



525 Veterans Blvd.  
Redwood City, CA 94063

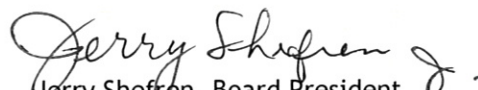
650-421-2155 Phone  
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**REVISED AGENDA\***  
**SEQUOIA HEALTHCARE DISTRICT**  
**BOARD OF DIRECTORS MEETING**  
**4:30, Wednesday, October 2, 2013**  
**Conference Room**  
**525 Veterans Boulevard, Redwood City, CA 94063**

*\*Director Kane will be participating by teleconference from the Fairmont Newport Beach, 4500 MacArthur Blvd., Newport Beach, CA 92660*

1. Call To Order And Roll Call
2. Public Comment On Non-Agenda Items\*
- ACTION 3. Consent Calendar - President Shefren
  - a. Approve August 21, 2013 Meeting Minutes
  - b. Accept July and August 2013 Financial Statements
4. CEO/Staff Reports
  - a. CEO Report - Mr. Michelson
  - b. Healthy Schools - Ms. Kurtzman & Ms. Gabet
  - c. HeartSafe - Mr. Nielsen
5. New Business
  - a. Strategic Planning Update - Mr. Michelson
  - b. HeartSafe Committee Update - Mr. Michelson
  - ACTION c. Consider Amending Board Policy 5.4 For Audit Services - Mr. Michelson
6. Adjourn.

The Next Regular Meeting Of The Board Of Directors Of Sequoia  
Healthcare District Is Scheduled For 4:30 PM, Wednesday, December 4, 2013,  
District Conference Room, 525 Veterans Blvd., Redwood City, CA 94063

  
Jerry Shefren, Board President

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

Any writings or documents provided to a majority of the Board of Directors regarding any item on this agenda will be made available for public inspection at the District office, 525 Veterans Blvd., Redwood City, CA, during normal business hours. Please telephone 650-421-2155 to arrange an appointment.

If you are an individual with a disability and need an accommodation to participate in this meeting, please contact Sequoia Healthcare District at least 48-hours in advance at 650-421-2155.

<p style="text-align: center;"><b>MINUTES OF MEETING BOARD OF DIRECTORS SEQUOIA HEALTHCARE DISTRICT August 21, 2013 Conference Room, 525 Veterans Boulevard, Redwood City, CA 94063</b></p>		
<p><b><u>Directors Present</u></b> Director Faro Director Griffin Director Hickey Director Kane Director Shefren</p>	<p><b><u>Directors Excused</u></b></p>	<p><b><u>Also Present</u></b> Mr. Michelson, CEO Mr. Hudak, Legal Counsel Ms. Johnson, Recorder</p>
<p style="text-align: center;"><b><u>1. Call to Order</u></b></p>		
<p><b>By:</b> President Shefren <b>Time:</b> 4:30pm</p>		
<p style="text-align: center;"><b><u>2. Public Comment/Non-Agenda Items</u></b></p>		
<p>Glenna Vaskelis reported on the progress of the new pavilion at Sequoia Hospital which is to open the early part of 2014.</p> <p>Director Hickey read from a statement that the public has a right to know why the regular August 7<sup>th</sup> meeting date was changed to the 21<sup>st</sup>.</p> <p>Director Kane reported that she, President Shefren and Director Faro attended the annual ACHD meeting which featured several very interesting workshops and presentations including media relations, rights of employees of public agencies and the Beach Cities Blue Zone project.</p> <p>Director Shefren added that he, too, was very impressed by the Blue Zone project and how it can influence community health. In meeting another district's CEO, he was provided with their CEO evaluation package which will be helpful to our District as well.</p> <p>Director Faro also found the conference to be very informative, commenting that the District's strategic planning process should consider the Blue Zone program.</p>		
<p style="text-align: center;"><b><u>3.a. - 3.c. Consent Calendar</u></b></p>		
<p>Director Hickey asked that the minutes (Item 3.a) be removed from the Consent Calendar.</p> <p><b>Motion:</b> To approve the item 3.b. May and June 2013 financials. <b>By:</b> Director Faro <b>Seconded by:</b> Director Kane <b>Vote:</b> 5-0 <b>Motion Passed</b></p> <p>Citing the next to last paragraph under item 5.e on health care benefits for sitting board members, Director Hickey stated that the decision that directors who received additional benefits not be required to repay those amounts was not part of that items motion and asked that it be reconsidered and voted on at this meeting.</p> <p>Mr. Hudak reminded the Board that our meetings are governed by the Brown Act and no action can be taken on items that are not on the agenda. District policy allows for a director to request that an item be added to a future agenda. President Shefren suggested this be discussed under New Business.</p> <p><b>Motion:</b> To approve the item 3.a. June 5, 2013 minutes. <b>By:</b> Director Faro <b>Seconded by:</b> Director Kane <b>Vote:</b> 4-1 with Director Hickey opposed. <b>Motion Passed</b></p>		

#### 4. CEO/Staff Reports

In addition to Mr. Michelson's written report, he announced that the new SMMC South County Clinic is on schedule to open in November. To date the District has paid \$3 million against our \$4.3 million grant.

Mr. Michelson reported that under the CHI/Healthy Kids program efforts are being made to transfer about 700 children currently enrolled into the expanded Medi-Cal program thereby reducing the overall number of participants. Enrollment will be monitored and may possibly suggest a reduction in the District's financial support to the program for FY 2014-15. As part of her expanded responsibilities, Ms. Kurtzman will be replacing Mr. Michelson on the Healthy Kids planning committee.

Mr. Michelson announced that a taskforce consisting of himself, Directors Kane and Griffin are meeting with Mr. Nielsen to review the HeartSafe program. The taskforce hopes to present its findings and recommendations by yearend.

Healthy Schools Initiative: Ms. Kurtzman reported that she has been working on MOUs and contracts with the school districts and wellness coordinator work plans and schedules. She introduced a video produced by Don Shoecraft at Henry Food School entitled Mustangs Eat Salad to encourage kids healthy eating.

Ms. Gabet reported that she has been training with the coaches in the PE+ program revising the curriculum and working more closely with school food service staff with the goal to promote healthy eating habits.

HeartSafe: Mr. Nielsen announced that since preparing his Board report another life has been saved in Foster City by a District funded AED. Mr. Nielsen also held a CPR/AED training session for coaches who are working in the PE+ program.

#### 5. a. Strategic Planning Update

Mr. Michelson reported that the planning process is currently in the interview phase and 45 of 60 community members invited have confirmed participation. In October, findings will be reviewed and a draft report submitted to the Board for consideration in December.

#### 5. b. Draft Reply to Grand Jury Report

Director Hickey stated the District should take a proactive roll with LAFCo to encourage a service review of the District to determine who is benefitting from tax dollars spent.

**Motion:** To amend the District's response to encourage a service review by LAFCo.

**By:** Director Hickey

**Seconded by:** None

**Motion Dies for Lack of a Second**

Directors discussed responses to F.6 (nursing program) and F.8 (outreach efforts) but determined changes were not necessary.

**Motion:** To approve response to the Grand Jury as presented.

**By:** Director Faro

**Seconded by:** Director Griffin

**Vote:** 4-1 with Director Hickey opposed.

**Motion Passed**

Mr. Michelson stated that the formal response will be submitted to the Grand Jury this week, placed on the District's website and sent to the media.

Director Hickey offered a motion to reconsider the wording under 5.e of June 5<sup>th</sup> minutes. Mr. Hudak, citing government code 54954.2.(a) stated that no action can be taken on an item that is not on the agenda. He added that District policy allows a Director to request an item be placed on a future agenda if that request is seconded and approved by a majority vote.

Director Hickey requested that item 5.e of the June 5<sup>th</sup> minutes be placed on the next meeting agenda. There was no second to his request.

#### **6. Adjourn**

**Motion:** At 5:30 PM adjourn meeting.

**By:** Director Faro

**Seconded by:** Director Kane

**Vote:** 5-0

**Motion Passed**

The next regular meeting of the Board of Directors of Sequoia Healthcare District is scheduled for 4:30 PM, Wednesday, October 2, 2013, Conference Room, 525 Veterans Blvd., Redwood City, CA.

Respectfully Submitted,

Kathleen Kane  
Secretary

Agenda Item No. 3.b  
Board of Directors Meeting  
10/2/13

[illegible]

**SEQUOIA HEALTHCARE DISTRICT**  
**Income Statements**

Agenda Item No.3.b  
Board of Directors Meeting  
10/2/13

	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Budget 13-14
<b>INCOME</b>														
Rental Income	3,422.94	3,559.86											6,982.80	42,700.00
Tax Revenue	9,599.00	0.00											9,599.00	8,900,000.00
Investment Income	34,307.00	(13,430.00)											20,877.00	150,000.00
ROI-Sequoia Hospital EBIDA	0.00	0.00											0.00	-
Interest Income	574.56	569.44											1,144.00	7,600.00
Pension Income	0.00	0.00											0.00	2,800,000.00
<b>Total Income</b>	<b>47,903.50</b>	<b>(9,300.70)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>38,602.80</b>	<b>11,900,300.00</b>
<b>EXPENSES</b>														
<b>Administrative Expenses</b>														
Admin. Expense	239.18	573.56											812.74	12,000.00
Admin. Payroll	12,737.46	24,701.76											37,439.22	228,000.00
Board Health Insurance	3,336.75	6,936.75											10,273.50	75,000.00
Employee Health Insurance	1,569.20	3,635.35											5,204.55	48,000.00
Employee Retirement Benefit	1,026.95	2,073.66											3,100.61	17,000.00
Investment Fees	0.00	0.00											0.00	65,000.00
Office Supplies/Equip Maint	125.36	499.12											624.48	7,500.00
Accounting fees	0.00	1,405.40											1,405.40	17,000.00
Board Expense	0.00	0.00											0.00	8,000.00
Associations/Membership	0.00	7,500.00											7,500.00	10,300.00
Communications	31.71	0.00											31.71	25,000.00
Public Relations	4,200.00	4,200.00											8,400.00	50,000.00
Web Site/IT	5,515.00	865.00											6,380.00	22,000.00
Pension Plan	0.00	0.00											0.00	2,800,000.00
Insurance/D&O	26,587.04	(2,004.75)											24,582.29	21,000.00
Election Fees	0.00	0.00											0.00	-
LAFCO fees	0.00	0.00											0.00	8,000.00
Legal Fees	0.00	89.00											89.00	25,000.00
Bank Fees	0.00	0.00											0.00	100.00
<b>Total Admin. Expenses</b>	<b>55,368.65</b>	<b>50,474.85</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>105,843.50</b>	<b>3,438,900.00</b>
<b>Property Expenses</b>														
Maintenance	2,160.10	2,546.57											4,706.67	25,000.00
Utilities	1,188.69	2,499.73											3,688.42	20,000.00
Property Insurance	1,844.32	0.00											1,844.32	2,000.00
Depreciation	7,099.75	7,099.75											14,199.50	85,000.00
<b>Total Property Expenses</b>	<b>12,292.86</b>	<b>12,146.05</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>24,438.91</b>	<b>132,000.00</b>

**SEQUOIA HEALTHCARE DISTRICT**  
**Income Statements**

Agenda Item No.3.b  
Board of Directors Meeting  
10/2/13

	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Budget 13-14
<b>Grant Expenses</b>														
Grant Admin Expenses	76.93	100.00											176.93	6,000.00
Grant Admin Payroll	3,267.86	7,026.03											10,293.89	59,000.00
Children's Health Initiative	675,000.00	0.00											675,000.00	1,350,000.00
SFSU Nursing Program	0.00	0.00											0.00	1,000,000.00
Samaritan House Grant	153,174.00	0.00											153,174.00	612,700.00
Other Grants	4,500.00	1,300.00											5,800.00	20,000.00
San Mateo Medical Ctr.	0.00	0.00											0.00	1,000,000.00
Ravenswood-Belle Haven Clinic	0.00	0.00											0.00	500,000.00
Community Grants Program	0.00	0.00											0.00	1,340,000.00
Chronic Disease Management	641.19	429.28											1,070.47	20,000.00
<b>Total Grant Expenses</b>	<b>836,659.98</b>	<b>8,855.31</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>845,515.29</b>	<b>5,907,700.00</b>
<b>Program Expenses</b>														
HeartSafe Admin Expense	15,000.00	76.70											15,076.70	17,000.00
HeartSafe Payroll	3,302.15	6,604.42											9,906.57	28,000.00
HeartSafe Training & Equipment	118.64	126.63											245.27	55,000.00
School Health Admin	41.93	415.29											457.22	87,000.00
School Health Payroll	7,915.17	15,678.24											23,593.41	131,500.00
School Health Grants	204,650.00	172,706.50											377,356.50	2,611,500.00
<b>Total Program Expenses</b>	<b>231,027.89</b>	<b>195,607.78</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>426,635.67</b>	<b>2,930,000.00</b>
<b>Total Expenses</b>	<b>1,135,349.38</b>	<b>267,083.99</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1,402,433.37</b>	<b>12,408,600.00</b>
<b>Net Surplus/Loss</b>	<b>(1,087,445.88)</b>	<b>(276,384.69)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>(1,363,830.57)</b>	<b>(508,300.00)</b>
A one time grant of \$4.3 million approved 2/3/10 for the rebuild of the South County Health Center will be paid from District reserves & is not included in the operating budget														
San Mateo Medical Ctr. Rebuild	1,000,000.00	1,000,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,000,000.00	0.00
<b>Total Expenses With Rebuild</b>	<b>2,135,349.38</b>	<b>1,267,083.99</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3,101,635.67</b>	
<b>Net Surplus/Loss After Rebuild</b>	<b>(2,087,445.88)</b>	<b>(1,276,384.69)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>(3,363,830.57)</b>	

CEO Report: October 2013- Lee Michelson

1. There have been numerous interview sessions held with a wide variety of community leaders and local residents. The information gathered will be instrumental in guiding the Board and staff as we develop our strategic plan over the next few months. A summary of the findings are presented in the Board packet.
2. We hosted the Special District Association meeting in August. The next one is scheduled for October 29<sup>th</sup> and will feature Supervisor Adrienne Tissier.
3. Board members Jerry Shefren, Katie Kane and I participated in a planning session hosted by RWC 2020 with the new Executive Director Jana Kaiser. The District continues to support their walk to school promotion.
4. We are currently holding a Live Well Workshop at the Peninsula Jewish Community Center in Foster City and are in discussion with holding one in the fall at the Sequoia YMCA.
5. The annual dine-out fundraiser for the Meals on Wheels program is scheduled for October 15<sup>th</sup>. I will be the captain at Max's in RWC that day.
6. The HeartSafe Task Force has now met twice and a report will be presented at this Board meeting. Board members Katie Kane and Kim Griffin have participated in the discussions.
7. Board president Jerry Shefren and I met with our investment advisor Eric Reynolds to discuss recent performance and future predictions. Eric has promised to revisit the fees structure.
8. Pamela Kurtzman and I attended the kick-off of Adaptive PE's Health Week. A fundraising dinner is being held for that program on October 4<sup>th</sup>.
9. Pamela Kurtzman and I also recently attended a seminar on the health care reform program and the options that will be available starting October 1<sup>st</sup>. The County will be holding a special information and enrollment fair on October 12<sup>th</sup>.



10. I recently met with the interim Executive Director of Samaritan House. They are undergoing a search to replace Kitty Lopez who is now at the First 5 Commission.
11. Marie Violet again invited me to participate on the grants committee for Sequoia Hospital. Two grants will be presented: one to a collaborative working on hospital-to-home and the other to a collaborative focused on caregiving.
12. I will be attending the ACHD Education Committee meeting in Sacramento on October 24<sup>th</sup>.
13. The League of Women Voters has invited me to be a panelist on a program that they are sponsoring on the future of San Mateo County on October 22<sup>nd</sup>.



## Activity Summary for August - September 2013

### Highlights- Pamela

*Jennifer is established now in her role as PE+ Program Manager and in moving forward, is taking on the vast majority of responsibilities related to that program. I am beginning to move into my new role in overseeing the Community Grants programs and participation on the CHI Coalition. I have begun to solidify my work plan and timeline to include specific goals related to my new responsibilities. A few highlights of my work since August:*

- I am beginning to meet with those grantees to connect with ED and staff and visit programs. At this point, these will be relatively informal visits rather than the more thorough site visits and interviews I will conduct during the mid-year assessments.
- I worked with our Wellness Coordinators to define their objectives this school year and complete their timelines and work plans. Each District Coordinator has a specific set of objectives and a plan for achieving them.
- Working with County Health System's Get Healthy program to align the county's goals and funding priorities around physical fitness and nutrition education within HSI partner schools. Have also been advisor for Get Healthy Grants for both community and school-based programs and will review grant applications for Get Healthy funding on October 18. My involvement in Get Healthy helps both agencies (county and SHD) to align priorities and leverage our giving.
- Leading a collaborative effort to adopt a standardized approach within the county schools to address ATOD prevention and education for middle school students. Partners include the County Health Dept Policy and Planning, PHD and SHD HSI Wellness Coordinators, SMCOE, Stanford School of Education, and PAMF.
- Hosted a "Back to School Open House" on Sept 19<sup>th</sup> at our SHD Offices. Approximately 60 school health professionals attended including wellness coordinators, counselors, nurses, PE+ coordinators and coaches, and our non-profit grantees that deliver programs and services in our schools. Each of the 8 school districts supported through HSI, was represented at the event. It was a great way for our school partners to connect!



### Highlights- Jennifer Gabet

#### Project Management:

*Transitioned to new project management role with PE+.*

- Continued to develop the Nutrition/Health Huddle curriculum and materials for PE+ and San Carlos.
- Collaborated with the Dairy Council and the Wellness Coordinator for Sequoia Union High School District to develop interactive nutrition activities and materials for the high school PE teachers who are tasked with implementing nutrition education.

- Provided nutrition training for the PE teachers at the High School District (25 teachers, 5 schools, all 9<sup>th</sup> graders), PE coaches for PE+ (38 coaches; 11 schools, all K-5 students), and PE teachers and coaches for San Carlos School District (15 teachers/coaches; 6 schools, grades 1-5). Feedback was positive.
- Collaborated with PE+ coordinators and was trained on the budget by Pamela. Observed PE classes at PCC sites and PRCS sites.
- Worked with Applied Survey Research to develop PE+ evaluation plan that is being implemented beginning in October.
- After completing some development work between the two partners over the summer, I found during my recent observations of PCC and PRCS that the classes run very smoothly, the students stay engaged in the activities, and they keep moving throughout the class.
- The PE+ head coach at Hawes has provided students with water bottles and 80-90% of the students now bring their water bottles to every PE class. PE+ is involved in helping promote the Water First campaign in Redwood City School District. Some girls also made a point to show the head coach their new healthier snack options because they remembered the Huddles from last year. "Look, Coach. We're not eating Hot Cheetos."

#### **Other Meetings, Committees, and Events:**

- Participated in County Nutrition Action Plan with San Mateo County Health Department Nutrition Services and other nutrition partners. Completed first draft of nutrition partner inventory of programs in San Mateo County.
- Attended Bay Area Nutrition and Physical Activity Collaborative. We received recognition for completing staff wellness guidelines for our organization.

#### ***Highlights from our School District Partners:***

*Each District Wellness Coordinator now has a specific set of objectives and a plan for achieving them.*

**San Carlos** has begun to incorporate health education this year into their science curriculum, including a modified standards-based ATOD curriculum that we are looking to implement County Wide. Plans to provide parent education events to promote drug and alcohol prevention, tolerance, and social emotional resilience and acceptance are now underway.

**Sequoia Union** is focusing efforts to continue building a positive school climate including stress reduction, anti-bullying campaign, and resilience training using data to modify programs based on results from the Healthy Kids Survey 2012.

**Redwood City** will focus efforts on encouraging water consumption and reduce sugar sweetened beverages and improve mechanisms for supporting social-emotional health of their students.

**Belmont-Redwood Shores** will prioritize health education (resiliency training and citizenship), physical education, and staff wellness.

# HeartSafe Program

## Activity Summary for Aug and Sept 2013

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### HeartSafe Region Task Force Meetings

Attend and participate in regional planning and support.

### Maintenance of Existing Units (new batteries, electrodes, etc.)

- St. Gregorioso Church
- Woodside HS
- Fair Oaks School
- Kennedy Middle School
- Redwood City School District Offices
- Taft School
- McKinley School
- San Mateo Co Juvenile Courthouse
- San Mateo Co Assessor Office
- San Mateo Co Records Division
- Boys and Girls Club of East Menlo Park
- Hoover School
- Garfield School
- Redwood City School District Facilities
- Roosevelt School
- Selby Lane School
- Orion School
- San Mateo County Courthouse
- Cipriani School

### New AED Placements

- St. Matthias Church

### AED Placements In-Progress (application stage, site visits, etc)

- Redwood City Elks Club
- Belmont Council Chambers
- General Tire Redwood City (paid by this org)

### **AED / CPR Trainings**

- PE+ coaches
- EA Electronics
- Oracle Corp
- Justin Herman Plaza

### **AED / CPR Scheduled Trainings**

- Lions Club Emergency Response Team
- St. Matthias Church

### **Yet Another AED Save!**

On 08-02-2013 Foster City Police used a SHCD AED and save a man's life. They were dispatched on a medical call in which a male was having a heart attack while on the way to the hospital. Upon arriving on scene they assessed the male passenger and found him unresponsive. They began CPR and set up the AED and then shocked the patient twice prior to FCFD arrival. Prior to transport, the patient was able to regain a heartbeat but needed assistance with breathing. The male was transported to San Mateo County General where he was stabilized.

FC Fire Capt. Michael TOWNS advised that the officers did an outstanding job and that he attributes their quick response and use of the AED to the patient's survival.

See letter from survivor's wife.

August 11, 2013

Officer Terry and

Foster City Police Department;

I would like to thank Officer Terry and the Foster City Police Department for helping me last week August 2, 2013 at 11:30 pm. My husband (Ruben Kazarian) had a heart attack while we were driving to the hospital and I called 911 for help. The first arrivals were 4 policemen who carried my husband out of the car and started giving him CPR, and reviving him.

If it wasn't for their help, my husband would not be alive today.

We would like to say thank you and we appreciate all the caring and help that we received from Officer Terry and the Foster City Policemen during our hardest time.

With all our appreciation,

Ruben and Evelyn Kazarian

560 Windlass Lane

Foster City, CA 94404

***Photographs***



EA Electronics and Oracle Corp hosted Heartwalk and mass CPR training



Justin Herman Plaza Heartwalk and mass CPR training

**Strategic Planning Report: October 2<sup>nd</sup>, 2013**

1. A strategic planning committee was established consisting of Board Members Jerry Shefren and Art Faro along with CEO Lee Michelson to spearhead an effort leading to the development for a District Plan for the fiscal years 2014-15, 2015-16 and 2016-17.
2. The Committee decided to meet with various community leaders and others to gather advice and information that might be helpful in guiding the Board and staff in the development of the plan. A compilation of the findings are attached.
3. Numerous group and individual meetings were held in August and September and input was provided by more than fifty interview participants including District Board Members and staff. Peter Burchyns, a District volunteer assisted with the interviewing process. A list of participants is attached.
4. The Committee established a goal to ideally present a draft of a new strategic plan to the Board by the February 2014 Board meeting.
5. The Committee will be reviewing the findings during October and will be coordinating a discussion of the information with the full Board in late October or early November.



## Planning Participants as of September 27, 2013

1. County Board of Supervisors- 3
2. Non- profit professional staff- 7
3. School District reps- 6
4. Grant Committee members-3
5. Health Clinic leaders-3
6. First 5 representatives-2
7. County Medical Association -2
8. Hospital Consortium E.D.-1
9. Sherriff's Department-1
10. City Council members-1
11. County Health System staff-5
12. Park and Recreation Director-1
13. Health Plan of San Mateo executive-1
14. Community residents - 10
15. SHCD Board members-5
16. Hospital CEO- 1
17. United States Congresswomen- 1
18. California State Senator-1
19. California Assemblyman- 2
20. SHCD staff-4

Total - 60

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
<i><b>Question 1: As you think about the health issues in our local community that need to be addressed, what stands out for you? Which ones would you like to see the Sequoia Healthcare District (SHD) focus on?</b></i>	<ul style="list-style-type: none"> <li>Focus on the health needs of the young child, pre-natal to 7 years old. Work closely with First 5 Commission to jointly fund projects.</li> <li>There is a need for a Hospice Home in our County. This might be a joint project of all the hospice programs.</li> <li>Become a public educator about the Affordable Healthcare Act and how it impacts residents. Partner with the County Health Department or Human Services Department.</li> <li>Climate change and environmental health. This includes issues like walk-ability, safer streets, more parks etc.</li> <li>Dementia and Alzheimer disease.</li> <li>Assisted living arrangements and housing.</li> <li>Only fund projects related to Sequoia</li> </ul>	<ul style="list-style-type: none"> <li>Focus on teenage pregnancy prevention.</li> <li>Focus on the senior population and activities that keep seniors at home and out of the hospital. Assistance for caregivers: education and respite.</li> <li>Mental health needs special attention. This includes children.</li> <li>Dental is a real concern for both children and older adults.</li> <li>Do not drop support for the undocumented especially undocumented children. Keep funding Healthy Kids for those that do not qualify for AHA.</li> <li>Fitness and obesity concerns of children including good nutrition. Act against sugary drinks.</li> <li>Violence prevention. This includes anti-bullying campaigns.</li> <li>Ok for District to have a</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Be a gap filler. Identify the voids in the system and if no one else is able to fill, step in.</li> </ul>

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
	<p>Hospital. The statement was that our original purpose was to operate Sequoia Hospital and they should remain our main service partner.</p> <ul style="list-style-type: none"> <li>• <b>Home remodeling</b>, ramps etc. to protect seniors against falls. May include assessments and actual remodel work.</li> <li>• <b>Medical social workers</b> in clinic settings. Samaritan House expressed a need for this service.</li> <li>• What does Sequoia Hospital want you to focus on? That is why you exist.</li> </ul>	<p>broad focus as there are many health issues that need attention. Stay the current course, already touching many health areas.</p> <ul style="list-style-type: none"> <li>• Hunger and feeding the lowest income and the elderly shut-in population.</li> <li>• Chronic disease management: classes, case management etc.</li> <li>•</li> </ul>		
<u><b>Board responses</b></u>	<ul style="list-style-type: none"> <li>• Health care advocacy should be a role for the SHD.</li> <li>• Sleep Apnea</li> <li>• There should be more classes in high schools around issues related to safe driving and prevention of injuries due to car crashes and</li> </ul>	<ul style="list-style-type: none"> <li>• The countywide health assessment shows that San Mateo County is similar to most communities in that it has a wide range of health issues. Thus, with limited resources it is very difficult to choose which ones to</li> </ul>	<ul style="list-style-type: none"> <li>• The major issue in San Mateo County is the health of the economy and the best way for SHD to address this issue would be for it to dissolve and send its funds to other agencies; this would eliminate the administrative overhead</li> </ul>	<ul style="list-style-type: none"> <li>• Particularly in light of the changes occurring in the healthcare system, the SHD needs to agree on its definition of how the District defines "health." The District may be moving too extensively into areas such as nutrition and</li> </ul>

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
	<p>around the serious injuries relating from gang violence and gunshot wounds.</p> <ul style="list-style-type: none"> <li>• Needle exchange programs are low-cost, effective programs that SHD should consider funding.</li> <li>• There is a need for medical marijuana programs that allow people to choose their own medications.</li> </ul>	<p>address; in effect, there are many right ways to go, and no wrong ones. SHD should seek a balanced approach.</p> <ul style="list-style-type: none"> <li>• In choosing areas of focus, the SHD should focus on needs that others do not, or cannot, address.</li> <li>• Prevention gives the bang for the buck, especially among the indigent populations. Healthy Schools is a good example. Preventive care, related to both medical and mental health issues, provided to young children (ages birth – 10 years) has a long-term positive effect on their lives.</li> <li>• The District's first priority should be on prevention of illness, starting with prenatal care and children's health; this greatly reduces later health</li> </ul>	<p>of SHD and the administrative and reporting expenses of agencies now receiving grants from SHD.</p> <ul style="list-style-type: none"> <li>• I question whether the Children's Health Initiative should be a priority for the District.</li> </ul>	<p>Misc. mental health that may be outside the core definition of health.</p>

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

Add	Keep	Drop	Misc.
	<p>problems and the cost of treating them. Perhaps 60% of the District's resources should go to this priority. After prevention, the second priority should be to foster messages to the community about Obamacare; informed community members will be better able to access services</p> <ul style="list-style-type: none"> <li>• A neglected area of need among young children is dental care; SHD should look at this as a possible priority for future funding.</li> <li>• Health education in elementary schools is critical, particularly on the topics of exercise and nutrition. Many students grow up in homes with limited diets and these can lead to diabetes and diseases affecting joints. Education about disease processes should start in</li> </ul>		

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
		<ul style="list-style-type: none"> <li>grades 3-4.</li> <li>Mental Health services for younger children should be a priority. The District should focus on developmental and mental health issues than on social issues.</li> <li>Dental care is important.</li> <li>Services that address mental health problems are a priority.</li> </ul>		
<u>Staff responses</u>	<ul style="list-style-type: none"> <li>There is a need to expand hospice care, such as that provided by Mission Hospice.</li> <li>The District should focus upon the needs of people experiencing medical emergencies and the services provided by the first responders on the scene who provide early intervention when seconds and minutes count in saving lives.</li> <li>Many veterans who are returning home have Post Traumatic Stress Disorders; particularly</li> </ul>	<ul style="list-style-type: none"> <li>The District is currently addressing the major needs of the community.</li> <li>Enhancing access to health services should be a priority.</li> <li>Residents of the SHD should have access to basic health screenings and exams that will enable them to maintain good health and prevent diseases.</li> <li>Addressing the problems of obesity, across the entire spectrum of District residents regardless of age, location or</li> </ul>	<ul style="list-style-type: none"> <li>The District does a lot for children; is it doing too much for this age group?</li> </ul>	

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

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	<p>with the closing of the Veterans Administration facility in Palo Alto, these veterans will need help and the District should consider providing services to these vets.</p>	<p>demographic identity is important.</p> <ul style="list-style-type: none"> <li>Chronic disease management should be a priority.</li> <li>Many residents lack access to dental care; this will continue to be a problem since the new healthcare reforms do not include dental care.</li> <li>The District should help the poorer members of the District get access to medical/health services.</li> <li>Health needs and conditions resulting from poverty, food insecurity and homelessness should be priorities.</li> <li>The health needs of the aging population should be a priority.</li> <li>Programs for needy adults are important – e.g., Meals on Wheels and the Adult Day Care program that provides respite care for adult caregivers.</li> </ul>		

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
<i><b>Question 2: Would you recommend that the District focus primarily on further developing and supporting existing community health programs or should it focus some funds toward innovation, pilot projects and creating new approaches? What do you see as the proper balance?</b></i>	<ul style="list-style-type: none"> <li>Some money should be used for innovation, maybe 10-20 %.</li> <li>\$500,000- \$1 million a year.</li> <li>It is ok to try some pilots even though they may not be successful.</li> <li><b>Pilots may require multi-year funding</b> before we can judge if they are good</li> </ul>	<ul style="list-style-type: none"> <li>Encourage creativity within existing programs.</li> <li>Yes, but do not take away from safety net programs to make this happen.</li> <li>What is happening in other places that can be brought here, like when the District and the YMCA brought the Mend Program.</li> </ul>	<ul style="list-style-type: none"> <li>Do not fall in love with funding something just because it is new. Many of the current programs have been tested over many years and are working.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<i><b><u>Board responses</u></b></i>	<ul style="list-style-type: none"> <li>The SHD should always look for innovative projects. There are many creative people out there in the community who can see things that we are missing and the District should allocate some resources to support new solutions these people can develop. The SHD could put out a notice to the community that funding is available for innovative ideas and encourage innovators to</li> </ul>	<ul style="list-style-type: none"> <li>The SHD has great flexibility in how to spend its funds and should spend at least 10% annually to things that the District and other agencies have not yet done. It could be an incubator for new programs. Doing this would mean the District would have to be wary about making large, long-term commitments to any agency and be willing to discontinue some funding each year in order to free up</li> </ul>	<ul style="list-style-type: none"> <li>The SHD should arrange for the orderly transfer of its resources to other agencies sharing its current boundaries, or to countywide agencies. Programs that serve the whole county would be fairer than the status quo; for example, currently schools within the borders of SHD receive funding for certain school-based programs that are not available to schools in other parts of the</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>



# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
	<p>apply.</p> <ul style="list-style-type: none"> <li>It would be OK for the District to take a lot of money out of existing individual grants to fund a large new, innovative grant that would address many needs.</li> <li>Blue Zone projects could be innovative new approaches to improving health in the community; the District needs to what other Healthcare Districts such as the Bay Cities HCD have done and get up to speed about these programs.</li> <li>The Heart Safe program was not originally intended to be a program that received on-going funding from SHD, but the District does need to look at expanding the program.</li> </ul>	<p>money for new initiatives.</p> <ul style="list-style-type: none"> <li>We do need to have grants for some existing health programs, such as the Children's Health Initiative.</li> <li>The Chronic Disease Management program is tremendous. It directly improves the quality of life for the participants by getting them out of their homes and into a social environment in which they set goals and work to achieve them in the company of peers.</li> </ul>	<p>county, such as Half Moon Bay or the northern area of the county.</p>	
<u>Staff responses</u>	<ul style="list-style-type: none"> <li>Perhaps the District should allocate 10% of its grants to pilot projects, but these grants</li> </ul>	<ul style="list-style-type: none"> <li>It is very important for the District to experience successes that attract the eyes of</li> </ul>	<ul style="list-style-type: none"> <li>Pilot programs are risky and we need to be cautious as we spend public tax dollars on</li> </ul>	

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
	<p>should be for 2-3 years to allow time for the pilot program to get off the ground.</p> <ul style="list-style-type: none"> <li>New programs must be supported by research and be data driven. They should provide new, more effective ways to solve problems and should generate data to show they warrant support for replacing existing approaches.</li> </ul>	<p>the public and raise its awareness to SHD and the benefits it provides; this can come both from supporting established successful programs and from helping to start innovative new projects.</p> <ul style="list-style-type: none"> <li>There should be a balance between funding existing programs that the District knows work and supporting some innovative programs that introduce new ideas and cutting edge strategies.</li> <li>The District has funded some pilot programs, such as Chronic Disease Management and Healthy Schools, which are growing into continuing programs.</li> <li>At least 65%-75% of the District's resources should be devoted to support for existing programs, with the remainder being made</li> </ul>	<p>them.</p>	

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
		<p>available for innovation, pilot projects and other new efforts.</p> <ul style="list-style-type: none"> <li>Support for existing programs makes sense. San Mateo County has many experts working in the field and SHD should collaborate with them.</li> </ul>		
<i><u>Question 3: Should we continue to restrict funding of for-profits?</u></i>	<ul style="list-style-type: none"> <li>No problem with funding for-profits if they are the best vehicle for accomplishing goals. Impact triumphs structure.</li> <li>Continue to restrict but look for opportunities to co-fund programs with private partners like the Sobrato Foundation.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Be careful as for – profits may appear to be the best bet at first but will they commit in the long run if program turns out not to be profitable. They may want to “cheery pick” clients.</li> <li>Politically this may not fly with voters.</li> <li>For-profits are not as transparent with their financial information.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<i><u>Board responses</u></i>	<ul style="list-style-type: none"> <li>In dropping the restriction the District should have clear criteria in mind for how it will select grantees. A key criterion is how well the potential recipient of</li> </ul>	<ul style="list-style-type: none"> <li>I am not too keen on dropping the restriction against funding for-profit agencies, but it is OK to partner with them when they have good programs; the District</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>The District should consider whether to change this restriction.</li> </ul>

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

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	<p>grant can serve the clients' needs. The distinction between for-profit and nonprofit is not a black and white one, because many larger non-profit agencies have far more resources than smaller for-profit companies. In some cases, smaller local for-profit companies may serve client needs more effectively; small companies that provide durable medical equipment (DME) are a case in point.</p> <ul style="list-style-type: none"> <li>The issue here may be one of the size of the organization with which the District is dealing, rather than a question of whether it is a for-profit or a non-profit. Large non-profit organizations with huge budgets can be difficult for the SHD to work with, and SHD should consider whether</li> </ul>	<p>must carefully evaluate the effectiveness of any such activities it funds, and the main purpose must not be to contribute to the bottom line of the for-profit entity.</p> <ul style="list-style-type: none"> <li>The District should keep the restriction against funding organizations that are for-profit. For-profit entities are not high on my list for grants but the District could use these agencies if they can effectively serve large populations of clients.</li> </ul>		

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

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	<p>these organizations are capable of supporting their projects with their own funding; the Stanford Stroke Program is one example. The District can find itself on a slippery slope when it gets involved with large organizations.</p> <ul style="list-style-type: none"> <li>The current system results in District resources spilling over to non-residents of the District who access services at agencies within the District's boundaries. As an alternative, the District could provide vouchers to its residents, which they in turn could use to secure services from the providers of their choice, regardless of whether they are for-profit or nonprofit. For-profit agencies are part of the community and some engage in philanthropic activities.</li> </ul>			

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
<u>Staff responses</u>	<ul style="list-style-type: none"> <li>The District should drop this policy. It would be better not to have any categorical restriction against partnering with for-profit organizations, with two provisions: 1) the program being supported is aligned with the mission of the District; and 2) the program produces tangible, measurable results that demonstrate success</li> </ul>	<ul style="list-style-type: none"> <li>The District should maintain this restriction; it should collaborate with them but not fund them with public funds generated by taxes. (Note: Two respondents offered this same comment.)</li> <li>The restriction should be kept but if something arises we should consider it.</li> <li>The District should keep this restriction but be willing to work with for-profit agencies and their foundations.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<u>Question 4: How do you feel about the District funding other government entities that have their own tax base?</u>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>If the government agencies are the best ones to get the job done, than no problem in funding them.</li> <li>The government agencies may be in the best position to leverage other funding.</li> <li>No government agencies are flush with money and District funds often make the difference</li> </ul>	<ul style="list-style-type: none"> <li>Probably limit except for schools. Now that the County has passed <b>Measure A</b>, there is no need to continue funding the county clinic.</li> <li>Non -profits need our help more especially the smaller ones or the ones that do not naturally attract private donors.</li> <li>Be careful of the</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
		from doing just the basics to a much better program, especially in the schools.	government "shell" game. Because of benefits, pensions and union wages the government entity may not be the most cost effective approach.	
<u>Board responses</u>		<ul style="list-style-type: none"> <li>I have no problem funding other governmental agencies; it is the outcome that is important and the agencies we fund – whether governmental or otherwise – must be able to demonstrate good results.</li> <li>I have no problem with the District funding other government agencies if they offer good programs. The funding SHD provides to school districts supports has been a worthwhile investment. The funding for Redwood City 2020 has been appropriate. The funding for the Fair Oaks Clinic's facility</li> </ul>	<ul style="list-style-type: none"> <li>Using the SHD's funding provided by taxpayers to support the shortfalls of other tax-supported agencies is fraught with problems (except possibly in case of emergencies). The SHD should not be funding programs that should be supported by the funds of other tax-supported agencies; for example, SHD should not fund school nurses, since school districts should be funding them; however, it would be OK for SHD to fund special counseling programs for students who come to school with needs created by non-school</li> </ul>	<ul style="list-style-type: none"> <li>The District should proceed with caution in this area, assessing the needs of the community and the service for which the other organization is requesting funding. The District also needs to examine the degree of control it will have over how its funds are used and how it will be able to monitor the use of funds. In the case of the County Health Department, the District has put a lot of money into the new Clinic on Middlefield Road in Redwood City, but the County doesn't even own the property and SHD has relatively little</li> </ul>

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	Add	Keep	Drop	Misc.
		(\$4.2 million) and for a physician at the facility supports needed services to that community. The programs funded at Samaritan House and the Women's Health Clinic address critical needs. In addition to the services provided, the funding builds political good will.	<ul style="list-style-type: none"> <li>I am totally opposed to the District funding other government agencies, and if the District were dissolved its funding could go directly to them. Currently, there is very little reporting required of other governmental agencies that receive District funding and there is little follow-up on how these agencies use this funding.</li> </ul>	control. SHD does have much more control over the programs it funds in school districts, but even in this area SHD cannot prevent school districts from making cuts to health programs – for example, layoffs to school nurses.
<u>Staff responses</u>		<ul style="list-style-type: none"> <li>If SHD does fund another governmental agency it should only be with the caveat that the SHD funds supplement but do not supplant the other agency's funding of the program; the other agency must maintain its level of financial support in order to be eligible to receive supplemental funding from SHD.</li> <li>The District should</li> </ul>	<ul style="list-style-type: none"> <li>Funding other governmental agencies places the District on a slippery slope. Once the District provides funding for a program it wishes to support (X) the other agency may come to rely on District funding for X and shift its own funding away from X to other services.</li> <li>Should SHD continue to fund the wealthy school</li> </ul>	<ul style="list-style-type: none"> <li>When the nursing education program ends, what should the District do with the funding that currently goes to that program?</li> </ul>



# Community, Board and Staff Interviews for Strategic Planning August/September 2013

Add	Keep	Drop	Misc.
	<p>continue the Healthy Schools grants to fund school nurses, counselors and PE teachers, at least until school funding is increased. The District should periodically review this funding, perhaps every three years.</p> <ul style="list-style-type: none"> <li>The District should not have any general restrictions against funding other governmental agencies, as long as the programs the District supports aligns with the Districts mission and goals and produces good results. Other governmental agencies have limits on their budgets and SHD should help them as long as our missions and goals align.</li> <li>What the District currently funds in other governmental agencies is acute care, instead of</li> </ul>	<p>districts?</p> <ul style="list-style-type: none"> <li>The District should align itself with other governmental entities but not fund them, unless it is funding services that the District would otherwise fund, such as dental services at Fair Oaks. In effect, the District would be using the other governmental agency as a contractor to deliver a service the District wants provided to its residents.</li> <li>The District should not give any more funding to Sequoia Hospital, now that it is part of Dignity Health.</li> <li>The District should not provide any further funding to the Sequoia Hospital Foundation.</li> <li>The District provides \$1.5 million to the Children's Health program and has provided \$4.3 million to</li> </ul>	

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
		prevention.	<p>the County Health Department for a building. It is now time for these programs to become self-sufficient. The funds that have been going to these programs could be used for other programs that serve a wider base of clients.</p> <ul style="list-style-type: none"> <li>The District should collaborate with other governmental agencies but not fund them.</li> </ul>	
<p><u>Question 5: What areas of disease prevention would you like to see the District focus on?</u></p>	<ul style="list-style-type: none"> <li>Anything related to children especially the very young. May want to partner closely with First 5.</li> </ul>	<ul style="list-style-type: none"> <li>Treatment is often the best prevention, prevents things from getting much worse. The two are not mutually exclusive.</li> <li>Wellness has the best long-term benefit but we would need to be patient, benefits are not always immediate or noticeable.</li> <li>A 50-50 arrangement between treatment and prevention sounds about right. Might vary</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
		<p>annually .</p> <ul style="list-style-type: none"> <li>The best prevention is restructuring our way of living to promote active lifestyles and being less reliant on the automobile. Support biking and walking.</li> <li>Dental related prevention pays off with great dividends not only orally but medically.</li> </ul>		
<u><b>Board responses</b></u>	<ul style="list-style-type: none"> <li>Vaccinations should be a priority because vaccination rates are going down. Interestingly, children in lower income families have higher rates of vaccination than children in middle-income families, where parents often have resistance to having their children vaccinated.</li> <li>Pertussis is a health threat and there is a need to improve vaccination rates against this disease.</li> </ul>	<ul style="list-style-type: none"> <li>Prevention provides a big return on the investment.</li> <li>Prevention services to the low-income aging population should be a priority because these people lack the resources needed to acquire care.</li> <li>Dental care could be a high priority; in general, many people, including health care providers, do not fully realize the range of health care problems that can be caused or exacerbated by poor dental health</li> </ul>	<ul style="list-style-type: none"> <li>The SHD should focus on disease prevention but should also consider whether too much emphasis has been placed on obesity; it is valid to ask how much money the District should direct at a problem that is caused by people's refusal to make good choices related to food. There are other needs that are a higher priority, such as the need for dental care services and for services to residents at Samaritan House.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

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	Add	Keep	Drop	Misc.
	<ul style="list-style-type: none"> <li>Gestational diabetes presents dangers to both mothers and their children and can lead to lifelong health issues.</li> <li>Cardio-vascular prevention should be a priority, and should include attention to problems that children experience. There should be early screening of children for both cholesterol and hereditary problems, since these show up early in life.</li> </ul>	<ul style="list-style-type: none"> <li>and lack of dental care.</li> <li>Mental health is an area that has great needs and that is enormously underfunded. The afflicted population is often not able to advocate for care, and many problems, such as spousal abuse, affect whole families, often with serious negative impacts on children in the family.</li> </ul>	<ul style="list-style-type: none"> <li>Prevention priorities should flow from the priorities established by the Federal Center for Disease Control (CDC); it would be better for the priorities to be addressed at the County level by County agencies.</li> <li>Not all problems are diseases, obesity being a case in point. The government has no need to get involved with problems such as childhood obesity.</li> </ul>	
<u>Staff responses</u>	<ul style="list-style-type: none"> <li>Things will change with the new healthcare reform and more people will have insurance coverage; perhaps the District should increase its efforts in communication and education about the important role that basic exams and screenings play in preventing health problems and maintaining good</li> </ul>	<ul style="list-style-type: none"> <li>The District already has several prevention programs and does not need to add new ones.</li> <li>Helping residents who are poor to get access to routine check-ups and services would prevent major medical problems from developing.</li> <li>Training people how to manage chronic disease conditions (e.g., diabetes) will help keep</li> </ul>		<ul style="list-style-type: none"> <li>The District cannot assure that <u>all</u> residents will have access to health care.</li> <li>Once problems are identified, appropriate interventions (such as diet changes to prevent high cholesterol) will help prevent conditions from getting worse.</li> </ul>

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
	<p>health. The purpose would be to ensure that people who now have coverage for these screenings and exams actually follow through and get the services.</p> <ul style="list-style-type: none"> <li>General screenings that start at an early age will provide baseline data for the individual and result in early identification of problems.</li> <li>Screenings for things like cardiac problems would help prevent serious medical problems.</li> <li>Screenings for children would identify problems and prevent them from developing into major problems.</li> <li>Additional health education on the topic of how to access health care would be useful for those currently not having success in accessing services.</li> <li>SHD could provide</li> </ul>	<p>them out of the hospital and improve their quality of life.</p> <ul style="list-style-type: none"> <li>Providing better dental care will help prevent many other (non-dental) diseases that can result from lack of dental care.</li> </ul>		

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
	educational seminars focused on specific topics to help District residents deal with medical issues; some possible topics would be aging, cardiac concerns and obesity.			
<i><b>Question 6: Should the District be more targeted to certain age groups or demographics and if so which ones?</b></i>	<ul style="list-style-type: none"> <li>• We do not need to worry about serving everyone especially not equally.</li> <li>• Be active in offering <b>health screenings</b>. Go out to events and offer free services like blood pressure screenings.</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on children and the elderly. Most other adults are doing fine. If you help their children or grandchildren and elderly parents you are helping the middle aged.</li> <li>• By focusing on the elderly you are sending a message to those not there yet that they will be cared for when they reach that age.</li> <li>• Help the most vulnerable. Helping these folks make it better for everyone.</li> <li>• Understand that this may be more of a political issue. Everyone may feel that they are entitled to benefit from their tax funds.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
<u><b>Board responses</b></u>		<ul style="list-style-type: none"> <li>Regardless of what agency or program SHD funds, it should always strive to invest in a manner that allows the District to demonstrate that it has achieved positive outcomes and thus had a good return on its investment.</li> <li>The District does focus to some extent on low socio-economic status (SES) populations.</li> <li>The District should target its resources and services, with the underserved, low-income population as a top priority; the working poor and residents at Samaritan House are included in this group. In addition, within this target population, the youngest members should be first in line for service.</li> <li>The population in the District is aging and we need to focus on</li> </ul>	<ul style="list-style-type: none"> <li>The District's definition of "health" is too broad; for example, the Ombudsman program is a good one, but it is really not a health program and thus should not be something the Sequoia Healthcare District funds.</li> <li>Part of the District's role is to focus on things that other agencies are not doing. In this context, the millions of dollars given to Sequoia Hospital could have been used to serve other populations, such as the indigent, and to fund grantees that work with the indigent; Sequoia Hospital, which is a high profit hospital, could have used its funds, rather than ours, to support its efforts.</li> <li>People on Medicaid should be the responsibility of the County. When the</li> </ul>	

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
		<p>keeping them able to remain in their homes.</p> <ul style="list-style-type: none"> <li>• The focus should be upon families, including children and seniors.</li> <li>• The District should not focus on specific targeted populations; the District's resources come from all taxpayers across the District and thus we should not target only some sectors of the population (e.g., the low-income population) for services.</li> </ul>	<p>District was a <u>hospital</u> district as opposed to a <u>healthcare</u> district, it was <u>not</u> allowed to serve Medicaid patients; we need to determine if the law now allows us to supplement services to Medicaid recipients.</p>	
<u>Staff responses</u>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• The clients of Samaritan House could be a target population.</li> <li>• The District should not focus on certain age groups or geographic areas, because all property owners in the District pay property taxes to support the District</li> <li>• No, the District should not target certain populations; everyone should have access to</li> </ul>	<ul style="list-style-type: none"> <li>• The District currently targets the undocumented residents, but where do other groups, such as working citizens who lack health insurance, go for help</li> </ul>	<ul style="list-style-type: none"> <li>• Because the needs are so great, the District should collaborate with other agencies to deliver services in the most effective, efficient way.</li> </ul>



# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
		<p>good health services and benefits, not just those with the greatest needs.</p> <ul style="list-style-type: none"> <li>The District does spread its services widely. If the District wants to focus more narrowly, it should target by areas of concern (for example, focus on the problems of obesity or problems related to aging); however, once the area of concern has been selected, the District should make the service available to any resident of the District who has the concern. The District is a tax-supported agency and therefore should not say "No" to any resident of the District who needs help with problems related to the target concern selected by the District.</li> </ul>		
<b><i>Question 7: Should the District take a more active role in bringing service</i></b>	<ul style="list-style-type: none"> <li>Yes, the District has the freedom to move in to areas that others by their</li> </ul>	<ul style="list-style-type: none"> <li>Facilitating partnerships and encouraging cooperation is generally</li> </ul>	<ul style="list-style-type: none"> <li>Keep administrative costs low. Be careful about adding staff.</li> </ul>	

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
<i>providers together and building collaboratives?</i>	<p>restricted mandates cannot.</p> <ul style="list-style-type: none"> <li>Ok, to use some funds to augment staff to focus on better service delivery.</li> <li>Collaborate more with the provider world, Peninsula HCD, Kaiser, PAMF and Stanford.</li> <li>Help bring the <b>RWC 2020 model to other communities</b> within the District.</li> <li>Use your funding power to encourage mergers of non-profits.</li> </ul>	<p>a good thing.</p> <ul style="list-style-type: none"> <li>District has already shown ability in this area.</li> </ul>	<ul style="list-style-type: none"> <li>There may already be too many collaboratives and meetings for the same people to go to. We are reaching collaborative fatigue.</li> </ul>	
<u><i>Board responses</i></u>	<ul style="list-style-type: none"> <li>One possible function for the District would be to serve as an information provider.</li> </ul>	<ul style="list-style-type: none"> <li>The first thing the Board should do when considering whether to undertake or support any proposed course of action is to keep its vision and mission in mind and ask whether the proposed action or program is tightly connected to the vision and mission; if it does not do this, the scope of our activities gets too</li> </ul>	<ul style="list-style-type: none"> <li>Although it would be nice for SHD to be recognized as a leader and catalyst for healthcare in the community and county, the feasibility of it doing this is open to question. Being a community facilitator and collaborator takes time and resources and would require whole-hearted support from the Board.</li> </ul>	<ul style="list-style-type: none"> <li>Collaboration with people in the community is good, but there is a concern about creating bureaucracy. Would creating partnerships slow us down, or even mire us down?</li> <li>Getting input at board meetings is good, as long as we can then proceed without getting “committed to death.”</li> </ul>

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
		<p>broad.</p> <ul style="list-style-type: none"> <li>As the District goes about its operations, it should do so in a collaborative and facilitative manner but this does not mean that it should take on the formal role of collaborative builder and facilitator. Those roles are specialized ones; we do not currently have specialized staff whose core functions are to facilitate and collaborate and we should not allocate resources to creating new positions to carry out those roles. We currently allocate our resources well by having a small staff that effectively pumps out a lot of funding to agencies that deliver valued services to community members.</li> <li>The District should rely on its Executive</li> </ul>	<p>It does not seem that we have the bandwidth to do this. That said, SHD might well do this on a small scale with specific projects when the circumstances warrant it – e.g., to bring together three small agencies working on the same problem in three different neighborhoods so they can share resources and eliminate overlap.</p> <ul style="list-style-type: none"> <li>There are so many coalitions now that creating more would be redundant.</li> </ul>	

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

Add	Keep	Drop	Misc.
	<p>Director to determine when collaboration is appropriate; he is the person who has the best knowledge of the various agencies and their staff and can therefore judge when collaboration is the right approach.</p> <ul style="list-style-type: none"> <li>• I would like to see the District collaborate with the County Health and Human Services Departments.</li> <li>• Collaboration is desirable, but given our small size we need to avoid taking on more than we can handle; perhaps the best way to proceed is to begin with “baby steps” that involve small collaborative activities with small agencies running small projects of the same type (such as food related projects); bringing these agencies together could lead to</li> </ul>		

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
		<p>economies of scale.</p> <ul style="list-style-type: none"> <li>The District should be more collaborative with Sequoia Hospital on its program that seeks to provide services and support to recently released patients when they return home, in order to reduce the numbers of patients who re-enter the hospital within a relatively short time of their initial release.</li> </ul>		
<u>Staff responses</u>	<ul style="list-style-type: none"> <li>I absolutely think this should be a priority for the District; serving as a facilitator and collaborator would enable the District to be accountable to all residents in the District.</li> <li>The District should bring together as many agencies as possible to look at the big picture, eliminate the "silo" effect, identify unmet needs and service gaps, and create pilots and</li> </ul>	<ul style="list-style-type: none"> <li>Specifically, the District should collaborate with the County Health System and the County Office of Education; these agencies serve thousands of clients, have ties to many other agencies and also have access to state and Federal grants. Collaboration with other agencies, such as the Boys and Girls Clubs, are also valuable.</li> <li>It is a good idea for the</li> </ul>	<ul style="list-style-type: none"> <li>I do not think this facilitator role should be a key focus of SHD, but I am not opposed to the District being a facilitator when it is creating a new program.</li> <li>The District should not take on the role of "community facilitator" as a focus; if it did this it would become a mere funnel for sending resources to other agencies and might help other agencies achieve</li> </ul>	<ul style="list-style-type: none"> <li>The District needs to consider the impact on its staff if it wants to take on the new role of community facilitator. Who would do the work? If it is an existing staff member, what would that person give up doing; would new people be hired to pick up that task or would the District drop the task?</li> </ul>

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
	<p>innovative programs where they are needed.</p> <ul style="list-style-type: none"> <li>In trying to serve all members, there will always be gaps. Perhaps adding a facilitator role staffed by a new staff member would help the SHD to facilitate the development of needed services.</li> </ul>	<p>District to collaborate with other agencies in delivering services; collaboration can bring greater results (1+1 = 3).</p> <ul style="list-style-type: none"> <li>Specific coalitions should be based upon the target problem being addressed; for example, if obesity is the target, then the District might work with schools, hospitals and nutrition experts. If the target is the Heart Safe program, the District could work with police and fire departments and schools</li> </ul>	<p>success but would not be achieving any tangible results for the District. The District needs to operate in a manner that produces measurable successes for the District, so that the District can demonstrate to the public what it has achieved.</p>	
<p><b><i>Question 8: Do you think that having a health care district improves community health and if so in what ways?</i></b></p>	<ul style="list-style-type: none"> <li>Sequoia Is doing a good job and should reach out to <b>East Palo Alto</b> to bring them in. Possibly talk to the County about funding the portion that would be needed to serve East Palo Alto.</li> <li>Tell your story by submitting articles to congressional representatives and others for their</li> </ul>	<ul style="list-style-type: none"> <li>Average person probably does not know much about the district and may not care but those that do see great benefit.</li> <li>Probably many still associate District with hospital so there is somewhat of a branding issue.</li> <li>The District is very transparent as to how</li> </ul>	<ul style="list-style-type: none"> <li>You are fat cats with too much money in reserve with no clear plan to spend it.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
	<p>newsletters.</p> <ul style="list-style-type: none"> <li>• <b>It is time to invest in social media.</b></li> <li>• Consider adding technical expertise to your staff in areas like fundraising and evaluation to assist non-profits.</li> </ul>	<p>you make funding decisions and how many is spent. That is a good thing.</p> <ul style="list-style-type: none"> <li>• Special praise for the Healthy Schools Initiative.</li> <li>• Positive Grand Jury report proves District is beneficial.</li> <li>• The 100% return to the community is a good policy as long as you can afford to that. Sets you apart but more important is determining your impact and what you are doing or trying to do with the money.</li> </ul>		
<u><b>Board responses</b></u>		<ul style="list-style-type: none"> <li>• Yes, Healthcare Districts do improve community health.</li> <li>• Yes, the SHD is effective; it puts \$8-\$9 million annually into healthcare services. If the District did not exist, most of this money would not go to healthcare.</li> <li>• The District provides</li> </ul>	<ul style="list-style-type: none"> <li>• The health status of the community would be no different if the SHD did not exist. There would be better results if the District's funding went directly to other agencies with lower overheads.</li> <li>• Some programs – such as the one supporting defibrillators – are good,</li> </ul>	<ul style="list-style-type: none"> <li>• Comparisons with areas (such as San Jose) that do not have Healthcare Districts tell us that our community members are helped by the funds put into the community. Other Healthcare Districts put large amounts of money into property, buildings and reserves, but SHD funds</li> </ul>

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
		<p>taxpayers with information about why health care is important.</p> <ul style="list-style-type: none"> <li>• The Samaritan House Free Clinic provides excellent services to people with great needs.</li> <li>• The clinic in Ravenswood run by the County Health Department that we help support provides good services.</li> <li>• Health awareness programs are effective.</li> <li>• The Healthy Schools project is good.</li> <li>• The Children's Health Initiative has provided Health Coordinators, nurses and physical education programs to schools and has collaborated well with Parks and Recreation.</li> </ul> <p>The nutrition education element of the Initiative is good, but we need to be careful not to place too much emphasis on this aspect of the overall</p>	<p>but would be better run by the County; other counties do this and have programs such as defibrillators connected to GPS systems and smart phone applications that enable providers to get defibrillators quickly to those needing them.</p> <ul style="list-style-type: none"> <li>• The SHD's sphere of influence is not well defined; for example, only 50% of the nurses trained by the program SHD funded work within the District's boundaries, and many patients coming to them live outside the District. Programs like this one and the school health projects would be more effective and equitable if operated at the County level.</li> </ul>	<p>programs and services.</p> <ul style="list-style-type: none"> <li>• Mental health counseling programs run by small agencies serving local communities are effective.</li> <li>• We cannot really say whether our community is healthier than those without a healthcare district. In addition, because of the existence of the SHD it may be the case that our local community charitable infrastructure is not developed as well as it would otherwise be. That said, the SHD does exist and it does the best it can with the resources it has.</li> </ul>



# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
		<ul style="list-style-type: none"> <li>Keep effort.</li> <li>The defibrillator program/Heart Safe program is effective.</li> <li>The chronic disease management program is good and should expand. We need to tout this program more.</li> <li>The Fair Oaks Clinic is a dream that has become a reality.</li> </ul>		
<u>Staff responses</u>		<ul style="list-style-type: none"> <li>Yes, Healthcare Districts do improve community health.</li> <li>The Grants Committee does a great job; all the programs that SHD supports are deserve the funding they receive.</li> <li>The food programs provide help for the working poor who have difficulty making ends meet in San Mateo County where the cost of living is so high.</li> <li>Healthcare insurance for young children gives them access to valuable health services.</li> </ul>	<ul style="list-style-type: none"> <li>Although the District provides many good programs and services, it needs to examine the substance abuse projects it funds to determine their rates of success and the recidivism rates of their clients.</li> </ul>	

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

Add	Keep	Drop	Misc.
	<ul style="list-style-type: none"> <li>• Support for the Ravenswood and Fair Oaks clinics provides important services for the people who come to those clinics.</li> <li>• The District makes a large positive contribution to the health of the community by sharing its knowledge base with other agencies and bringing agencies together to collaborate.</li> <li>• Support for St. Anthony's program helps feed the poor.</li> <li>• The Second Harvest program is good.</li> <li>• The Shelter Network is valuable. The District conducts activities and funds services through its grants that would otherwise not exist.</li> <li>• The District builds bridges among agencies in the community – including health agencies and others such</li> </ul>		

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
		<ul style="list-style-type: none"> <li>as schools, police departments, Samaritan House, etc. – and promotes collaboration among those agencies.</li> <li>The District helps provide many health-related services to the poor in the community through the Fair Oaks Community Center, Samaritan House, etc.</li> <li>The District runs educational programs for various populations on various topics (e.g., aging) that are valuable.</li> <li>CPR education and the defibrillator program produce tangible results, such as the saving of two lives in the past several weeks.</li> </ul>		
<b><i>Question 9: Is there anything else you would like to add?</i></b>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b><u>Board responses</u></b>	<ul style="list-style-type: none"> <li>Global warming is a phenomenon with serious implications for the community's health; is there a role for the</li> </ul>		<ul style="list-style-type: none"> <li>The District needs to guard against getting drawn too deeply into providing social services, and away from</li> </ul>	<ul style="list-style-type: none"> <li>The dissolution of the family is a major problem that has negative consequences for the health of affected</li> </ul>

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
	<p>District to play in combating global warming.</p> <ul style="list-style-type: none"> <li>It would be good to have a comprehensive service review, conducted by an outside party and perhaps under the auspices of LAFCO (Local Agency Formation Commission), to provide data on whether the District and its functions should continue as is, be dissolved, be consolidated or be converted to countywide operations. No additional taxes should be generated by any changes; all services should continue to be supported from the existing 1% property tax.</li> <li>I am concerned about Heart-Safe, the program that sent defibrillators and emergency CPR</li> </ul>		<p>its core mission of being a Healthcare District. The District should focus on health problems, and not on issues that are better construed as social problems.</p> <ul style="list-style-type: none"> <li>People make bad choices that affect their own wellbeing and that of their family members; for example, approximately 70% of Black children in the United States are born to single mothers. This creates many health issues for the mothers and children, but can SHD affect this situation?</li> <li>Where does Sequoia Healthcare District stop in trying to change the bad choices people make?</li> <li>Since the Sequoia Healthcare District no longer owns Sequoia Hospital, the District</li> </ul>	<p>family members, but I am not sure that the SHD can do anything about this.</p> <ul style="list-style-type: none"> <li>The Board needs to look at the amount of funding that goes to Sequoia Hospital, which is run by Dignity Health; some support is OK but we should look at what amount it should be.</li> <li>I am very concerned about the profit-sharing agreement with Dignity because there are dwindling returns. The profit-sharing margin was set very high.</li> <li>The community needs to understand that the administration of SHD has improved substantially over the past 5-6 years and now has far higher levels of administrative expertise, skills, knowledge and credibility with other health agencies. As a consequence, the</li> </ul>

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
	<p>equipment out to schools and the community. This program could have more activities, such as cooling programs for Emergency Medical Technicians. We need to re-examine the program.</p> <ul style="list-style-type: none"> <li>Homeless people often have high rates of mental health problems; years ago these people would have been hospitalized but now they are on the streets. This is an area of need.</li> </ul>		<p>should go back to the voters to see if they approve of keeping the District in existence. It is crucial for the District to validate its existence if it wants to keep collecting taxes.</p>	<p>District invests its funds more wisely in programs, which in turn deliver better results for clients. These improvements are not widely recognized in the community at-large and the Board should take steps to publicize and disseminate this message.</p> <ul style="list-style-type: none"> <li>Some agencies do not want government funding.</li> </ul>
<u>Staff responses</u>	<ul style="list-style-type: none"> <li>The Board should be more involved in activities the District funds. We should consider having a policy that requires Board members to provide some number of hours per month or year as a volunteer in programs the District funds.</li> <li>The District should seek to raise funds from large</li> </ul>	<ul style="list-style-type: none"> <li>How much of a reserve is enough? We never know when something new will come up that would be a good fit for us, and we need a reserve for such occasions.</li> <li>The District should work to pull people together.</li> <li>The District needs to foot it own horn</li> </ul>	<ul style="list-style-type: none"> <li>The nursing program is not a good investment for the SHD; it does not efficiently serve the District's residents because many of the nurses the District's funding supports leave the area and therefore do not our residents. In addition, there is no longer a nursing shortage. It would be</li> </ul>	<ul style="list-style-type: none"> <li>How can we get the word out to the community about the good work that the District does?</li> </ul>

# Community, Board and Staff Interviews for Strategic Planning August/September 2013

	Add	Keep	Drop	Misc.
	<p>corporations and their foundations.</p> <ul style="list-style-type: none"> <li>• SHD needs to undertake more evaluation of the programs it funds, along the lines of the Healthy Schools evaluation, for example.</li> <li>• The District should look at conducting more outreach via mass media/social media – in both English and Spanish.</li> </ul>	<p>regarding its successes; press releases, regular mailings and other media strategies are ways to get people to pay attention to the good work the District does.</p> <ul style="list-style-type: none"> <li>• We need to educate the District's residents and other agencies about what SHD does. We need increased public awareness of SHD's accomplishments; if we do not tell them, they will not know.</li> </ul>	<p>better if this funding were used to support nurses in clinics or school nurses.</p>	

**HeartSafe Task Force Report: October 2<sup>nd</sup>, 2013**

1. A Task Force Committee was established consisting of Board Members Katie Kane and Kim Griffin along with staff members Lee Michelson, Glenn Nielsen and Pamela Kurtzman along with several community participants.
2. The Committee has met twice to discuss ideas related to current and potential activities. Minutes of the August 29<sup>th</sup> meeting is attached. Minutes from the September 26<sup>th</sup> meeting will be handed out at the October 2<sup>nd</sup> Board meeting.
3. The Committee will be meeting once again in October to finalize our recommendation to the Board regarding the future plans for HeartSafe which we plan to present at the December Board meeting.

## Minutes of HeartSafe Task Force Meeting on August 29<sup>th</sup>

Five ideas were presented for consideration:

- . Continue school based CPR training including all 9<sup>th</sup> graders but possibly 5<sup>th</sup> or 6<sup>th</sup> grade also. Create a culture where all children grow up with the notion that learning CPR is expected.
- . Create a CPR training center possibly using the unfinished space in our building. Offer community –wide free Friends and Family CPR classes several times a month or more based on demand.
- . Develop and equip a mobile CPR equipment unit to take to multiple locations both public and private and possibly even events.
- . Develop an AED loaner program for those who would benefit from having an AED in the home but who cannot afford the \$1,000 or so that it currently costs. This would be done through a medical referral system.
- . Work with the local ambulance service to provide refrigeration and cooling equipment and a training protocol on how to use the equipment.

It was also suggested that we look at other communities especially those that are known to be “HeartSafe Communities” as to what that means, what they are doing that we are not and what type of community goals that they have set.

A follow-up meeting was scheduled for September 26<sup>th</sup> at noon.

Lee Michelson, CEO



Staff has concluded that the existing policy 5.4 now lacks sufficient merit to remain in effect and asks the Board to consider the proposed revision as written below.

**Existing**

Board Policy 5.4

For purposes of maintaining appropriate checks and balances and cost control, a request for proposals (RFP) for audit services to the District shall be issued every three years. The Board may review this policy and extend the audit firm's engagement for an additional two years.

**Proposed Revised**

Board Policy 5.4

For purposes of appropriate fiduciary oversight, the District may contract for audit services with the same or different firms every three years as determined by the Board.