo Alto, Sunnyvale)
- Medical Respite Program
- Planned Parenthood Mar Monte
- Peninsula Healthcare Connection
- Ravenswood Family Health Center
- Roots Community Health Center
- RotaCare Bay Area
- School Health Clinics of Santa Clara County

Mobile Health Services

- County of Santa Clara Public Health Department Needle Exchange Program sites
- Gardner Mobile Health Center
- Health Mobile (Dental)
- Lucile Packard Children's Hospital Teen Van
- Santa Clara Valley Homeless Health Care Program Van

Oral/Dental Health Assets

- County of Santa Clara Public Health Department Oral Health Program
- First 5 – oral health education and referral services
- Santa Clara County Dental Society
- Women, Infants, and Children (WIC)

Oral/Dental Health Resources

- Children's Dental Center
- Foothill Community Health Center
- Head Start
- Health Mobile
- Healthier Kids Foundation
- Onsite Dental Care Foundation
- Santa Clara Valley Medical Center Dental Clinics

Other Access-Related Assets

- Caltrain
- Santa Clara Valley Bicycle Coalition
- Santa Clara Valley Transit Authority (VTA)
- Silicon Valley Leadership Group – Advocacy
- Silicon Valley Bicycle Coalition – Advocacy
- SPUR – Advocacy

Other Access-Related Resources

- Avenidas
- City Team Ministries
- College health centers (public and private universities [4], community colleges [7])
- Community Services Agency
- El Camino Hospital Roadrunners
- Heart of the Valley Escorted Transportation (nonprofit)
- Love Inc.
- Mountain View Community Shuttle
- Outreach & Escort, Inc.
- Peninsula Family Services – Ways to Work
- School health clinics (San José High, Overfelt, Washington, Franklin-McKinley Neighborhoods)

Heart Disease/Stroke

Assets

- Community Health Partnership Specialty Care Initiative
- American Heart Association
- YMCA
- PHASE Initiative

Resources

- Community Service Agency Mountain View
- Peninsula Stroke Association
- Stroke Awareness Foundation

Housing

Assets

- Abode Services—supportive housing- county paying for success initiative for chronic homelessness
- “All the Way Home” Campaign to End Veteran Homelessness – City of San José, Santa Clara County and the Housing Authority have set a goal of housing all of the estimated 700 homeless veterans by 2017 (new)
- Catholic Charities
- Community plan to end homelessness in Santa Clara County
- Destination Home
- MyHousing.org
- Palo Alto Housing Corporation
- Santa Clara County Housing Task Force

- Santa Clara County Housing Authority
- Santa Clara County Office of Supportive Housing
- VA Housing Initiative

Resources

- Asian Americans for Community Involvement (AACI) domestic violence shelter
- American Vets Career Center
- Bill Wilson Center emergency shelter for youth
- Casa de Clara (Catholic volunteer group—services to women and children in downtown San José including shelter, food, clothing, emotional support, and referrals for housing, employment, and counseling)
- Catholic Charities Housing—affordable housing units
- Chinese Community Center of the Peninsula
- CityTeam
- Community Services Agency emergency shelter
- Community Service Agency Homeless Prevention Services
- Community Solutions domestic violence shelter
- Destination Home
- Downtown Streets Team
- Dress for Success—interview suits and job development
- EHC Life Builders Emergency Housing Consortium
- Foster youth group home providers
- Gilroy Compassion Center
- Goodwill Silicon Valley
- The Health Trust Housing for Health
- HomeFirst
- Hope Services—employment for adults with developmental disabilities
- Housing Opportunities for Persons with AIDS
- InnVision the Way Home
- Life Moves (Homeless Housing)
- Love Inc.
- Maitri transitional housing for domestic violence survivors
- New Directions
- New Hope House
- Next Door Solutions domestic violence shelter
- NOVA Workforce development
- Rebuilding Together (repairs to keep people in homes)
- Sacred Heart Community Services
- Sacred Heart Community Services emergency assistance
- St. Joseph emergency assistance

- Salvation Army
- Senior Housing Solutions
- Sunnyvale Community Services—housing and emergency assistance
- Unity Care—Foster youth housing
- Unity Care—foster youth employment assistance Community-Based Organizations - Employment
- West Valley Community Services emergency assistance
- YWCA Silicon Valley domestic violence shelter

Maternal/Infant Health

Assets

- Healthier Kids Foundation
- March of Dimes

Resources

- Birthright of San José
- Casa Natal Birth and Wellness Center
- Continuation schools (parenting classes)
- First 5 Santa Clara County New Parent Kits
- Grail Family Services
- Informed Choices (Gilroy)
- La Leche League (Campbell, San José, Santa Clara)
- Nursing Mothers Counsel
- Real Options — prenatal care
- San Juan Diego Women's Center / Birth and Beyond
- Santa Clara County Department of Public Health: Black Infant Health (BIH) Program, Breastfeeding Support Program, Nurse-Family Partnership Program home visitation model, WIC
- Supporting Mamas

Respiratory Health

Assets

- Reach for Health Coalition
- Tobacco Free Coalition of Santa Clara County

Resources

- Allergy & Asthma Associates of Santa Clara Valley Research Center
- Breathe California
- Kick-It California (formerly California Smokers Helpline)

- Second-Hand Smoke Helpline

Sexual Health

Assets

- Santa Clara County HIV Commission

Resources

- Asian Americans for Community Involvement: HOPE Program
- Asian American Recovery Services
- Billy DeFrank LGBT Community Center
- Community Health Partnership—Every Woman Counts, Transgender Health
- County of Santa Clara Public Health Department Needle Exchange Program sites
- The Health Trust AIDS Services
- The LGBTQ Youth Space
- Real Options
- Teen Success

Unintended Injuries/Accidents

Assets

- County of Santa Clara, Public Health Department, Falls Prevention Task Force
- SafeKids Santa Clara County coalition
- Safe Routes to School
- The Health Trust Healthy Aging Partnership, Agents for Change promoting older adult pedestrian safety

Resources

- Catholic Charities Senior Wellness Centers fall prevention classes
- City departments of transportation
- County of Santa Clara, Public Health Department, Center for Chronic Disease and Injury Prevention
- County of Santa Clara, Public Health Department, Healthy Communities Branch-Active and Safe Program
- Korean American Community Services: Matter of Balance program
- Santa Clara County Poison Control
- Stepping On fall prevention program for older adults

- Strong for Life free group exercise program for seniors promoting strength, mobility,
- YMCA (free camps and scholarships for swim lessons)

ATTACHMENT 4. QUALITATIVE RESEARCH MATERIALS

Santa Clara County's English-language pre-surveys and qualitative protocols are included on the following pages of this attachment. For pre-surveys and protocols in Spanish, please contact Actionable Insights, LLC (inquiries@actionableLLC.com).

2024 CHNA Survey to Identify Health Needs - Experts/Leaders (SMC/SCC)

Welcome!

Thank you for clicking through to this survey. It will take about five minutes to complete. **Please respond at least two days before your scheduled interview or focus group.**

Health care organizations in San Mateo and Santa Clara counties, including El Camino Hospital, Lucile Packard Children's Hospital-Stanford, Mills-Peninsula Medical Center, and Stanford Health Care, are conducting a community health needs assessment (CHNA) in accordance with IRS guidelines for non-profit hospitals. For the 2025 CHNA, a combination of statistical data and community input are being collected by these organizations and their consultants, including Actionable Insights. This research will generate a list of community health needs.

The survey you are about to complete presents a list of health needs, including all that were prioritized by the community in San Mateo and Santa Clara counties in 2022. You are welcome to add any needs you feel are missing. As a local expert/community leader, **you are being asked to choose the five needs that you feel are the biggest health issues and/or conditions for the people whom you serve.** The results of this survey will be shared with the health care organizations and their consultants, and may also be shared with a limited number of additional non-profit hospitals, community-based organizations, and/or agencies such as the counties' Public Health Departments. During your upcoming interview/focus group, the Actionable Insights facilitator will ask you to discuss the top needs you chose.

To proceed, please enter your name below and click "Next."

* 1. Your name:

2024 CHNA Survey to Identify Health Needs - Experts/Leaders (SMC/SCC)

List of Health Needs to Select

* 2. Below are listed health needs, including (in bold) those prioritized by the community during the 2022 Community Health Needs Assessment in San Mateo and Santa Clara counties. They are presented in alphabetical order. Feel free to add any needs you feel may be missing. Please choose up to five needs that you feel are the most pressing now for the people whom you serve. There may be overlap; please choose the five that best represent the needs you have in mind.

- [ ] **Asthma** and other respiratory diseases (including allergies, COPD)
- [ ] **Cancer**
- [ ] Communicable Diseases (including TB, COVID, flu, salmonella; not including sexually transmitted infections)
- [ ] **Community safety**/intentional injury (including child/partner abuse, hate crimes, bullying and school safety, human trafficking, violent crime, arrest rates, and deaths in custody)
- [ ] Disabilities (including vision, hearing, and mobility; neurodivergence such as autism or ADHD; and cognitive disabilities/developmental delays)
- [ ] **Economic insecurity/poverty** (including income, employment, education, digital access, and food insecurity)Economic stability (including income, employment, education, child care access, and food insecurity)
- [ ] **Healthcare access and delivery** (including health insurance, costs of care and medicine, availability of primary and specialty care providers, wait times for appointments, transportation barriers, quality of care, and linguistic/cultural competence in care delivery)
- [ ] Healthy aging (including arthritis, cognitive decline/dementia, Alzheimer's disease, aging-related vision and hearing loss, loss of mobility, falls)
- [ ] **Healthy environment/climate** (including extreme weather, environmental contaminants, safe air and drinking water)
- [ ] Healthy lifestyles (**diabetes and obesity**, including fitness and places to exercise; diet, nutrition, and access to fresh food)
- [ ] **Heart disease** and stroke (including heart attack, high cholesterol, and high blood pressure)
- [ ] **Housing and homelessness** (including safe, clean, and affordable housing, overcrowding, and tenant protections)
- [ ] **Maternal and infant health** (including prenatal care, premature births, and infant mortality)
- [ ] **Mental health** (including stress, anxiety, isolation, and depression; life satisfaction; eating disorders; trauma; and mental health disorders such as schizophrenia)
- [ ] **Oral/dental health**
- [ ] **Sexual health** (including family planning and sexually-transmitted infections such as gonorrhea, chlamydia, or HIV)
- [ ] **Substance use** (including vaping; the use of alcohol, tobacco, opioids, and other substances; addiction; and outcomes such as kidney or liver disease)
- [ ] **Unintended injuries/accidents** (including drownings, poisonings, and bicycle, pedestrian, and motor vehicle accidents)
- [ ] Other (please specify)

When you are done responding to the questions above, please click "Next" for your responses to be tallied.

2024 CHNA Survey to Identify Health Needs - Experts/Leaders (SMC/SCC)

Consent

* 3. In order to capture your words accurately, your interview/focus group will be recorded and the recording will be transcribed. A transcript of the interview/focus group discussion will be sent to the health care organizations and their consultants, and may also be shared with a limited number of additional non-profit hospitals, community-based organizations, and/or agencies such as the counties' Public Health Departments. If a quote from your transcript is used in the report, you will not be identified by name; only as a "local expert." Please indicate that you understand and agree to be recorded.

- ◯ Yes, I understand and agree to be recorded.
- ◯ No, I do not agree to be recorded. I will not participate in the interview/focus group.

2024 CHNA Survey to Identify Health Needs - Experts/Leaders (SMC/SCC)

Report Acknowledgment

* 4. An appendix to the report will contain a list of experts consulted. Please indicate how you would like to be listed:

- ◯ By name, title, and organization
- ◯ Only my title and organization, not my name
- ◯ Only my organization, not my name or role
- ◯ Do not include me in the list at all

5. Please fill in the fields that correspond to your response above. If you agreed to be listed by name, we will use your name as you entered it at the beginning of this survey.

Title

Organization

* 6. In a few sentences, please tell us what your organization does and how it serves the community.

* 7. In a sentence or two, how would you describe the geographic areas and populations you serve or represent?

2024 CHNA Survey to Identify Health Needs - Experts/Leaders (SMC/SCC)

Demographics

The IRS would like the hospitals to describe who participated in the interviews and focus groups. We would appreciate it if you would answer the questions below, but responding is optional. We will only report these answers for experts as a group, not for individual participants.

8. What is your age? *(Please enter a number only.)*

9. Are you of Hispanic/Latinx ethnicity?

- ◯ Yes
- ◯ No

10. What is your race? (Please choose all that apply.)

- [ ] American Indian/Alaskan Native
- [ ] Asian (indicate specific ancestry, e.g., "Chinese," in Other field below)
- [ ] Black/African American
- [ ] Native Hawaiian/Other Pacific Islander
- [ ] White
- [ ] Some other race (please specify)

11. Which of the following most accurately describes you?

- ( ) Female
- ( ) Male
- ( ) Non-binary
- ( ) Transgender
- ( ) Intersex
- ( ) Let me type...

2024 CHNA Survey to Identify Health Needs - Experts/Leaders (SMC/SCC)

Thank you!

Thank you for responding to the survey. Your facilitator will review your responses prior to your scheduled interview/focus group. If you are finished with this survey, please click "Done."

TEMPLATE 2024 CHNA Survey to Identify Health Needs - Community Members (SMC/SCC)

Welcome!

Thank you for clicking through to this survey. It will take less than than five minutes to complete. **Please respond at least two days before your scheduled focus group discussion.**

Health care organizations in San Mateo and Santa Clara Counties, including El Camino Hospital, Lucile Packard Children's Hospital-Stanford, Mills-Peninsula Medical Center, and Stanford Health Care, would like to understand the needs of the community better, including its physical, emotional, and environmental health. For this Community Health Needs Assessment, these organizations are collecting thoughts and opinions from people in the community with the help of their consultants, including Actionable Insights. This will help to make a list of community health needs.

This survey has a list of health needs, including the ones that were found in 2022 for San Mateo and Santa Clara counties. You are welcome to add any needs you feel are missing. As a community member, **you are being asked to choose up to five needs that you feel are the most important for your community right now.** The health care organizations and their consultants will receive the answers from this survey and then summarize them. They may also share them with a small number of other community based organizations and health care organizations, including the counties' Public Health Departments, **without using your name or email address**. The Actionable Insights facilitator will lead a conversation about the needs that were rated as the most important, or biggest, in your upcoming focus group.

To proceed, please enter your name and email address below and click "Next."

* 1. Your name:

* 2. Your email address:

* 3. At the end of the focus group, you will receive a gift card as a "thank you" for participating. Which company's gift card would you like?

- ◯ Amazon
- ◯ Target

* 4. In order to get everyone's words exactly right, your focus group will be recorded. A written copy of the discussion without people's names will be sent to the health care organizations and their consultants. They may also share it with a small number of other community based organizations and health care organizations, including the counties' Public Health Departments. If you are quoted, you will be identified only as a "community member" -- no names will be used. Please indicate that you understand and agree to be recorded.

- ◯ Yes, I understand and agree to be recorded.
- ◯ No, I do not agree to be recorded. I will not participate in the focus group.

TEMPLATE 2024 CHNA Survey to Identify Health Needs - Community Members (SMC/SCC)

List of Health Needs to Select

* 5. Below is a list of health needs. The ones in bold were identified by the community in San Mateo and Santa Clara counties in 2022. They are presented in random order. Please think about how important each need is for your community right now. Then, please choose up to five needs that you feel are the most important now for your community. There is a space at the bottom where you can add anything you feel may be missing. There may be overlap, but please do the best you can.

- [ ] **Asthma** and other respiratory diseases (including allergies, COPD)
- [ ] **Cancer**
- [ ] Communicable Diseases (including TB, COVID, flu, salmonella; not including sexually transmitted infections)
- [ ] **Community safety/intentional injury** (including child/partner abuse, hate crimes, bullying and school safety, human trafficking, violent crime, arrest rates, and deaths in custody)
- [ ] Disabilities (including vision, hearing, and mobility; neurodivergence such as autism or ADHD; and cognitive disabilities/developmental delays)
- [ ] **Economic stability**/poverty (including income, employment, education, digital access, and food insecurity)
- [ ] **Healthcare access and delivery** (including health insurance, costs of care and medicine, availability of primary and specialty care providers, wait times for appointments, transportation barriers, quality of care, and linguistic/cultural competence in care delivery)
- [ ] Healthy aging (including arthritis, cognitive decline/dementia, Alzheimer's disease, aging-related vision and hearing loss, loss of mobility, falls)
- [ ] **Healthy environment/climate** (including extreme weather, environmental contaminants, safe air and drinking water)
- [ ] Healthy lifestyles (**diabetes and obesity**, including fitness and places to exercise; diet, nutrition, and access to fresh food)
- [ ] Heart disease and stroke (including heart attack, high cholesterol, and high blood pressure)
- [ ] **Housing and homelessness** (including safe, clean, and affordable housing, overcrowding, and tenant protections)
- [ ] **Maternal and infant health** (including prenatal care, premature births, and infant mortality)
- [ ] **Mental health** (including stress, anxiety, isolation, and depression; life satisfaction; eating disorders; trauma; and mental health disorders such as schizophrenia)
- [ ] **Oral/dental health**
- [ ] **Sexual health** (including family planning and sexually-transmitted infections (STIs) such as gonorrhea, chlamydia, or HIV)
- [ ] **Substance use** (including vaping; the use of alcohol, tobacco, opioids, and other substances; addiction; and outcomes such as kidney or liver disease)
- [ ] **Unintended injuries/accidents** (including drownings, poisonings, and bicycle, pedestrian, and motor vehicle accidents)
- [ ] Other need (please describe)

When you are done responding to the questions above, please click "Next" for your responses to be tallied. You will soon receive an invitation with details about the focus group. We look forward to meeting you!

TEMPLATE 2024 CHNA Survey to Identify Health Needs - Community Members (SMC/SCC)

Demographics

Thank you for providing your responses to the survey questions! The IRS would like the hospitals to describe who participated in the interviews and focus groups. We would appreciate it if you would answer the questions below. Answering is not required. We will only report these answers for community members as a group, not for individual participants.

* 6. Are you a resident of Santa Clara County or San Mateo County?

- ◯ Yes
- ◯ No

7. What city do you live in right now?

* 8. What is your age? *(Please enter a number only.)*

9. Are you of Hispanic/Latine ethnicity?

- ◯ Yes
- ◯ No

10. What is your race? (Please choose all that apply.)

- ☐ American Indian/Alaskan Native
- ☐ Asian (indicate specific ancestry, e.g., "Chinese," in Other field below)
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White
- ☐ Some other race (please specify)

11. Which of the following most accurately describes you?

- ◯ Female
- ◯ Male
- ◯ Non-binary
- ◯ Transgender
- ◯ Intersex
- ◯ Let me type...

TEMPLATE 2024 CHNA Survey to Identify Health Needs - Community Members (SMC/SCC)

Thank you!

Thank you for responding to the survey. Your facilitator will review your responses prior to your scheduled focus group. Again, you will soon receive an invitation with details about the focus group.

If you are finished with this survey, please click "Done."

CHNA KII Protocol - Professionals (60 min.)

PREP

- Schedule call, send background, needs, consent, and demographics survey and main topics from page 2 [*minimum: 1 week ahead of time*]. [Insert QR code for survey]
- 48 hours before:
    - Review the individual's background on LinkedIn and/or their organization's website; review their survey response (health needs they identified).
    - Send reminder email; remind them of their survey response (most pressing needs among those they serve) and the main questions.
        - If they didn't respond to the survey, include the link and ask them to respond ASAP before the interview.

INTRODUCTION (5 MIN.)

[Start recording from the beginning of the session.]

- WELCOME: Thank you for agreeing to do this interview today. My name is [NAME] with Actionable Insights. I will be conducting the interview today on behalf of local health care organizations as part of the Community Health Needs Assessment process for them in Santa Clara County.
- [*If they didn't submit survey:* In order to go ahead, we'll need you to take the survey we sent you. Here's the link; I'll wait while you complete it [*place in Zoom chat]*
- What the project is about:
    - Local nonprofit hospitals are conducting a Community Health Needs Assessment. It is a systematic examination of health indicators in Santa Clara County that will be used to identify key problems and assets in a community and develop strategies to address community health needs. You are an important contributor to this assessment because of your knowledge of the needs in the community you serve or represent. The hospitals greatly value your input.
    - A CHNA is required of all non-profit hospitals in the U.S. every three years. The report based on this assessment will be a snapshot in time; this report will be published next year (in 2025) and consulted through 2028.
- We expect this interview to last no longer than 1 hour; does that still work for you?
- **Today's main topics:**
    - Better understand the needs you identified as most pressing in your area
    - Which populations are experiencing inequities related to the needs
    - How things may have changed in the past few years (trends)
    - The biggest challenges you see in addressing the needs
    - Key resources and any models or best practices you know of for addressing the needs

    - Other areas of concern
    - *[If not one of the needs identified:]* Your expertise as it relates to the community's needs
- What we'll do with the information you tell us today:
    - Will record so that we can get the most accurate record possible
    - Will not share the audio itself; transcript will go to the health care organizations and their consultants, like me.
    - Hospitals will make decisions about which needs they can best address
    - We can keep anything confidential; just let me know any time.
    - The information you provide today will not be reported in a way that would identify you. *[Next part depends on their survey response:]* We plan to name *you/your organization* in the report where we list all the experts we consulted, but will not attach your name to any quotes we might use.
- Do you have any questions before we get started? *[If we don't have the answer, commit to finding it and sending later via email.]*

Start Zoom recording!

HEALTH NEEDS DISCUSSION (35 MIN.)

Could you please pronounce your name and share your preferred pronoun? OK, [name], before we get down to the issues you identified, I'd like to ask you:

1. What are the healthiest characteristics of this community? [*Prompt if needed:* For example, a strong transportation system, an active arts and culture sector, safe and accessible spaces for physical activity]
    a. What strengths in the community amplify or support these healthy characteristics?

Thank you. Now, you identified [*read list from survey*] as the biggest health issues or conditions your community struggles with. For each of these needs, I'll ask you six things [*read only **bold text** to introduce this section*]:

1. Please briefly describe **how you see the need playing out.** What does it look like among the people you serve or represent?

2. **What** do **you think creates these issues**? [*Prompts for barriers if they are having trouble thinking of any:* Income/economic issues, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, geographic location, transportation, housing, addiction, stress, being victims of abuse/bullying/crime]

3. This may overlap the previous question, but **are there certain people or geographic areas that have been affected by the issues** we've been talking about **more than others**? If so, in what ways? In other words, which specific groups of the population, if any, should the hospitals focus on to reduce disparities and inequities related to race or other factors?
   [*Prompts for populations if they are having trouble thinking of any*: income/education level, housing status, language, immigration status, age, ethnicity, sexual orientation, gender identity, disability status, geographic location; intersectionality of any of these]

4. Next, **how things may have changed** in the last few years (since we know that the data always lag what is happening now)? What emerging trends or areas of concern have you seen since 2021? How has COVID recovery influenced the characteristics of these needs?

5. What are **one or two of the biggest challenges to addressing** the need?

6. [*1st time through only:* As you know, the hospitals will make decisions about which needs they can best address, and develop strategies to address them.] **What** do **you feel is needed to better address this need**, including **any models, best practices, or key community resources for addressing the need**? In other words, what are effective strategies to reduce health disparities and inequities in your community? [*Prompts if needed:* Is there work underway that is promising? Who is doing that work? Are there any best practices you have observed within your health system or organization, in our county agencies, national practices you've heard about, or practices you've read about in literature?]

   Probes: How would you like to see health care organizations like these hospitals address these needs? Who are the individuals or organizations that are important in connecting the sub-groups most affected by disparities to community resources that support this need?

OK, let's get started. For *[name first need], [start at Q1; address all six questions, then go back to Q1-6 with second need, again with third need, then go on to the questions below.]*

***Only if* their expertise was not related to one or more of the needs chosen:**

FURTHER DISCUSSION: THEIR EXPERTISE (5-10 min.)

You were invited to share your expertise/experience about [*topic, e.g., substance use disorder, maternal health, or homelessness*]. Let's talk a little about that; how does it relate to the community's health needs?

[*Probe:* What services does your organization provide to help meet those needs?]

Only if structural inequities were not already discussed:

FURTHER DISCUSSION: STRUCTURAL INEQUITIES (5-10 min.)

I know you didn't identify structural inequities as a specific need; would you mind...

- Speaking to any particularly detrimental structural inequities that are affecting the people you serve? How do those structural inequities show up?
- Identifying any equity initiatives or strategies you know of, which have momentum – that is, they seem to be making a positive impact?

ADDITIONAL COMMENTS (time permitting)

We have a few minutes left; is there anything else you would like to add regarding community health needs that we haven't already discussed? Any recent reports we should consult? Any other thoughts or comments we can convey to the hospitals?

REQUEST FOR ASSISTANCE WITH ASSETS LIST (2 min.)

The IRS requires that we get feedback from the community on potential resources available to address these health needs. We are compiling a list of resources by health need later this spring, which will be based on 2-1-1's list. **Would you be willing to review a list at that time, related to your area of expertise, and give us feedback?** *[Pause]* For example, we may ask whether the resources seem sufficient or if there are gaps; or if there are resources available that we have missed. *[Make a note as to whether they agree or not.]*

CLOSING (1 min.)

You can look for the hospitals' CHNA reports to be made publicly available on their individual websites in the second half of 2025. If anything occurs to you later that you would like to add to this interview, please feel free to send me an email.

Thank you so much for contributing your expertise and experience to the CHNA.

CHNA FG Protocol - Professionals (90 min.)

PREP

- Schedule group of 8-10 participants.
- Ahead of time [*minimum: 1 week ahead of time*], send participants:
    - Pre-focus group **consent/demogs & health needs survey** [INSERT LINK] [depending on group] and QR code for survey: [insert QR CODE]
    - FG date, time, and Zoom login information
    - Advise that the session will be recorded

- Prepare:
    - Slide of agenda/questions
    - Review pre-survey responses + create slide of top needs

- 48 hours before:
    - Send reminder email.
        - If they didn't respond to the survey, include the link and ask them to respond ASAP before the interview.

INTRODUCTION (10 MIN.)

- Hello everyone. Thank you for agreeing to participate in this focus group today. Today we are hosting a discussion about health here in [____ County *or* Counties]. This session will run until [*time*] (one hour).
- My name is ____ and I'm with [*organization name and description, e.g.,* "a local consulting firm"]. My colleague will also introduce [her/him/their]self. [*Pause for their introduction*.] We are doing this focus group on behalf of local health care organizations as part of the Community Health Needs Assessment process for them in [COUNTY OR COUNTIES]. When we start our discussion in a few minutes, we will ask you to say your first name and your pronouns before speaking.

- What the project is about:
    - Local nonprofit hospitals are conducting a Community Health Needs Assessment. It is a systematic examination of health indicators in [COUNTY or COUNTIES] that will be used to identify key problems and assets in a community and develop strategies to address community health needs. You are an important contributor to this assessment because of your knowledge of the needs in the community you serve or represent. The hospitals greatly value your input.
    - A CHNA is required of all non-profit hospitals in the U.S. every three years. The report based on this assessment will be a snapshot in time; this report will be published next year (in 2025) and consulted through 2028.
- **Today's main topics:** *show slide or point to agenda*

    - Better understand the needs you identified as most pressing in your area
    - Which populations are experiencing inequities related to the needs
    - How things may have changed in the past few years (trends)
    - The biggest challenges you see in addressing the needs
    - Key resources and any models or best practices you know of for addressing the needs
- Confidentiality:
    - Like you saw in the survey, we asked everyone if it was OK to record this discussion, and you all said yes. We are recording so that we can make sure to take down your words as accurately as possible.
    - We will only use first names here. (If you want to use a pseudonym, that's OK too!)
    - We can keep anything confidential; just let me know any time and we can delete it from the recording.
- What we'll do with the information you tell us today:
    - Hospitals will make decisions about which needs they can best address
    - The information you provide today will not be reported in a way that would identify you. We plan to name *you/your organization* in the report where we list all the experts we consulted unless you told us in the pre-survey that you didn't want us to be included, or only wanted your organization to be listed. We will not attach your name to any quotes we might use.
    - When we are finished with all of the focus groups, we will read all of the transcripts and summarize the things we learn. We will also use some quotes so that the hospitals can read your own words. We will not use your name when we give them those quotes.
    - If for any reason you are deciding that you do not want to participate, it is OK to leave the meeting now. No hard feelings!
- Guidelines:
    - We know you have other things to do and we really appreciate you taking the time out of your day to be here. It is my job to move us along to keep us on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions so we can finish on time.
    - We understand that you may have other things going on on your end; we ask that you do the best you can to stay present, and let us know through the chat if you absolutely need to step away.
    - It's OK to disagree, but please be respectful. We want to hear from everyone. Really want your personal opinions and thoughts, even – especially! – if they aren't the same as everyone else's.
- Do you have any questions before we get started? *[If we don't have the answer, commit to finding it and sending later via email.]*

Start Zoom recording!

HEALTH NEEDS DISCUSSION (35 MIN.)

OK, you identified [*read list from survey on PPT slide*] as the biggest health issues or conditions your community struggles with. For each of these needs, I'll ask this group six things [*read only **bold text** to introduce this section*]:

1. Briefly describe **how you see the need playing out.** What does it look like among the people you serve or represent? Remember, please say your name and your pronouns before speaking.

2. **What** do **you think creates these issues**?
   [*Prompts for barriers if they are having trouble thinking of any:* Income/economic issues, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, geographic location, transportation, housing, addiction, stress, being victims of abuse/bullying/crime]
3. This may overlap the previous question, but **are there certain people or geographic areas that have been affected by the issues** we've been talking about **more than others**? If so, in what ways? In other words, which specific groups of the population, if any, should the hospitals focus on to reduce disparities and inequities related to race or other factors?
   [*Prompts for populations if they are having trouble thinking of any*: income/ed level, housing status, language, immigration status, age, ethnicity, sexual orientation, gender ID, disability status, geographic location; intersectionality of any of these]

4. Next, **how things may have changed** in the last few years (since we know that the data always lag what is happening now)? What emerging trends or areas of concern have you seen since 2021? How has the COVID recovery influenced the characteristics of these needs?

5. What are **one or two of the biggest challenges to addressing** the need?

6. **What** do **you feel is needed to better address this need**, including **any models, best practices, or key community resources for addressing the need**?

[*Prompts if needed:* Is there work underway that is promising? Who is doing that work? Are there any best practices you have observed within your health system or organization, in our county agencies, national practices you've heard about, or practices you've read about in literature?] *[Probe*: How would you like to see health care organizations like these hospitals address these needs?]

a. What are effective strategies to reduce health disparities and inequities in your community? *[Probe*: Who are the individuals or organizations that are important in connecting the sub-groups most affected by disparities to community resources that support this need?]

OK, let's get started. For *[name first need], [start at Q1; address all six questions, then go back to Q1-6 with second need, again with third need, then go on to the questions below.]*

Only if their expertise was not related to one or more of the needs chosen:

FURTHER DISCUSSION: THEIR EXPERTISE (5-10 min.)

You were invited to share your expertise/experience about [*topic, e.g., substance use disorder, maternal health, or homelessness*]. Let's talk a little about that; how does it relate to the community's health needs?

[*Probe:* What services do your organizations provide to help meet those needs?]

Only if structural inequities were not already discussed:

FURTHER DISCUSSION: STRUCTURAL INEQUITIES (5-10 min.)

I know the group didn't prioritize structural inequities as a specific need; would you mind...

- Speaking to any particularly detrimental structural inequities that are affecting the people you serve? How do those structural inequities show up?
- Identifying any equity initiatives or strategies you know of, which have momentum – that is, they seem to be making a positive impact?

ADDITIONAL COMMENTS (time permitting)

We have a few minutes left; is there anything else you would like to add regarding community health needs that we haven't already discussed? **Any recent reports we should consult?** Any other thoughts or comments we can convey to the hospitals?

REQUEST FOR ASSISTANCE WITH ASSETS LIST (2 min.)

The IRS requires that we get feedback from the community on potential resources available to address these health needs. We are compiling a list of resources by health need later this

spring, which will be based on 2-1-1's list. **Would you be willing to review a list at that time, related to your area of expertise, and give us feedback?** *[Pause]* For example, we may ask whether the resources seem sufficient or if there are gaps; or if there are resources available that we have missed. *[Launch Zoom poll.]*

CLOSING (1 min.)

You can look for the hospitals' CHNA reports to be made publicly available on their individual websites in the second half of 2025.

If anything occurs to you later that you would like to add, please feel free to send me [or my colleague] an email.

Thank you so much for contributing your expertise and experience to the CHNA.

CHNA FG Protocol - Community Members (90 min.)

PREP

- Work with host to schedule group of 8-10 participants. If needed, create recruitment email/flier for host. Ahead of time, have host send participants:
    - Pre-focus group **consent/demogs & health needs survey** [INSERT LINK] [depending on group] QR code for survey: [insert QR CODE]
    - FG date, time, and location [or Zoom login information]
    - Advise that the session will be recorded
- Prepare:
    - PDF [or flipchart] of agenda/questions
    - PDF [or flipchart] of prior cycle health needs list (including definition of health care access) [**if no pre-survey**]
    - Review pre-survey responses [depending on group] + create slide of top needs
    - If in person: consent + demogs survey & health needs paper survey [**if no pre-survey**]
    - If virtual: consent language & Zoom poll of health needs [**if no pre-survey**]

INTRODUCTION (10 MIN.)

[Start recording from the beginning of the session.]

- Hello everyone. Thank you for agreeing to participate in this focus group today. Today we are hosting a discussion about health here in [____ County *or* Counties]. This session will run until [*time*] (90 minutes).
- My name is ____ and I'm with [*organization name and description, e.g.,* "a local consulting firm"]. My colleague will also introduce [her/him/their]self. [*Pause for their introduction*.] We are doing this focus group for local hospitals, including [*list names of participating hospitals in the area*]. When we start our discussion in a few minutes, we will call on you and ask you to say your name and your pronouns before speaking.
- Purpose:
    - You are here today to let nonprofit hospitals [*if applicable:* and the health department] know what the biggest health needs are in your community. These can include health conditions and the things that make those conditions better or worse.
    - This is called the Community Health Needs Assessment (CHNA), which is required every three years by the IRS, so it is an official, public report.
    - Hospitals will look at the numbers (statistics) and at <u>what **you** say</u>, to plan how they will use their resources to improve health and wellness in your county. So your thoughts are really important to them.
- Today's questions: *show slide or point to agenda*
    - What are the needs?

        - Which groups of people are doing better or worse when it comes to the needs?
        - What can hospitals/health systems do to improve health in the community?
    - Lastly, we will get your perspective about equity and cultural competence when it comes to health care.

- Confidentiality:
    - Like you saw in the survey, we asked everyone if it was OK to record this discussion, and you all said yes. We are recording so that we can make sure to get your words right.
    - We will only use first names here -- you will be anonymous. (If you want to use a fake name, that's OK too!)
    - Will not share the audio [and video, if on Zoom]; just the transcript will go to the health care organizations and their consultants [*if applicable:* like me].
    - When we are finished with all of the focus groups, [we *or* the consultants] will read all of the transcripts and summarize the things [we/they] learn. [We/They] will also use some quotes so that the hospitals can read your own words. [We/They] will not use your name when [we/they] give them those quotes.
    - If for any reason you are deciding that you do not want to participate, it is OK to leave the meeting now. No hard feelings!

- Guidelines:
    - We know you have other things to do and we really appreciate you taking the time out of your day to be here. It is my job to move us along to keep us on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions so we can finish on time.
    - We understand that you may have other things going on [on your end]; we ask that you do the best you can to stay present, and let us know [through the chat] if you absolutely need to step away.
    - If no pre-survey: You have a choice of a $50 credit to Amazon or [XYZ]. Please [mark your choice on the sign-in sheet *or* chat your email address to my colleague [*name*] now, along with your choice]. If you don't tell [him/her/them] which one you prefer, we'll [give *or* send] you an Amazon credit.
    - It's OK to disagree, but please be respectful. We want to hear from everyone. Really want your personal opinions and thoughts, even – especially! – if they aren't the same as everyone else's.
- Any questions before we begin? *[If we don't have the answer, commit to finding it and sending later via email.]*

HEALTH NEEDS DISCUSSION (50-60 MIN.)

If no pre-survey: Here's a list of health needs in your area from 2022. [*show slide or point to flip chart list*] You'll see that there are regular physical health conditions, like cancer, and other kinds of needs, like a healthy climate, and housing. We're going to read the needs, then take a

poll for you to choose the five you think are the most important, or pressing, in your community. [*Read off needs, then: launch zoom poll or give five sticky dots to each person in the room. Give people a few minutes to complete*.]

If collected by pre-survey, start here: As a group, you identified [*read list*] as the most important needs in your community -- these are the needs that got the most votes in the pre-survey. For each of these needs, I'll ask you three things [*read only **bold text** in Q1-3 on the next page to introduce this section*].

But before we get down to the needs you all chose, I'd like to ask you to share:

> **What is one thing that you are proud of about your community? How might that relate to the overall health of your community?** [*Prompt if needed:* For example, maybe your community is a place where the people are welcoming to everyone, which could mean people feel safe living there; or maybe there are lots of ways to enjoy nature here, which could mean it's easy for people to be physically active; or there are good services for people who are in need, which could mean people generally have their basic needs taken care of.]

After each participant who wants to share has done so: OK, let's move on to talk about the needs you chose.

1. *[If on Zoom, facilitators call on participants one by one.]* "Please say your first name, and then describe **what the need looks like in your community**, **including what might get in the way** for people to [live healthier lives / have better outcomes: *use "have better outcomes" language if need is homelessness, economic stability, violence/safety, or transportation; use "live healthier lives" for all other needs]*. You can choose to pass if you didn't vote for the need and don't have anything to say about it."
   [*Prompts for barriers if they are having trouble thinking of any:* Income/economic issues, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, geographic location, transportation, housing, addiction, stress, being victims of abuse/bullying/crime, poor access to resources]

2. This may overlap the previous question, but I'll ask you to identify **what groups of people are better or worse off than others** for that need and explain how or why.
   [*Prompts for populations if they are having trouble thinking of any*: income/education level, housing status, language, immigration status, age, ethnicity [***get specific***], sexual orientation, gender identity, disability status, geographic location]

3. Finally, I'll ask you to describe, for that issue, **what you think is most needed** to help your community become healthier / improve everyone's lives *[use "improve lives" language if need is homelessness, economic stability, violence/safety, or transportation; use "help become healthier" for all other needs]*.
   a. What is working already, that could be continued or expanded?
      i. What would make it easier for people to access these resources?

b. Formal resources like government agencies and community organizations can help [*pause*]; so can informal resources like community elders, faith leaders, teachers, and coaches [*pause*]. They can support good programs that are already happening. Or they can help bring services to your community, that aren't here already.
   Thinking of all these organizations and people in your community, **which ones** do you think could best help when it comes to this need?
c. If you could choose a program, service, or other strategy that's not already here in your community, that you think could help, what would it be? [*Probe if necessary:* How could it help?]

OK, let's get started. For *[name first need], [start at Q1; address all three questions, then go back to Q1-3 with second need, then again with third, then go on to the questions below.]*

YOUR PERCEPTION OF EQUITY ISSUES (20-25 min.)

You have probably heard the words "cultural competence" before; they mean being able to understand the values and beliefs of people who are different from yourself, so you can communicate with them respectfully.

1. We've heard that not all providers know how to care for people in a **culturally competent and respectful** way. What do you think those providers are missing? What do you think they need to learn?

As you probably know, people have been talking about issues of equity now more than ever. "Equity" means fairness and unbiased treatment. When it comes to health care, we'd like to ask about your opinion on equity and cultural competence:

2. What do you think gets in the way of everyone having the **same access** to health care?

3. What do you think gets in the way of everyone getting the **same quality** of health care?

4. What can **hospitals and health systems** do to best address equity for you and the people in your community?

OTHER COMMENTS (time permitting)

Are there any other thoughts or information you would like to share that we have not already talked about?

CLOSING (1 min.)

Thank you for contributing your opinions and experience to the CHNA. The hospitals' CHNA reports will be available on their websites in the second half of 2025. After the assessment, they will be working on their plan for how they will use their resources to improve health and wellness in your county, and those plans will be available in late 2025 or early 2026.

You can contact us if you want any more information about the assessment. If anything occurs to you later that you would like to add, please feel free to send us an email.

ATTACHMENT 5. IRS CHECKLIST

Section §1.501(r)(3) of the Internal Revenue Service code describes the requirements of the CHNA.

Federal Requirements Checklist		Regulation Section Number	Report Reference
A. Activities Since Previous CHNA(s)			
Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy.		(b)(5)(C)	Section #2
Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).		(b)(6)(F)	Section #7 & Attachment 6
B. Process & Methods			
Background Information			
Identifies any parties with whom the facility collaborated in preparing the CHNA(s).		(b)(6)(F)(ii)	Section #4
Identifies any third parties contracted to assist in conducting a CHNA.		(b)(6)(F)(ii)	Section #4
Defines the community it serves, which: • Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance. • May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions. • May *not* exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients.		(b)(i) (b)(3) (b)(6)(i)(A)	Section #3
Describes how the community was determined.		(b)(6)(i)(A)	Section #3
Describes demographics and other descriptors of the hospital service area.			Section #3
Health Needs Data Collection			
Describes data and other information used in the assessment:		(b)(6)(ii)	
a. Cites external source material (rather than describe the method of collecting the data).		(b)(6)(F)(ii)	Attachments 1 & 2
b. Describes methods of collecting and analyzing the data and information.		(b)(6)(ii)	Section #5

Federal Requirements Checklist		Regulation Section Number	Report Reference
CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.		(b)(1)(iii) (b)(5)(i) (b)(6)(F)(iii)	Section #5
Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.		(b)(6)(F)(iii)	Section #5
a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.		(b)(5)(i)(A)	Section #5 & Attachment 1
b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)		(b)(5)(i)(B)	Section #5 & Attachment 1
I. Medically underserved populations		(b)(5)(i)(B)	Section #5 & Attachment 1
II. Low-income populations		(b)(5)(i)(B)	Section #5 & Attachment 1
III. Minority populations		(b)(5)(i)(B)	Section #5 & Attachment 1
c. Additional sources (optional) – (e.g. healthcare consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, healthcare providers and community health centers).		(b)(5)(ii)	Section #5 & Attachment 1
Describes how such input was provided (e.g., through focus groups, interviews or surveys).		(b)(6)(F)(iii)	Section #5 & Attachment 1
Describes over what time period such input was provided and between what approximate dates.		(b)(6)(F)(iii)	Section #5 & Attachment 1
Summarizes the nature and extent of the organizations' input.		(b)(6)(F)(iii)	Section #5 & Attachment 1
C. CHNA Needs Description & Prioritization			
Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).		(b)(4)	Section #6
Prioritized description of significant health needs identified.		(b)(6)(i)(D)	Section #6

Federal Requirements Checklist		Regulation Section Number	Report Reference
Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.		(b)(6)(i)(D)	Section #5
Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility.		(b)(4) (b)(6)(E)	Attachment 3
D. Finalizing the CHNA			
CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.		(a)1	Section #2
CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).		(b)(iv)	Section #8
Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. "Widely available on a web site" is defined in §1.501(r)-1(b)(29).		(b)(7)(i)(A)	By 6/30/2025
a. May not be a copy marked "Draft".		(b)(7)(ii)	By 6/30/2025
b. Posted conspicuously on website (either the hospital facility's website or a conspicuously-located link to a web site established by another entity).		(b)(7)(i)(A)	By 6/30/2025
c. Instructions for accessing CHNA report are clear.		(b)(7)(i)(A)	By 6/30/2025
d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.		(b)(7)(i)(A)	By 6/30/2025
e. Individuals requesting a copy of the report(s) are provided the URL.		(b)(7)(i)(A)	By 6/30/2025
f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.		(b)(7)(i)(B)	By 6/30/2025

Further IRS requirements available:

- §1.501(r)-3(b)(iv) and (v): separate and joint CHNA reports
- §1.501(r)-3(d): requirements that apply to new hospital facilities, transferred or terminated hospital facilities, and newly acquired hospital facilities
- §1.501(r)-3(a)(2) and (c): implementation strategy requirements

ATTACHMENT 6. FY23 – FY25 YEAR-OVER-YEAR DASHBOARD

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Healthcare Access & Delivery (Including Oral Health)	**Primary Care/Safety Net Clinic**	Individuals served	420	600	800	844	400	374
		Services provided	1,600	1,533	1,800	2,247	1,000	928
		Number of individuals receiving follow-up care after a health screening	420	417	500	502	300	287
		Patients aged 12 years and older are screened for depression on date of visit or up to 14 days prior to date of visit using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented	-	-	85%	92%	80%	94%
		Patients who rate their MA as "excellent" or "good" for their courteousness and professionalism and would recommend Health Center to their family and friends	-	-	-	-	90%	99%
	School Nurse Program #1	Individuals served	1,500	1,488	1,440	1,465	350	1,315
		Services provided	2,800	2,765	1,455	1,465	500	1,315
		Number of individuals receiving follow-up care after a health screening	-	-	75	157	N/A	N/A
		Students out of compliance with required immunizations who become compliant	90%	87%	95%	98%	N/A	N/A
		Students with a failed health screening who saw a healthcare provider	-	-	-	-	N/A	N/A

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Healthcare Access & Delivery (Including Oral Health)	**School Nurse Program #2**	Individuals served	3,000	3,128	2,805	2,787	1,545	2,309
		Services provided	4,000	4,673	3,612	5,228	2,500	2,309
		Number of individuals receiving follow-up care after a health screening.	-	-	850	350	N/A	N/A
		Students out of compliance with required immunizations who become compliant	70%	76%	73%	61%	74%	69%
		Students with a failed health screening who saw a healthcare provider	40%	61%	45%	79%	N/A	N/A
	School Nurse Program #3	Individuals served	765	878	1,206	1,217	616	644
		Services provided	1,440	1,429	2,571	2,565	2,278	2,510
		Number of individuals receiving follow-up care after a health screening	765	767	612	587	80	92
		Students out of compliance with required immunizations who become compliant	80%	95%	90%	98%	85%	100%
		Students with a failed health screening who saw a healthcare provider	80%	5%	60%	58%	20%	27%
	Mobile Dental Clinic	Individuals served	820	1,314	-	-	66	65
		Services provided	820	1,314	-	-	250	252
		Number of individuals reporting improved oral health after service	180	180	-	-	59	58

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
		Patients who report increased knowledge about their oral health	65%	65%	-	-	85%	86%
		Patients who report no pain after their first visit	30%	66%	-	-	90%	92%
Healthcare Access & Delivery (Including Oral Health)	**Pediatric Dental & Hearing Screening/ Referrals**	Individuals served	820	1,314	1,510	1,510	500	898
		Services provided	820	1,314	1,510	1,510	500	932
		Number of patients receiving follow-up care after a patient is screened	-	-	543	405	170	74
		Students referred for follow-up support after their dental screening	65%	65%	32%	37%	32%	31%
		Students referred for follow-up support after their hearing screening	30%	66%	4%	4%	4%	5%
	School Nurse Program #4	Individuals served	2,100	1,714	2,000	1,842	700	764
		Services provided	3,200	2,970	3,000	3,762	1,500	1,645
		Number of individuals receiving follow-up care after screening	780	731	75	82	20	18
		Students out of compliance with required immunizations who become compliant	80%	72%	80%	72%	70%	74%
		Students with a failed health screening who saw a healthcare provider	80%	92%	80%	74%	50%	48%
		Individuals served	3,200	3,662	3,360	4,033	2,700	2,253

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Healthcare Access & Delivery (Including Oral Health)	**Free Medication for Uninsured and Underserved**	Services provided	31,000	40,140	42,000	40,747	21,000	18,579
		Patients who report that they are very satisfied with the quality of service	97%	100%	97%	86%	97%	80%
		Health Impact: -Patients who answered Agree/Strongly Agree that I am able to take my medications as prescribed after using Pharmacy services. -Patients who answered Agree/Strongly Agree that there has been an improvement to my health condition after receiving assistance from pharmacy services.	-	-	75%	97%	80%	80%
	Assistance and Navigation Program for the Blind and Visually Impaired	Individuals served	65	72	70	76	36	42
		Services provided	475	547	500	546	250	295
		Number of individuals enrolled in a clinical and/or community service based on needs identified by their navigator/case manager	-	-	70	76	36	42
		Clients are able to prepare simple meal and move within their home	85%	90%	85%	89%	85%	90%
	Camp Program for Children with Special Needs	Individuals served	-	-	-	-	3	5
		Services provided	-	-	-	-	5	8
		Number of individuals enrolled in a clinical and/or community service based	-	-	-	-	3	5

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Healthcare Access & Delivery (Including Oral Health)		on needs identified by their navigator/care manager						
		Campers who report 80% participation in scheduled camp activities due to health needs being properly addressed					75%	116%
		Campers who participate in one 30-minute mental health evaluation					25%	10%
Behavioral Health (Including Domestic Violence Trauma)	**Foster Teen Program**	Individuals served	80	81	72	72	40	46
		Services provided	320	1,296	1,296	1,452	550	552
		Number of hours of training provided to program participants	4,500	3,000	1,860	1,543	600	720
		Youth receiving Positive Childhood Experiences (PACEs) to combat the negative impacts of Adverse Childhood Experiences (ACEs)	85%	87%	85%	100%	N/A	N/A
		Percentage of CASAs who will report feeling they have made a positive difference in their child's life	70%	62%	85%	86%	N/A	N/A
	School Mental Health Program #1	Individuals served	160	630	250	542	100	117
		Services provided	2,200	2,658	700	622	225	251
		Number of youth demonstrating improvement on treatment plan goals	-	-	37	17	17	19

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Behavioral Health (Including Domestic Violence Trauma)		Improved on SDQ Report by at least 3 points from pre-test to post-test on the Strengths and Difficulties Questionnaire and Impact Assessment	80%	85%	50%	50%	N/A	N/A
	Mental Health Support for Parents of NICU Patients	Individuals served	79	83	80	86	25	75
		Services Provided	1,580	1,760	190	1,079	50	38
		Hours of hours counseling/care management sessions provided to adults	158	197	190	1,066	50	75
		Participants report the group therapy session was helpful	40%	38%	40%	43%	25%	95%
	Senior Case Management	Individuals served	79	83	80	86	45	73
		Services Provided	1,580	1,760	190	1,079	350	405
		Number of hours of counseling/care management sessions provided to adults	158	197	190	1,066	200	241
		Clients that demonstrate a 3-point score reduction on the PHQ-9	40%	38%	40%	43%	90%	90%
		Friendly Visitors will be connected with older adults scoring above 10 on the PHQ9	-	-	20%	100%	90%	89%
	Mental Health Counseling at Homeless Shelters	Individuals served	165	290	165	296	75	114
		Services provided	360	390	360	860	100	212

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Behavioral Health (Including Domestic Violence Trauma)		Number of hours of counseling/care management sessions provided to adults	-	-	350	281	75	116
		Clients reporting improved mood & function	85%	79%	85%	100%	95%	94%
		Interns report understanding of behavioral health issues	75%	76%	85%	100%	95%	94%
	School Mental Health Program #2	Individuals served	800	1,400	1,200	2,500	800	665
		Services provided	1,000	2,500	1,200	8,820	3,000	2,850
		Number of hours of counseling/care management sessions provided to youth	350	420	350	1,015	375	380
		Students who improved by at least 3 points from pre-test to post test on the Strengths and Difficulties Questionnaire and Impact Assessment	60%	71%	60%	65%	N/A	50%
		Students who improve by at least 3 points from pre-test to post-test on the Children's Coping Strategies Checklist-Revised (CCSC-RI)	80%	95%	60%	0%	N/A	50%
	Mental Health Community Clinic	Individuals served	20	20	20	20	15	12
		Services provided	300	367	325	413	200	219
		Hours of adult counseling/care management sessions provided to adults	150	135	125	188	60	93

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Behavioral Health (Including Domestic Violence Trauma)		Patients who report a reduction of 2 points or more in PHQ-9 measure severity of depression	85%	100%	85%	93%	75%	100%
		Patients who report a reduction of 2 points or more in GAD-7 measure severity of anxiety	85%	83%	85%	93%	75%	100%
	Domestic Violence Services	Individuals served	140	113	110	74	55	39
		Services provided	600	698	640	443	300	230
		Number of hours of counseling/care management sessions provided to adults	700	140	172	172	85	157
		Surveyed participants who report that they have gained at least one strategy to increase their safety or their children's safety	90%	91%	90%	97%	90%	75%
		Support Groups clients completing the Support Group Evaluation Survey will respond that they can better manage stress when it occurs	80%	88%	85%	84%	85%	75%
	School Mental Health Program #2	Individuals served	1,250	1,178	1,200	1,221	550	141
		Services provided	1,250	1,476	1,400	1,535	600	419
		Number of youth demonstrating improvement on treatment plan goals	625	608	625	682	490	12

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Behavioral Health (Including Domestic Violence Trauma)		Youth will demonstrate improvement on the Strengths and Difficulties Questionnaire or selected screener tested during pilot as demonstrated by screener results indicating a reduction in high-risk behaviors or increasing in use of appropriate coping strategies/replacement behaviors.	-	-	60%	75%	N/A	N/A
	Counseling Services for Parents of Children with Special Needs	Individuals served	-	-	104	110	44	30
		Services provided	-	-	223	229	94	88
		Number of hours of counseling/care management sessions provided to adults	-	-	390	402	142	154
		Participants who report therapist was knowledgeable and communicated effectively	-	-	-	-	90%	99%
		Participants who would recommend the workshop to a friend	-	-	85%	95%	90%	99%
	Clinical Mental Health Services	Individuals served	400	387	125	80	62	50
		Services provided	550	510	500	361	250	200
		Number of individuals enrolled in a clinical and/or community service based on needs identified by their navigator/care manager	-	-	70	80	50	50
		Patients screened for depression using the PHQ-9	-	-	95%	100%	75%	38%
		Patients not hospitalized in a 12 month program	90%	90%	85%	95%	85%	96%

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Behavioral Health (Including Domestic Violence Trauma)	**Youth Mental Health Counseling Services #1**	Individuals served	250	539	540	520	350	197
		Services provided	350	539	540	732	400	576
		Number of hours of counseling/care management sessions provided to youth	350	539	540	732	400	576
		Clients seen 5 or more times that improve their level of functioning	70%	81%	70%	100%	N/A	N/A
		Youth reporting that since joining Outlet, they feel more connected to the LGBTQIA+ community	75%	100%	90%	87%	N/A	N/A
	School-Based Mental Health Counseling	Individuals served	160	51	50	48	8	16
		Services provided	1,800	340	320	319	52	62
		Number of youth demonstrating improvement on treatment plan goals	900	325	25	22	N/A	N/A
		Students who improve 1 or more points from pre-test to post-test on the 40-point Strengths and Difficulties Questionnaire. Impact assessment based on self-report or therapist report for students ages 11-17, For younger children, the parent/guardian will complete the assessment form for students ages 10 and under.	50%	100%	50%	71%	N/A	N/A
		For students requiring one-time Crisis Intervention, the family and/or student responded to emergency and reported they would act on recommendations	50%	100%	75%	95%	N/A	N/A

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
	Psychotherapy for Child Abuse Victims	Individuals served	12	12	12	12	6	6
		Services provided	120	139	120	120	60	60
		Number of hours of counseling/care management sessions provided to youth	-	-	120	120	60	60
		Clients who complete the satisfaction survey at the end of treatment will respond “extremely well” or “very well” to the question - Overall how well did this program meet your needs?	-	-	-	-	80%	100%
		Clients completing the program who report that they have learned one new healthy coping mechanism by outpatient post survey	90%	92%	90%	100%	80%	0%
	Senior Isolation Program	Individuals served	300	300	796	775	500	531
		Services Provided	3,000	2,831	2,800	4,132	1,800	2,148
		Number of individuals enrolled in a clinical and/or community service based on needs identified by their navigator/care manager	-	-	-	-	300	927
		Participants who answer 3 or higher: I feel more connected to people and services as a result of the 55 Plus Programs (Likert scale with 1 being strongly disagree and 5 being strongly agree)	65%	89%	75%	94%	85%	94%

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Behavioral Health (Including Domestic Violence Trauma)	**Youth Mental Health Counseling Services #2**	Individuals served	-	-	56	60	40	40
		Services provided	-	-	7,000	7,000	2,500	2,500
		Number of hours of counseling/care management sessions provided to youth	-	-	2,800	2,800	1,100	1,100
		Youth who report at least usage of one coping skill strategy to deal with depression	-	-	60%	70%	70%	70%
Diabetes & Obesity	**Screening/ Referrals and Nutrition Education for Families**	Individuals served	1,060	3,619	1,500	768	150	298
		Services provided	2,205	7,013	4,000	800	180	428
		Number of Participants who report 150 minutes or more of physical activity per week	185	110	100	125	25	55
		Participants will report increase in overall health as a result of exercise classes	65%	65%	65%	92%	65%	45%
		Healthy cooking class attendees will report that they learned how to cook in a healthier way	-	-	65%	100%	75%	76%
	Prediabetes and Diabetes Clinical Intervention Program	Individuals served	1,450	3,213	1,975	3,619	2,400	3,296
		Services provided	3,800	8,738	3,950	11,652	5,000	7,178
		Number of individuals with one or more improved biometrics	580	1,602	932	1,879	1,235	1,709
		Patients demonstrating a reduction in body weight	40%	48%	40%	51%	50%	53%

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Diabetes & Obesity		Enrolled patients demonstrating a reduction of at least 0.1% HbA1c	40%	43%	40%	42%	42%	43%
	Youth Diabetes & Obesity Clinical Prevention Program	Individuals served	275	210	350	218	120	140
		Services provided	840	828	800	689	200	179
		Number of individuals with one or more improved biometrics	135	82	175	42	30	37
		Program Participant that decrease BMI Percentile	50%	48%	35%	31%	20%	26%
		Participants that demonstrate retention of material learned by answering 4 out of 6 questions correctly on post session quiz	-	-	80%	88%	45%	100%
	Physical Activity & Anti-Bullying Program	Individuals served	950	950	1,040	1,030	1,030	1,035
		Services Provided	1,900	1,900	2,080	2,060	2,060	2,070
		Number of participants who report 150 minutes or more of physical activity per week	-	-	1,040	1,030	N/A	N/A
		Educators reporting that program increases the number of students that are physically active during recess	96%	97%	95%	98%	N/A	N/A
		Educators reporting that Playworks helps the school create supportive learning environments	-	-	94%	100%	N/A	N/A
	Community Health Center	Individuals served	-	-	30	37	17	10
		Services provided	-	-	60	185	40	43

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Diabetes & Obesity	**Diabetes Program**	Number of individuals who report consuming at least 3 servings of fruits and vegetables per day	-	-	30	31	13	7
		Individuals who plan to increase their weekly exercise	-	-	60%	92%	10%	70%
	Culturally Focused Chronic Conditions Management Programs	Individuals served	75	79	78	80	44	48
		Services provided	350	361	366	375	212	231
		Number of participants who report 150 minutes or more of physical activity per week	40	45	35	38	18	17
		Change in levels of physical activity	21%	23%	21%	15%	10%	9%
		Change in average levels of vegetable consumption	20%	21%	20%	23%	20%	22%
	Nutrition Access/ Education for Low-Income Households	Individuals served	280	265	165	179	70	136
		Services provided	600	640	261	423	85	172
		Number of individuals who report consuming at least 3 servings of fruits and vegetables per day	230	44	51	22	13	7
		Participants report increased food security for themselves and their families by at least one unit of measurement, as measured by pre- and post-program surveys	80%	82%	70%	75%	70%	70%
		Individuals served	360	363	360	396	180	181

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Diabetes & Obesity	**Social Work Case Management at Community Services Agency**	Services provided	360	363	720	720	360	360
		Number of individuals who report consuming at least 3 servings of fruits and vegetables per day	-	-	75	31	15	15
		Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index	90%	90%	90%	78%	N/A	N/A
		Clients will remain stably housed after 3 months of receiving emergency financial assistance	95%	90%	85%	90%	N/A	N/A
	Social Work Case Management for Older Adults at Community Services Agency	Individuals served	60	64	63	63	35	35
		Services provided	60	64	310	922	170	225
		Number of individuals who report consuming at least 3 servings of fruits and vegetables per day	-	-	-	-	15	3
		Case managed clients who increased in three of the 18 domains measured by the Self-Sufficiency Index	92%	68%	92%	92%	N/A	N/A
		Clients showing a 1-point increase in the food domain of SSM after accessing the food market	91%	90%	90%	67%	N/A	N/A
	Physical Activity & Self-Esteem Program for Young Girls	Individuals served	120	121	120	129	16	16
		Services provided	2,100	1,278	1,270	1,357	168	168
		Number of participants who report 150 minutes or more of physical activity per week	84	46	120	129	16	16

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Diabetes & Obesity		Average weekly attendance percentage	80%	80%	80%	88%	80%	79%
		Percentage of participants who respond positively (4's and 5's) to the statement, "I like to exercise"	60%	63%	60%	68%	60%	46%
	Culturally Focused Health Education, Screenings and Lifestyle Programs	Individuals served	120	120	160	165	77	83
		Services provided	250	270	350	385	135	143
		Number of individuals with one or more improved biometrics (BMI, weight, and/or A1c)	20	20	10	9	5	5
		Participants who are very likely (9-10 rating) to recommend program to a friend or colleague	80%	85%	80%	90%	85%	90%
Chronic Conditions (Other than Diabetes & Obesity)	**Pediatric Asthma Program**	Individuals served	400	370	400	1,995	125	75
		Services Provided	400	370	500	1,995	132	75
		Number of individuals who demonstrate improved self-management through self-report or biometric indicators	80	99	200	137	50	48
		Parents, teachers, and childcare providers trained who have an increase knowledge/skills/confidence in managing all aspects of asthma	60%	100%	60%	64%	60%	68%
		Home, school, and childcare centers served that reduce environmental hazards/triggers for asthma, as measured by comparison of assessments and re-assessments of	50%	100%	50%	60%	50%	40%

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Chronic Conditions (Other than Diabetes & Obesity)		respiratory hazards using the EPA's best-practice environmental checklist						
	Culturally Focused Cancer Support Program	Individuals served	350	350	350	350	175	175
		Services provided	1,500	1,500	1,500	1,500	750	750
		Number of Individuals completing one or more health screenings	260	260	46	46	40	40
		Clients showing an increased understanding of key cancer prevention and health messages	70%	90%	85%	85%	85%	85%
		Navigation clients showing a better understanding of their health status, options, and care plan	90%	95%	90%	90%	90%	90%
	Counseling for Cancer Patients, Survivors, Family & Caregivers	Individuals served	210	207	153	141	70	66
		Services provided	625	630	545	823	272	338
		Number of individuals who demonstrate improved self-management through self-report or biometric indicators	-	-	545	823	56	60
		Clients who agree or strongly agree they experienced reduced levels of anxiety about issues related to a cancer diagnosis	80%	80%	80%	91%	80%	100%
		As a result of the counseling session, clients will agree or strongly agree that they received helpful tools or resources	90%	95%	90%	91%	90%	100%
		Individuals served	42	42	42	42	80	80

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Chronic Conditions (Other than Diabetes & Obesity)	**Cancer Support Program**	Services provided		1,520	1,520	1,520	1078	1,078
		Number of individuals who demonstrate improved self-management through self-report or biometric indicators	30	30	33	33	40	15
		Patients who report feeling stronger and well-nourished through treatment	-	-	50%	32%	80%	67%
		Patients who report they are mostly or very confident in having access to reliable rides after receiving PRG services	-	-	-	-	75%	86%
Economic Stability (Including Food Insecurity, Housing & Homelessness)	**Economic Opportunity Internship Program**	Individuals served	5	12	14	10	7	7
		Services provided	1,000	694	2,000	2,151	1,200	1,200
		Number of hours of training provided to program participants	-	-	2,000	2,151	1,200	1,200
		Interns reporting they have at least two new healthcare professions contacts they feel comfortable remaining in touch with to help advance their desired career path	80%	100%	80%	100%	80%	80%
		Interns reporting they gained insight to their career path	80%	100%	80%	100%	80%	80%
	Community Integrated Employment Program	Individuals served	-	-	-	-	175	53
		Services provided	-	-	-	-	4375	1,325
		Number of hours of training provided to program participants	-	-	-	-	4375	1,325

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
Economic Stability (Including Food Insecurity, Housing & Homelessness)		Participants completing at least 25 hours of job readiness training demonstrate increased skills in preparation for employment	-	-	-	-	98%	100%
		Participants completing job readiness training and placed in employment retain their employment for at least six months	-	-	-	-	90%	0%
	Economic Counseling & Assistance Program for Individuals & Families with Unstable Housing	Individuals served	-	-	-	-	15	15
		Services provided	-	-	-	-	90	94
		Number of individuals with improved living conditions as a result of services provided	-	-	-	-	15	15
		Individuals with a low housing domain score (1-3 in the Self Sufficiency Matix) will increase their score to 4 or 5	-	-	-	-	80%	80%
		Individuals with a low financial domain score (1-3 in the Self Sufficiency Matix) will increase their score to 4 or 5	-	-	-	-	80%	80%
	Hunger Relief Program	Individuals served	-	-	-	-	310	1,241
		Services provided	-	-	-	-	2000	12,125
		Number of individuals connected to a sustainable source of healthy food (CalFresh, SNAP, food banks, etc.)	-	-	-	-	310	1,241

Health Priority Area	Agency/Program	FY2025 Metrics	FY2023 Yearend Target	FY2023 Yearend Actual	FY2024 Yearend Target	FY2024 Yearend Actual	FY2025 6-month Target	FY2025 6-month Actual
		Mercadito attendees who are surveyed will report they feel an increased sense of food security	-	-	-	-	65%	0%

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
FINANCE COMMITTEE MEETING MEMO

To: ECH Finance Committee
From: Ken King, CAO
Date: May 27, 2025
Subject: Property Acquisition (APN 022-37-045); 1533 California Circle, Milpitas

Recommendation:

Management requests that the Finance Committee recommend Board approval for management to finalize negotiations and complete the purchase of property located in Milpitas for an amount not to exceed $13.7 million. This location aligns with the strategy for expansion and growth of the El Camino Health Medical Network.

Summary:

1. Situation: The Lease of space at 227 N. Jackson (ECHMN, McKee Clinic) expires at the end of 2025 and we need to find a location for this clinic that better aligns with the expansion and growth strategies of the ECH Medical Network. The target location for relocating this clinic is the northern part of Santa Clara County in Milpitas, which will allow for the capture of new patients in a region that we currently do not occupy.

2. Authority: Finance Committee recommends Board approval of real estate transactions exceeding $5 million as required by policy.

3. Background: We have been seeking an ideal location to develop a clinic that would accommodate the physicians currently in the McKee Clinic, located on the campus of Regional Hospital. After evaluating several different property options, we have entered into a Letter of Intent to purchase the property located at 1533 California Circle, in Milpitas. A purchase and sale agreement (PSA) is currently being negotiated. This is a very accessible location with building signage that can be seen from Highway 880 near the Dixon Landing Road exit. The two-story building is approximately 27,000 Gross Square Feet on 1.35 acres of land and currently functions as a general office for tech companies. The property was offered to Lease, however our unsolicited offer to purchase this property for $13.2 million has been agreed to.

4. Assessment: The location of this property allows ECH to attract new patients from the northern part of the county. The cost is approximately $489 per square foot and based on a CAP rate analysis is valued between $12M and $14M. An appraisal of the property is in progress and will be in hand prior to the Finance Committee meeting on the 27th, as it is not available at the time of writing this memo. The Portfolio Strategy and Optimization Analysis prepared by JLL ranks 1533 California Circle high in the suitability model. The suitability model looks at drive time – catchment area, outpatient growth projections, with variables that include average household income, insurance coverage, total population, and 5-year projections for the most common health conditions.

The funding request of $13.7 million includes brokers and legal fees along with due diligence and closing costs.

5. Other Reviews: This potential acquisition has been evaluated and reviewed by our real estate advisors from SABRE Real Estate Group and by real estate attorney Greg Caligari at Cox, Castle, Nicholson. This has also been reviewed by ECHMN Leadership and the ECHMN Board of Managers.

6. Outcomes: The goal is to finalize the PSA by the first of June and to complete due diligence within 45 days and close escrow within 60 days. An architect has been engaged to develop the TI plans for converting this general office space into efficient clinical space. The goal is to obtain a building permit by the first of October and to complete the TIs within 4-5 months. A funding request to complete the TI's will be presented as a separate request.

Community Needs Assessment FY26, FY27, and FY28

- Based on Medical Staff Needs Assessment, management requests authorization for a ***total maximum estimated support of $11,690,000*** for up to 24 potential provider recruitments for the following three fiscal years: FY26, FY27, and FY28
- To include, but not limited to, the following specialties:
  - Primary Care
  - Cardiology
  - Gastroenterology
  - General Surgery
  - Neurosurgery
  - Obstetrics/Gynecology
  - Orthopedic Surgery
  - Otolaryngology
  - Vascular Surgery
  - Other Unspecified: TBD

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
RESOLUTION 2025-02

ACQUISITION OF ADVANCED CARDIOVASCULAR SPECIALISTS, INC. (ACS)

June 11, 2025

At a meeting duly called on June 11, 2025, the Board of Directors (the "Board") of El Camino Hospital, a California nonprofit public benefit corporation ("ECH"), does hereby authorize, consent to, and adopt the following resolution:

WHEREAS, ECH, a California nonprofit public benefit corporation is the sole member of El Camino Health Medical Network, LLC ("ECHMN");

WHEREAS, at a meeting held on May 12, 2025, the Board of Managers of ECHMN, subject to the approval of ECH as the sole Member, approved the purchase of the tangible and intangible assets, including the assignment and assumption of leases and other contracts, from Advanced Cardiovascular Specialists, Inc. (ACS), in consideration of the intended approximate purchase price of one million five hundred ten thousand dollars ($1,510,000), and for ECHMN to enter into a Professional Services Agreement (PSA) with ACS for ECHMN to provide certain administrative practice support management services to ACS and for ACS to provide professional medical services to ECHMN's patients, with approximate annual cost of professional services of five million nine hundred thousand dollars ($5,900,000.00) (the "Transaction");

WHEREAS, the Board of ECH has reviewed the actions and resolutions taken by the Board of Managers of ECHMN regarding the Transaction.

NOW THEREFORE, BE IT RESOLVED, the Board of ECH hereby approves each and all of the resolutions and actions taken by the Board of Managers of ECHMN as indicated in the attached Resolution dated May 12, 2025.

DULY PASSED AND ADOPTED at a regular meeting held on June 11, 2025, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

_____

John Zoglin, Secretary
El Camino Hospital Board of Directors

Attachment A Resolution of the ECHMN Board of Managers dated May 12, 2025

ATTACHMENT A

ACTION OF THE BOARD OF MANAGERS OF EL CAMINO HEALTH MEDICAL NETWORK, LLC REGARDING THE ACQUISITION OF ADVANCED CARDIOVASCULAR SPECIALISTS, INC. (ACS)

May 12, 2025

In accordance with California Corporations Code §§ 17156 and 17704.07(n), the undersigned, constituting a majority vote of the managers at a meeting held May 12, 2025, the Board of Managers (the "Board") of El Camino Health Medical Network, LLC, a California limited liability company (the "Company") hereby takes the following actions and adopts the following resolutions, effective for all purposes as of the date first written above:

WHEREAS, subject to the approval of the Company's sole Member, the Board deems it to be in the best interest of the Company to purchase the tangible and intangible assets, including the assignment and assumption of leases and other contracts, from Advanced Cardiovascular Specialists, Inc. (ACS), in consideration of the intended approximate purchase price of one million five hundred ten thousand dollars ($1,510,000);

WHEREAS, subject to the approval of the Company's sole Member, the Board deems it to be in the best interest of the Company to enter into a Professional Services Agreement (PSA) with ACS for ECHMN to provide certain administrative practice support management services to ACS and for ACS to provide professional medical services to Company's patients, with approximate annual cost of professional services of five million nine hundred thousand dollars ($5,900,000.00).

NOW THEREFORE, BE IT RESOLVED, the Board hereby approves the following resolutions and actions effective as of the date set forth above:

RESOLVED FURTHER that the officers of the Company, and each of them hereby is, authorized to negotiate, execute, deliver and carry out on behalf of the Company, subject to approval of the Member, a Purchase Agreement (the "Agreement") and a Professional Services Agreement ("PSA"), as such officers may deem to be in the best interests of the Company (such determination that a change or addition is in the best interests of the Company to be conclusively evidenced by such officer's execution of the Agreement);

RESOLVED FURTHER, that the officers of the Company, and each of them hereby is, authorized and directed to execute and deliver in connection with the closing of the transactions contemplated by the Agreement and PSA, subject to approval by the Member, all documents and instruments required to be executed and/or delivered by the Company pursuant to the Agreement and PSA and any transaction contemplated thereby, and to take all other action deemed by such officers to be reasonably necessary or appropriate to the negotiation, execution, or effectuation of the Agreement or any transaction contemplated thereby or entered into in connection therewith;

RESOLVED FURTHER, that the officers of the Company, and each of them hereby is, authorized to do and perform any and all such acts, including execution of any and all documents

and certificates, as said officers shall deem necessary or advisable, to carry out the purposes of the foregoing resolution;

RESOLVED FURTHER, that any and all actions previously taken in furtherance of the transactions authorized or contemplated by the foregoing resolutions by any of the officers of the Company be, and hereby are, ratified, approved and confirmed as the true acts and deeds of the Company including, without limiting the foregoing, the execution, delivery, filing and/or recording of any agreements, certificates, filings, affidavits, instruments and other documents as may be or have been necessary or appropriate in order to effectuate the purposes of the foregoing resolutions, and the consummation of the transactions contemplated thereby.

[*Remainder of page intentionally left blank*]

CERTIFICATION

The undersigned hereby certifies that the foregoing resolutions were adopted by the Board of Managers at a meeting held on May 12, 2025 in accordance with the Fourth Amended and Restated Operating Agreement of El Camino Health Medical Network, LLC and that said resolutions have not been rescinded or modified and are now in full force and effect.

EL CAMINO HEALTH MEDICAL NETWORK, LLC

By: _____

Dan Woods, CEO El Camino Hospital
Sole Member of El Camino Health Medical Network, LLC

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
FINANCE COMMITTEE MEETING MEMO

To: El Camino Hospital Finance Committee
From: Carlos A. Bohorquez, Chief Financial Officer
Date: May 27, 2025
Subject: Management Recommendation - FY2026 Operating and Capital Budget

Recommendation:

- Finance Committee recommend for approval by the Board of Directors, the Fiscal Year 2026 operating and capital budget that includes:

FY2026 Budget

- Total Operating Revenue: $1.82 billion (budget)
- Operating Margin: 8.1% (budget)
- Operating EBIDA: $251 million (budget)
- Operating EBIDA Margin: 13.8% (budget)
- Capital Expenditures: $311 million (budget)