Fiscal Year 2021

Community Benefit Plan and Implementation Strategy

Dedicated to improving the health and well-being of the people in our community.

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EL CAMINO
HEALTHCARE
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Introduction

El Camino Healthcare District utilizes El Camino Hospital's Community Health Needs Assessment (CHNA) as a framework for Community Benefit funding. The CHNA is developed in compliance with IRS requirements. The District invests in programs addressing the identified health needs for community members who live, work or go to school in the District's boundaries.

ABOUT EL CAMINO HEALTHCARE DISTRICT

El Camino Healthcare District was formed to provide healthcare services that foster good physical and mental health. The District is governed by a five-member publicly elected Board and provides oversight of El Camino Hospital, a nonprofit community hospital. The District also administers a Community Benefit Program, which addresses unmet health needs through grants and collaborations with local schools, nonprofits and social and health service providers.

COMMUNITY BENEFIT PLAN & IMPLEMENTATION STRATEGY

Per state and federal law, a Community Health Needs Assessment must be conducted every three years by nonprofit hospitals. In 2019, El Camino Hospital Community Benefit staff conducted a Community Health Needs Assessment (CHNA) in collaboration with the Santa Clara County Community Benefit Coalition. This assessment resulted in the identification of community health needs. The 2019 CHNA serves as a tool for guiding policy and program planning efforts and is available to the public. For a copy of the full CHNA, see https://www.elcaminohealth.org/community-benefit.

The documented needs in the 2019 CHNA served El Camino Healthcare District in developing this Community Benefit Plan for establishing Implementation Strategies pursuant to the Affordable Care Act of 2010 and California State Senate Bill 697. This plan outlines El Camino Healthcare District's funding for fiscal year 2021.

The main steps of this planning process are:
1. Conduct a countywide Community Health Needs Assessment (CHNA)
2. Select health needs and establish health priority areas
3. Grants process; Development of Annual Plan and Implementation Strategy

These steps are further described below.

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Step 1: Conduct a Countywide Community Health Needs Assessment

El Camino Hospital is a member of the Santa Clara County Community Benefit Coalition ("the Coalition"), a group of organizations that includes seven nonprofit hospitals, the Hospital Council of Northern and Central California, a nonprofit multispecialty medical group, and the Santa Clara County Public Health Department. The Coalition began the 2019 CHNA planning process in Summer 2017. The Coalition's goal for the CHNA was to collectively gather community feedback and existing data about health status to inform the member hospitals' respective community health needs prioritization and selection. Since its formation in 1995, the Coalition has worked together to conduct regular, extensive Community Health Needs Assessments (CHNA) to identify and address critical health needs of the community. The 2019 CHNA builds upon those earlier assessments.

The Coalition began the 2019 CHNA process in the fall of 2017. The collective goal for the assessment was to gather community feedback and existing data about local health needs to inform how each member hospital prioritizes and selects specific issues to address with community benefits in its service area. The Coalition engaged Actionable Insights, a local consulting firm with expertise in community health needs assessments.

Between January and May 2018, community feedback was gathered through interviews with eight local experts and discussions with eight focus groups. The experts were individually asked to: identify and discuss the top needs of their constituencies, including barriers to health; give their perceptions of access to healthcare and mental health needs; and share which solutions may improve health (such as services and policies).

The focus group discussions centered around five questions, which were modified appropriately for each audience:

- What are the most important health needs that you see in Santa Clara County? Which are the most pressing among the community? How are the needs changing?

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.

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, 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.

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- What drivers or barriers are impacting the top health needs?
- To what extent is healthcare access a need in the community? If certain groups are identified as having less access than others, what are the barriers for them?
- To what extent is mental health a need in the community? How do mental health challenges affect physical health?
- What policies or resources are needed to impact health needs?

The focus groups comprised local residents and people who serve them. Participants represented low-income, minority, and/or medically underserved populations in the community.

Secondary data were obtained from a variety of sources, including the Community Commons public data platform and the Santa Clara County Public Health Department.

Health needs described in this report fall into three categories, as described in the Definitions box on the previous page:
- Health condition
- Health driver
- 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:

1. Must fit the definition of a "health need" (*See Definitions box, page 7.*)
2. Is suggested or confirmed by more than one source of secondary and/or primary data
3. Meets qualitative threshold:
   (a) Two of eight key informants identified the need, or
   (b) The community prioritized it over other health issues in at least two of eight focus groups

In addition, available statistical data for some health needs failed benchmarks by 5 percent or more. The benchmarks used for comparison came from Healthy People 2020 or, when unavailable, the California state average.

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Step 2: Select health needs and establish Health Priority Areas

El Camino Hospital selected nine health needs, including all identified health needs from the work of the Coalition and will continue to address chronic conditions and violence/injury prevention health needs. These needs were mapped to the following priority areas: Healthy Body, Healthy Mind and Healthy Community.

HEALTHY BODY

HEALTHY MIND

HEALTHY COMMUNITY

- Diabetes & Obesity
- Chronic Conditions (other than Diabetes & Obesity)
- Healthcare Access & Delivery
- Oral Health

- Behavioral Health
- Cognitive Decline

- Violence & Injury Prevention
- Economic Stability
- Housing & Homelessness

Step 3: Grants process; Development of Annual Plan and Implementation Strategy

El Camino Hospital released the 2020 – 2021 grant application with the requirement for proposals to address needs in the three health priority areas. Staff provided a comprehensive summary of each proposal received to the Community Benefit Advisory Council (CBAC), which met twice in April 2019 to discuss grant proposals. The CBAC is comprised of an El Camino Hospital Board Liaison and representatives from the community who have knowledge about local disparate health needs. The Council provided funding recommendations, which are described for each proposal in the hospital's Community Benefit Plan & Implementation Strategy. The Plan also describes the health needs identified through the Coalition's CHNA process and how the hospital plans to address these health needs. Findings from the CHNA are provided to illustrate the status of health needs and related disparities in Santa Clara County. El Camino Hospital used comparisons to Healthy People 2020 objectives (HP2020) where available, and state data where they were not.

EL CAMINO HEALTHCARE DISTRICT

Overview & Acknowledgement

Overview
Grant Proposals Received: 63
   Programs new to Community Benefit: 13
Grant Proposals Recommended for Funding: 57
Total Board Approved Grant Funding: $7,364,519
Total Board Approved (including Placeholder and Sponsorships): $7,664,519

Acknowledgement

El Camino Healthcare District recognizes the critical contribution of the Community Benefit Advisory Council (CBAC) for its guidance with the FY21 Plan. The CBAC is comprised of an El Camino Healthcare District Board Liaison and representatives from the community who have knowledge about local disparate health needs.

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HEALTHY BODY

To improve health and prevent the onset of disease in the community through enhanced access to primary care, oral health and chronic disease management & prevention services

The maintenance of healthy bodies is affected by a variety of factors including the environment in which we live, social and economic factors, and personal choices and health behaviors. Poor health can be experienced as diseases and conditions such as stroke or diabetes, and their related drivers such as hypertension or lack of adequate nutrition. Access to comprehensive, quality healthcare services is important for the achievement of health equity, to improve health, and to enhance quality of life for all. Healthcare access requires gaining entry into the healthcare system, accessing a healthcare location where needed services are provided, and finding a medical provider with whom the patient can communicate and trust.

2019 CHNA DATA FINDINGS: DIABETES / OBESITY

Rates are per 100,000 unless otherwise specified.

- Diabetes/Obesity was identified as a top health need in half of key informant interviews and one-third of focus groups.
- The community discussed factors that contribute to diabetes and obesity, such as the built environment, stress and poverty.
- The county has a significantly higher proportion of fast-food restaurants (86.7 per 100,000) than California overall (78.7).
- Santa Clara County has lower proportions of grocery and WIC-authorized[1] stores to residents than state benchmarks. For example, there are 9.5 WIC-authorized stores per 100,000 residents in the county compared to 15.8 in the state overall.
- Diabetes prevalence is higher in Santa Clara County (9.8 percent) than in California overall (9.1 percent) — and trending up both locally and statewide.
- A significant number of LGBTQ survey respondents report being overweight or obese.
- 28 percent of youth are physically inactive.

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[1] The Women, Infants and Children (WIC) Program is a federally funded health and nutrition program that provides assistance to pregnant women, new mothers, and children aged 0–5. The California Department of Public Health approves the grocers and other vendors statewide who accept program vouchers. https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/Program-Landing1.aspx

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- Disparities in Santa Clara County include:
  - Males are almost twice as likely as females to be obese (18 percent compared to 10 percent).
  - Although obesity rates overall do not fail benchmarks, the overweight and obesity rates among Latino youth (about 20 percent each) are significantly higher than state averages (about 17 percent), possibly driven by physical inactivity (42 percent).
  - Being overweight or obese is also a problem among youth who identify as Pacific Islanders (about 25 percent each).
  - African ancestry[2] youth have higher rates of physical inactivity (33 percent) and inadequate fruit and vegetable consumption (73 percent) than the state benchmarks (38 percent and 47 percent, respectively).

2019 CHNA DATA FINDINGS: CHRONIC CONDITIONS (OTHER THAN DIABETES/OBESITY)

Rates are per 100,000 unless otherwise specified.

- Health conditions such as cardiovascular disease, cancer and respiratory problems are among the top 10 causes of death in the service area.
- The proportion of hospitalization discharges due to asthma for children, youth and older adults are all higher than the state.
- The county's prostate cancer incidence rate (127.3) is significantly higher than that of the state (109.2).
- Disparities in chronic conditions in Santa Clara County include:
  - Cancer incidence and mortality rates for various cancer sites are higher for African ancestry and White residents than for those of other ethnicities. For example, overall incidence of cancer is 22 percent higher for African ancestry residents than the county overall, and 51 percent higher than Asian residents. Also, overall cancer mortality for African ancestry residents is 71 percent higher than in than the county overall, and 67 percent higher than Asian residents.
  - African ancestry residents are hospitalized for asthma at a rate (1.7 percent) that is disproportionately higher than the rates for residents of other ethnicities (all of which are below 1 percent, such as 0.7 percent for White residents).

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[2] African ancestry refers to all people of African descent, whether they are recent immigrants or have been in the U.S. for generations. This term is in keeping with a 2015 report by the Black Leadership Kitchen Cabinet of Silicon Valley, in conjunction with the Santa Clara Public Health Department. See http://blkc.org for the full report. Many original data sources alternately use the category Black/African-American or African-American.

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2019 CHNA DATA FINDINGS: HEALTHCARE ACCESS & DELIVERY

Rates are per 100,000 unless otherwise specified.

- Healthcare access and delivery was identified as a top health need by half of focus groups and key informants.
- The community expressed concern that healthcare is unaffordable, especially for people who do not receive health insurance subsidies, such as undocumented immigrants.
- Approximately one in every 13 people (8 percent) is uninsured countywide.[3]
- The community expressed concern about the ability of older adults to pay for healthcare (including long-term care) if they are not eligible for Medi-Cal.
- Meets quantitative threshold. (*See #3 on page 8 of 2019 CHNA*)
- Two in 10 Santa Clara County residents speaks limited English, which can restrict healthcare access.
- The county's rate of Federally Qualified Health Centers and access to mental-health care fall below state averages.
- Health clinic professionals expressed concern about attracting and retaining talent (especially bilingual staff) in the healthcare sector due to the high cost of living in the Bay Area.
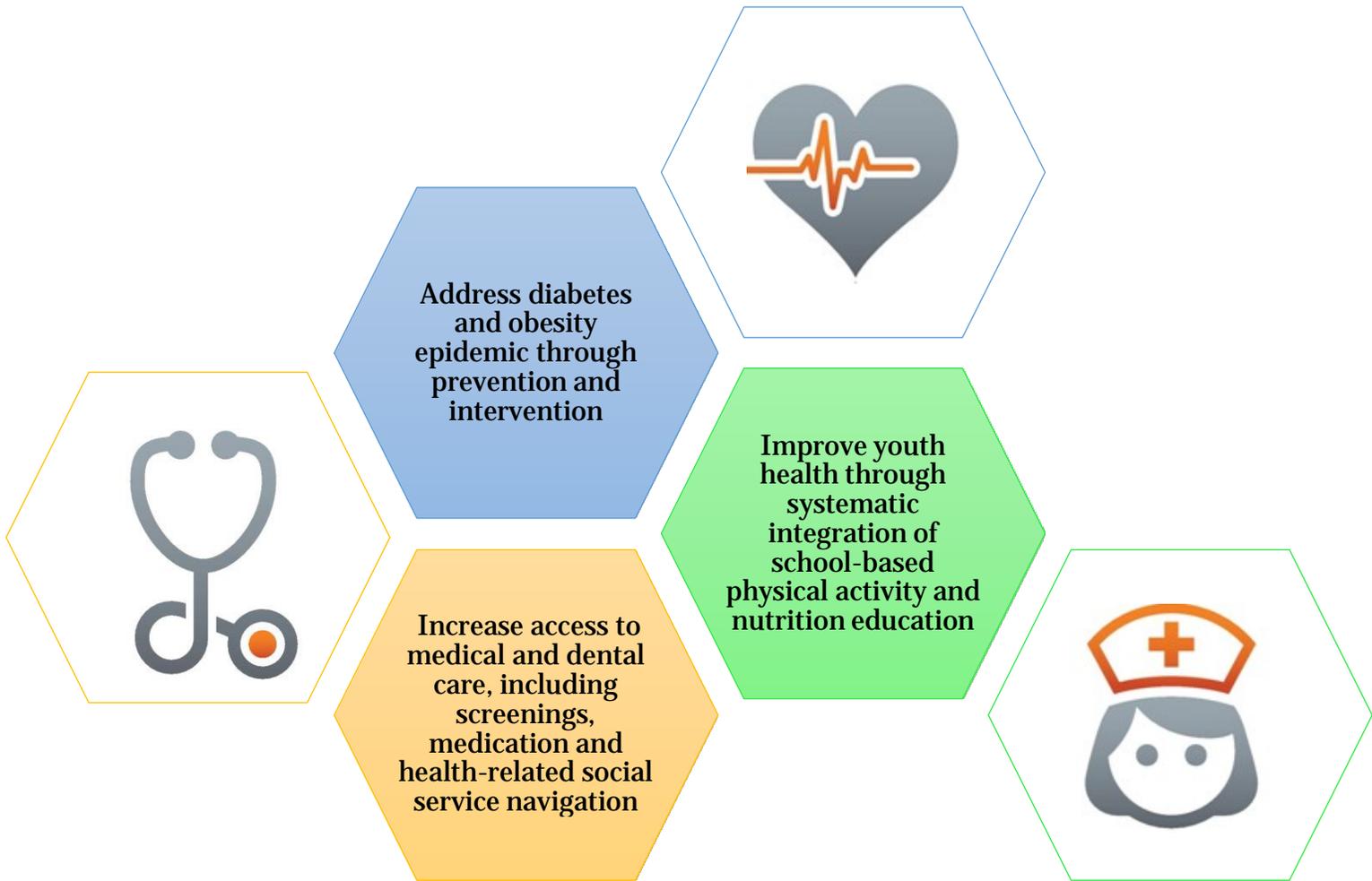
2019 CHNA DATA FINDINGS: ORAL HEALTH

Rates are per 100,000 unless otherwise specified.

- Oral Health was identified as a top health need in two interviews and one focus group.
- There is a perceived lack of access to dental insurance in the community.
- More than one-third of adults in Santa Clara County do not have dental insurance.
- Nearly one-third (30 percent) of county children aged 2–11 have not had a recent dental exam, which is 61 percent worse than the state. The rates were the worst among White (31 percent) and Latino (52 percent) children.
- More than half of residents of African, Asian and Latino ancestry have had dental decay or gum disease, which is worse than the county overall (45 percent).

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[3] U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2012–2016.

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STRATEGIES TO IMPROVE HEALTHY BODIES

Note on COVID-19: To address the challenges presented by the COVID-19 pandemic, many strategies will involve adaptations to service delivery models to achieve program goals.

Address diabetes and obesity epidemic through prevention and intervention

Improve youth health through systematic integration of school-based physical activity and nutrition education

Increase access to medical and dental care, including screenings, medication and health-related social service navigation

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HEALTHY MIND

To improve the mental health and wellbeing of the community by providing access to services that address serious mental illness, depression, anxiety, family dysfunction, and dementia

Healthy minds are essential to a person's wellbeing, family functioning, and interpersonal relationships. Good brain function and mental health directly impact the ability to live a full and productive life. People of all ages with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide. Those affected by dementia experience a decline in mental ability, which affects memory, problem-solving, and perception. The resulting confusion often also leads to depression, aggression, and other mental health issues.[4] Caregivers of those with dementia also experience depression.[5] Mental health disorders can also impact physical health and are associated with the prevalence, progression, and onset of chronic diseases, including diabetes, heart disease, and cancer.

2019 CHNA DATA FINDINGS: BEHAVIORAL HEALTH

Rates are per 100,000 unless otherwise specified.

- Behavioral Health ranked high as a health need, with the community prioritizing it in more than two-thirds of discussions.
- The co-occurrence of mental health and substance use emerged as a common theme.
- The community expressed concern about a lack of services for behavioral health, including preventive mental-health care and detox centers.
- Professionals who work in behavioral health described experiencing challenges with health systems that were established to serve people with these conditions.
- LGBTQ residents expressed a need for mental health and suicide prevention assistance.
- Meets quantitative threshold. (*See #3 on page 8 of 2019 CHNA.*)

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[4] Alzheimer's Association. https://www.alz.org/care/alzheimers-dementia-depression.asp.

[5] Alzheimer's Association. https://www.alz.org/care/alzheimers-dementia-caregiver-depression.asp

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- Disparities in Santa Clara County include:
  - Hospitalization rates for attempted suicide are 73 percent higher among females than males, whereas men nationwide are 3.5 times more likely than women to commit suicide.
  - Adult men are more likely to binge drink than women, but adolescent females are more likely to binge drink (15 percent) than adolescent males (13 percent).
  - 21 percent of Latino adults binge drink, compared to 15 percent of Whites and 8 percent of other ethnic groups.
  - Adults of White or Latino ancestry are most likely to use marijuana (12 percent and 13 percent, respectively).
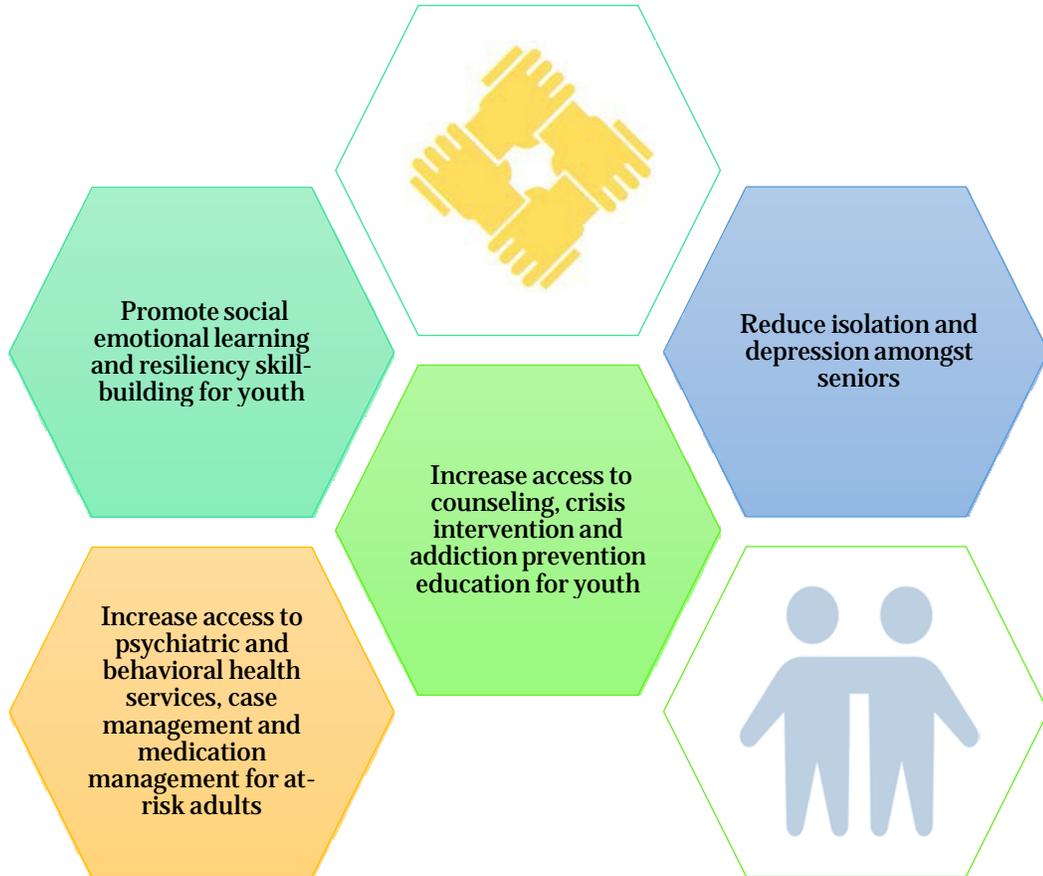
2019 CHNA DATA FINDINGS: COGNITIVE DECLINE

- Cognitive decline was mentioned in half of focus groups and two interviews with experts.
- One in nine Californians is experiencing subjective cognitive decline.
- The median age in Santa Clara County (36.8 years) is higher than the median age of California (35.8).
- The county death rate due to Alzheimer's disease (35.9 per 100,000) is nineteen percent higher than the state's rate (30.1).
- Community said that serving individuals who are cognitively impaired is difficult for providers.
- Professionals who serve people experiencing chronic homelessness and abusing substances report cases of early dementia and increased difficulty with treating and housing people with these impairments.
- Community expressed concern about the ability of older adults to pay for healthcare, including long-term care, if not Medi-Cal eligible. Professionals rely on family members to coordinate care for their loved ones, which can affect the health, well-being, and economic stability of those family members.

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STRATEGIES TO IMPROVE HEALTHY MINDS

Note on COVID-19: To address the challenges presented by the COVID-19 pandemic, many strategies will involve adaptations to service delivery models to achieve program goals.

Promote social emotional learning and resiliency skill-building for youth

Reduce isolation and depression amongst seniors

Increase access to counseling, crisis intervention and addiction prevention education for youth

Increase access to psychiatric and behavioral health services, case management and medication management for at-risk adults

EL CAMINO HEALTHCARE DISTRICT

To promote overall health in the community by addressing falls prevention, health screenings, domestic violence, health education and social work case management

A healthy community can impact health positively by providing safe places to live, work, and be educated. When a community lacks affordable and sufficient transportation, lacks awareness of health issues and risk for chronic diseases, and is not able to access culturally competent services, its residents experience poor health.

2019 CHNA DATA FINDINGS: VIOLENCE & INJURY PREVENTION

Rates are per 100,000 unless otherwise specified.

- Violence is a major driver of poor behavioral health. Preventing violence in the service area will affect behavioral health.
- The rate of rape (22.8 per 100,000 people) in Santa Clara County is 8.5 percent higher than the state rate (21.0).
- Preventable unintentional injuries are a leading cause of death in the county (5 percent of all deaths) and the state (4 percent).
- 67 percent of all unintentional injury deaths are due to senior falls. This is higher compared to deaths due to accidental falls among the total population (31 percent).
- Disparities in violence and injury in the county include:
  - The mortality rate (43.0 deaths per 100,000 people) from all unintentional injuries is highest for African ancestry residents.
  - Community safety data — including homicides, violent assault, youth assault and self-harm, and school suspensions and expulsions — are all higher for Latinos and African ancestry residents than for those of other ethnicities.

2019 CHNA DATA FINDINGS: ECONOMIC STABILITY

Rates are per 100,000 unless otherwise specified.

- Economic security was identified as a top health need by one-third of focus groups and key informants.
- Meets quantitative threshold (see #3 on page 8).

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- The very high cost of living in Santa Clara County and concern about the low-income population emerged as common themes of community input.
- The 2018 Self-Sufficiency Standard for a family of two adults, one infant, and one preschool-aged child is over $120,600, which is more than four times higher than the 2018 Federal Poverty Level ($25,100).
- Almost four in 10 people in Santa Clara County experiencing food insecurity do not qualify for federal food assistance because of their household incomes. (This includes 46 percent of all food-insecure children.)
- The cost of long-term care for older adults with fixed incomes who are ineligible for Medi-Cal is a concern of the community.
- Cost of mental health care is also difficult for middle-income parents according to focus group participants.
- Economic security is crucial to stable housing. (*See Housing and Homelessness health need description*).
- Disparities in Santa Clara County include:
  - The rates of poverty among residents of African ancestry and Other[6] races fail benchmarks.
  - One in four Latino households and more than one in 10 African ancestry households received food from a food bank in recent years.
  - More than nine in 10 (93 percent) White high school students graduate, while only seven in 10 Latino and Native American students graduate. Almost eight in 10 African ancestry students graduate.
  - Fourth-grade reading proficiency is a predictor of high school graduation.[7] About 27 percent of White fourth-grade students are reading below proficiency. This proportion is significantly worse for other children: African ancestry (60 percent), Latino (67 percent), Pacific Islander (61 percent) and Native American ancestry (58 percent)

2019 CHNA DATA FINDINGS: HOUSING & HOMELESSNESS

Rates are per 100,000 unless otherwise specified.

- Housing and Homelessness was identified as a top health need by more than half of focus groups and key informants.

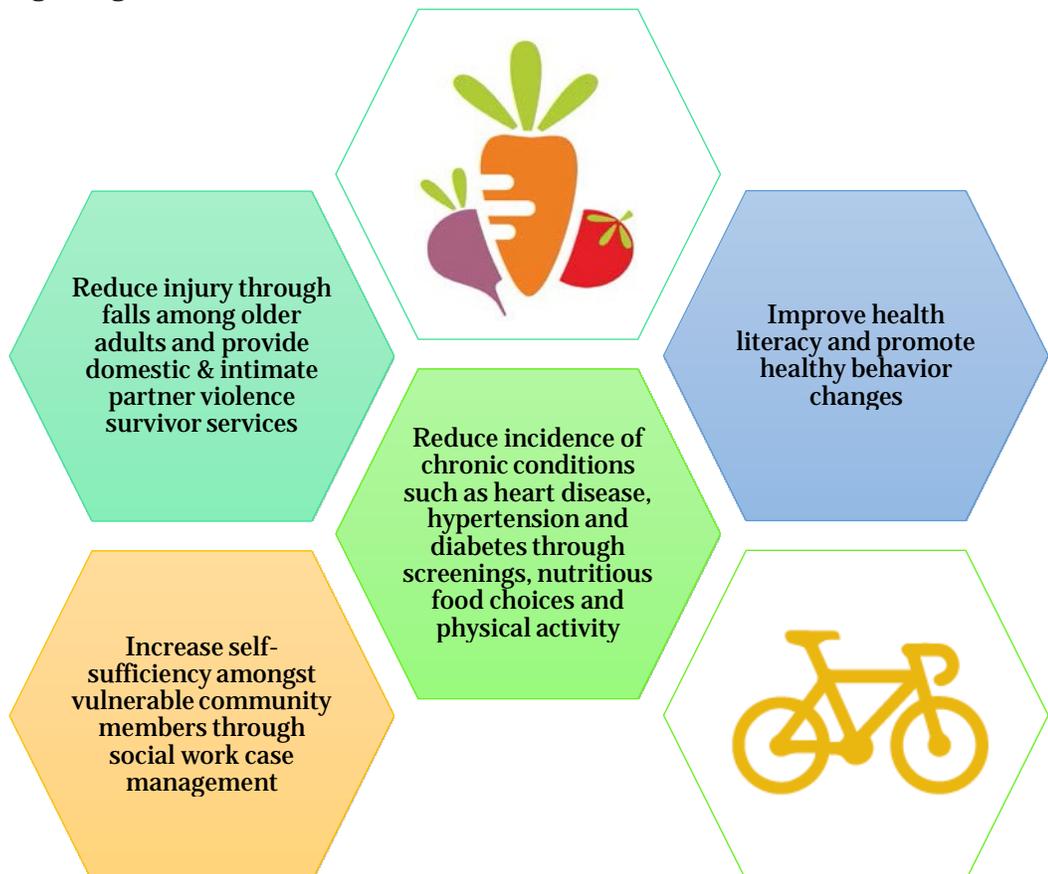[6] "Other" is a U.S. Census category for ethnicities not specifically called out in data sets.

[7] The Campaign for Grade-Level Reading (https://gradelevelreading.net) and Reading Partners (https://readingpartners.org/blog/why-reading-by-fourth-grade-matters-for-student-success/)

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- The community described stress about the high costs of housing and the lack of affordable rent as a major priority.
- Professionals who serve families report an increase in families seeking help from food banks and making difficult choices about how to spend remaining funds (healthy food, medicine, doctor visits, therapeutic services).
- The community reports that families often move to a different home or leave the area due to the increased cost of living.
- The 2018 Santa Clara County Self-Sufficiency Standard indicates that a family of two adults, one infant, and one preschool-aged child requires $120,600 in annual income to be self-sufficient.
- There are approximately 7,400 people experiencing homelessness in the county (15 percent of whom are aged 0–17), which is the highest number since 2013.
- In Mountain View, the number of people experiencing homelessness (416) increased 51 percent since 2015.

STRATEGIES TO IMPROVE HEALTHY COMMUNITIES

Note on COVID-19: To address the challenges presented by the COVID-19 pandemic, many strategies will involve adaptations to service delivery models to achieve program goals.

Reduce injury through falls among older adults and provide domestic & intimate partner violence survivor services

Improve health literacy and promote healthy behavior changes

Reduce incidence of chronic conditions such as heart disease, hypertension and diabetes through screenings, nutritious food choices and physical activity

Increase self-sufficiency amongst vulnerable community members through social work case management

EL CAMINO HEALTHCARE DISTRICT

Financial Summary

Total Board Approved Grant Funding: $7,364,519

Sponsorship funding: $100,000

Placeholder: $200,000

Total: $7,664,519

Conclusion

El Camino Hospital's CHNA identified health needs based on community input, secondary data and other qualitative thresholds. The nine health needs mapped to three priority areas overlap with one another, in that community members having one of these health needs are likely to face challenges in another. El Camino Healthcare District's Community Benefit grant portfolio is targeted to address the needs in and across each of the three health priority areas through integrated and coordinated funding.

The grants proposed in this plan have been carefully screened based on their ability to impact at least one of the three priority areas. The Board of Directors' support of this Community Benefit plan will allow El Camino Healthcare District to continue responding to the most pressing needs faced by vulnerable residents in our communities.

The premise — and the promise — of community benefit investments is the chance to extend the reach of resources beyond the patient community, and address the suffering of underserved, at-risk community members. These annual community grants provide direct and preventive services throughout the service area. Community Benefit support addresses gaps by funding critical, innovative services that would otherwise not likely be supported. The Community Benefit Plan aims to improve the health and wellness of the El Camino Healthcare District.

EL CAMINO
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DISTRICT

HEALTHY BODY

HEALTHY MIND

HEALTHY COMMUNITY

EL CAMINO HEALTHCARE DISTRICT

$7.7 Million invested to address unmet health needs and improve the health of the people in the District.

Healthy Body Program Partners

5210 Health Awareness Program — School-based nutrition and health program at Cupertino Union and Sunnyvale School Districts

Bay Area Women's Sports Initiative — Physical activity and self-esteem program for girls at Sunnyvale School District

Breathe California of the Bay Area — Education, screening and training for older adults with respiratory conditions

Community Services Agency Mountain View — Intensive case management for older adults with chronic disease

Cupertino Union School District — School nurse program

Day Worker Center of Mountain View — Promoting wellness and nutrition among the underserved

Fresh Approach — Mobile farmers market and nutrition education for low-income community members

GoNoodle — Movement and mindfulness programs for youth in Los Altos, Mountain View Whisman and Sunnyvale School Districts

Health Mobile — Mobile dental services for homeless and low-income community members

Healthier Kids Foundation — Dental and hearing screenings for children

Hope's Corner — Nutritious meals for homeless and the food insecure

Living Classroom — Garden-based school nutrition program at Mountain View Whisman and Sunnyvale School Districts

Medical Respite — Medical care and psychosocial services for homeless patients

Mountain View Whisman School District — School nurse program

New Directions — Coordination of care and connection to safety-net services for homeless and at-risk community members

On-site Dental Care Foundation — Mobile dental services and education for low-income and homeless community members

Pathways Home Health & Hospice — Compassionate care for the uninsured and underinsured

Planned Parenthood Mar Monte Mountain View Health Center — Primary care services for the underserved

Playworks — Physical activity and positive school climate program at Mountain View Whisman and Sunnyvale School Districts

Ravenswood Family Health Center — Primary care, behavioral health and preventive services for the uninsured

Santa Clara Valley Medical Center — Integrated behavioral health and dental services for at-risk adults

Sunnyvale School District — School nurse program

Teen Health Van — Mobile primary care and psychosocial services at Mountain View Los Altos High School District for at-risk youth

Vista Center for the Blind and Visually Impaired — Vision rehabilitation program

Healthy Mind Program Partners

Acknowledge Alliance — Resilience and social-emotional learning lessons for students in elementary schools

Avenidas — Supporting older adults with chronic conditions and mental impairments through day health program

CHAC — Mental health counseling at Sunnyvale School District

Cupertino Union School District — Mental health counseling

Eating Disorders Resource Center — Access to services and support for recovery

Hearts and Minds Center — Dementia-specific day health program for older adults

Law Foundation of Silicon Valley — Removing legal barriers to mental health services

Los Altos School District — Mental health counseling program

Mission Be — Mindfulness training for elementary and high school students

Momentum for Mental Health — Psychiatric services and medication management for underinsured and uninsured

Mountain View Los Altos High School District — Mental health counseling program

National Alliance on Mental Illness (NAMI) Santa Clara County — Peer support for mental illness

Sunnyvale Police and Fire Foundation — Support groups for active and retired public safety workers

YWCA Silicon Valley — Trauma-informed counseling services for victims of domestic violence and at-risk youth

Healthy Community Program Partners

Abode — Housing navigation and case management

American Heart Association — Community screenings for blood pressure and pre-diabetes and multilingual hypertension management classes

Caminar — Case management, support groups and advocacy for victims of domestic violence

Chinese Health Initiative — Health screenings and education

Columbia Neighborhood Center — Fitness and nutrition education program for low-income families and youth

Farewell to Falls — Falls prevention through in-home assessment, education and exercise recommendations for older adults

Health Library & Resource Center, Mountain View — Eldercare support, health information and medical literature searches

Maitri — Culturally-focused crisis counseling and legal representation for domestic violence victims

Matter of Balance — Falls prevention classes for older adults

Mountain View Police Department, Youth Services Unit — Programs for at-risk youth

Rebuilding Together Peninsula — Home repair program for low-income older adults at risk for falls

RoadRunners — Patients and older adults transportation program

South Asian Heart Center — Screenings and education to prevent heart disease and diabetes

Sunnyvale Community Services — Emergency assistance, case management and services for homebound community members

The Health Trust — Meals on Wheels program for older adults

WomenSV — Case management, support groups and advocacy for victims of domestic violence

YMCA of Silicon Valley — Programs for low-income youth

Some program activities may be adjusted to address COVID-19 circumstances.