



BOARD OF DIRECTORS: Peter C. Fung, MD | Julia E. Miller | Carol A. Somersille, MD | George O. Ting, MD | John L. Zoglin

**AGENDA
MEETING OF THE
EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS**

Tuesday, March 10, 2026 – 5:30 pm

El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040 | Sobrato Boardroom 1

THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION PORTION OF THE MEETING LIVE AT THE ADDRESS ABOVE OR VIA TELECONFERENCE AT:

1-669-900-9128, MEETING CODE: 984 0587 2821#. No participant code. Just press #.

To watch the meeting, please visit:

[ECHD Meeting Link](#)

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

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

A copy of the agenda for the Special Board Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at **(650) 988-3218** prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
1.	CALL TO ORDER/ROLL CALL	John Zoglin, Board Chair	Information	5:30
2.	SALUTE TO THE FLAG	John Zoglin, Board Chair	Information	5:30
3.	POTENTIAL CONFLICT OF INTEREST DISCLOSURES	John Zoglin, Board Chair	Information	5:30
4.	PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons desiring to address the Board on any matter within the subject matter jurisdiction of the Board that is not on this agenda. Speakers are limited to three (3) minutes each.</i> b. Written Public Comments <i>Comments may be submitted by mail to the El Camino Hospital District Board of Directors at 2500 Grant Road, Mountain View, CA 94040. Written comments will be distributed to the Board as quickly as possible. Please note it may take up to 24 hours for documents to be posted to the agenda.</i>	John Zoglin, Board Chair	Information	5:30
5.	COMMUNITY BENEFIT SPOTLIGHT: PLAYWORKS Adopt Resolution 2026-03	Jon Cowan, Executive Director, Government Relations and Community Partnerships Hector Ramon Salazar, Executive Director, Northern California	Motion Required	5:30 – 5:45
6.	ECHD STRATEGY UPDATE	Dan Woods, CEO Andreu Reall, VP, Strategy	Possible Motion	5:45 – 6:00

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	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
7.	POPULATION HEALTH STRATEGY PROGRESS - Define Milestones, Timeline, and Associated Budget - Prediabetes Risk Awareness Campaign	Dan Woods, CEO Jon Cowan, Executive Director, Government Relations and Community Partnerships Mark Klein, CCMO	Discussion	6:05 – 6:25
8.	ECHD CONNECT - Progress Update and Summer Planning	John Zoglin, Board Chair Mark Klein, CCMO	Discussion	6:25 – 6:40
9.	RECEIVE ECHD FY26 FINANCIAL REPORT FY26 Period 7	Raju Iyer, CFO Michael Walsh, Controller	Motion Required	6:40 – 6:50
10.	REVIEW CAPITAL OUTLAY OPTIONS	Ken King, CASO	Discussion	6:50 – 7:10
11.	ECHD TERM LIMITS	Julia Miller, Director	Possible Motion	7:10 – 7:20
12.	REVIEW AND APPROVE ECHD RESOLUTION 2026-04 REQUESTING AND CONSENTING TO CONSOLIDATION OF ELECTION	John Zoglin, Board Chair	Motion Required	7:20 – 7:25
13.	ECHD TOPICS FOR DISCUSSION - Board Member Attendance at Community Events - Photography and Social Media - Notification of Elected Officials Presence at Events	Julia Miller, Director	Discussion	7:25 – 7:35
14.	RECESS TO CLOSED SESSION	John Zoglin, Board Chair	Motion Required	7:35 – 7:36
15.	APPROVE MINUTES OF THE CLOSED SESSIONS OF THE DISTRICT BOARD MEETINGS a. Minutes of the Closed Session of the District Board Meeting (02/10/2026) <i>Report involving Gov't Code Section 54957.2 for closed session minutes.</i>	John Zoglin, Board Chair	Motion Required	7:36 – 7:40
16.	EXECUTIVE SESSION <i>Report involving Gov't Code Section 54957 for discussion and report on personnel performance matters – CEO</i>	John Zoglin, Board Chair	Discussion	7:40 - 7:45
17.	RECONVENE OPEN SESSION	John Zoglin, Board Chair	Motion Required	7:45 – 7:46
18.	CLOSED SESSION REPORT OUT	Gabe Fernandez, Governance Services Coordinator	Information	7:46 – 7:48
19.	CONSENT CALENDAR a. Approve Minutes of the Open Session of the District Board Meeting (02/10/2026) b. Receive ECHD Sponsorships (February) c. Receive FY26 Pacing Plan	John Zoglin, Board Chair	Motion Required	7:48 – 7:50
20.	BOARD ANNOUNCEMENTS	John Zoglin, Board Chair	Information	7:50 – 7:55

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	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
21.	ADJOURNMENT Appendix	John Zoglin, Board Chair	Motion Required	7:55

Next Meetings: March 18, 2026; May 19, 2026; June 23, 2026

Next Site Visit Meetings: March 20, 2026

EL CAMINO HEALTHCARE DISTRICT

RESOLUTION 2026 - 03

RESOLUTION OF THE BOARD OF DIRECTORS OF EL CAMINO HEALTHCARE DISTRICT REGARDING RECOGNITION OF SERVICE TO THE COMMUNITY

WHEREAS, the Board of Directors of the El Camino Healthcare District values and wishes to recognize the contribution of individuals who serve the District's community as well as individuals who exemplify the El Camino Healthcare District's mission and values.

WHEREAS, the Board wishes to honor and recognize Playworks, Northern California, for providing physical activity and social-emotional development at Sunnyvale School District and Mountain View Whisman School District elementary school sites.

WHEREAS, El Camino Healthcare District and Playworks, Northern California began a partnership in fiscal year 2010 to increase physical activity and promote healthy behaviors through play-based strategies at schools in the District.

WHEREAS, through the Playworks, Sunnyvale and Mountain View program, Playworks, Northern California, improves the health and well-being of children by increasing opportunities for physical activity and safe, meaningful play.

WHEREAS, the Board acknowledges Playworks, Northern California for its commitment to providing equitable access to physical activity for communities within the El Camino Healthcare District. Through this grant program, Playworks, Northern California has served more than 68,600 individuals in the community with 80,500 services.

NOW THEREFORE BE IT RESOLVED that the Board does formally and unanimously pay tribute to:

Playworks, Northern California

IN WITNESS THEREOF, I have here unto set my hand this **10TH DAY OF MARCH, 2026**.

EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS:

Peter C. Fung, MD • Julia E. Miller • Carol A. Somersille, MD • George O. Ting, MD • John L. Zoglin

JULIA E. MILLER
SECRETARY/TREASURER
EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS





EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Dan Woods, Chief Executive Officer
 Andreu Reall, VP, Strategy
Date: March 10, 2026
Subject: El Camino Healthcare District Strategic Plan – Status Update

Purpose and Recommendation: To provide an update on the Strategic Plan RFP process and request authorization for the CEO to engage a strategic advisor with funding not to exceed \$375,000.

Summary:

As discussed in February, management initiated a Request for Proposal (RFP) process to support development of a five-year Strategic Plan for the El Camino Healthcare District.

The Strategy development process would culminate in a final report which includes:

- Suggested ideal mission, vision, values, KPIs, and targets for ECHD’s programs and services
- Organizational structures and approach for partnering with El Camino Health system and other community entities (e.g., Santa Clara County, Other Healthcare Districts, corporations, etc.) to enhance care delivery in a cost effective manner
- Key steps and resource requirements over the next 5 years to implement these strategies

Management is following the timeline below:

EVENT (Current Estimate – subject to change)	DATE	Status
RFP Issue Date	Friday, January 30, 2026	Complete
Last day for Respondents to submit questions and/or requests for clarification	Friday, February 06, 2026	Complete
ECHD's response to questions and/or requests for clarification	Tuesday, February 10, 2026	Complete
Deadline for Respondent's Submission of Written Responses	Friday, February 13, 2026	Complete
Evaluation of Written Responses	February 16 to 20, 2026	Complete
Oral Presentations/Interviews	Mid-March 2026	Current State
Approximate Award of Contract Date	Friday, March 20, 2026	
Approximate Engagement Start Date	April 1, 2026	

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EVENT (Current Estimate – subject to change)		DATE
Preliminary – Subject to Change	<i>Potential Special District Board Meeting – review findings from Assessment</i>	<i>Mid-April</i>
	<i>Potential Special District Board Meeting – Working Session</i>	<i>Beginning of May</i>
	<i>District Board Meeting – Review draft plan</i>	<i>May 19, 2026</i>
	<i>District Board Meeting – Final Review</i>	<i>June 23, 2026</i>
Approximate Engagement End Date		June 30, 2026

Current State and Next Steps

Current State - The RFP was sent to five firms inviting them to participate, and two firms submitted proposals. The firms are very different in approach and fee structure, and management wants to learn more about each before an official engagement.

Next Steps - As outlined in the timeline, management has invited both firms to pitch their proposals, allowing for further definition of the scope of work. Based on these discussions/interviews, management will select a strategic advisor in line with the timeline above (targeting beginning April 1, 2026).



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Dan Woods, Chief Executive Officer
 Jon Cowan, Executive Director, Government Relations and Community Partnerships
Date: March 10, 2026
Subject: ECHD Population Health Strategy Progress

Purpose:

To review execution progress, timeline, and budget of the ECHD Population Health Strategy, and to provide feedback to management and staff.

Summary:

In FY2025, staff developed a Population Health Strategy Roadmap to define the strategic direction for the prediabetes initiative.

In FY2026, staff has been focused on execution of the strategy, which was reviewed on June 17, 2025. Staff will continue to provide updates to the ECHD Board twice per fiscal year (October, and March), and the Board shall have an opportunity to provide management and staff with feedback.

The previous strategy progress report was reported to the Board in November (rescheduled from October). This current report is the second planned strategy progress report of FY2026.

Authority: The Board will review and provide feedback on execution plan and progress to date in FY2026.

Background: Staff developed a strategic approach to support the Population Health initiatives and continue to use the **Population Health 3-5 Year Strategy Roadmap** to guide the long-term vision. Additionally, staff continues to define nearer-term execution priorities to guide focus in the approximate 6-month horizon. Currently, staff is working against **H2 FY2026 Execution Priorities**, which are informing our focus for January-June 2026.

(1) Population Health 3-5 Year Strategic Roadmap

- a. The initial 3-5 year strategy proposed three distinct programming workstreams.
 - i. **Workstream 1:**
 1. Prediabetes risk awareness campaign
 2. Individual self-management program for adults
 - ii. **Workstream 2:** Group/social programming to enhance peer support effects
 - iii. **Workstream 3:** Education-centric approach to encourage healthy habits in children and adolescents
- b. **Timing:**
 - i. The Roadmap outlines a phased start for these three workstreams.
 - ii. The primary focus in FY2026 has been Workstream 1 in the Delivery phase. To reflect the focus on Workstream 1, Workstreams 2 and 3 were intentionally paused following an initial research phase until the Workstream 1 implementation and early launch is completed.

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- iii. Additionally, staff has more clearly articulated the anticipated phases for Workstreams 2 and 3, given the differing nature of this work (as compared to Workstream 1). Workstream 2 now includes a focus on a Planning & Inventory phase at the end of FY2026, followed by Delivery beginning in earnest in early FY2027. Workstream 3 will follow a similar model, with anticipated Planning & Inventory beginning in mid-FY2027 before moving to Delivery.
- iv. Lastly, to underscore the importance of a metrics & evidence-based approach, a Measurement, Evaluation, and Iteration phase has been added to all workstreams.

(2) Progress Since Strategy Progress Report in November

- a. Since the last Strategy Progress Report in November, staff has made significant progress on the key implementation and execution elements of Workstream 1.
- b. Key progress includes:
 - i. Completed implementation for Virtual Dietitian Vendor (Season Health), as well as completed Prediabetes Risk Awareness campaign strategy development in December.
 - ii. Launched the “Outsmart Prediabetes” website landing page, published the prediabetes risk-screener questionnaire “live” on the website, and finalized the paid marketing recommendations in January.
 - iii. Officially launched the first paid marketing channel (paid digital ads) on February 19.
 - iv. Throughout the November to February period, staff also defined an operational model to support general execution alignment, as well as supplemented resourcing and staffing.

(3) Execution Priorities for remainder of FY 2026:

- a. For the first 12 months of the program (aligned with calendar year (CY) 2026), the top success metrics/KPIs for this program are:
 - i. 1,000-4,000 Prediabetes Risk-Screenings Completed
 - ii. 100-400 Season Health Enrollments
- b. In order to achieve these KPIs, in January staff identified and aligned on three key priorities necessary for execution success in the second half (H2) of FY2026.
 - i. #1 – Community Outreach & Engagement
 - ii. #2 – Paid Marketing & Channels Development & Deployment
 - iii. #3 – Measurement and Evaluation Infrastructure
- c. The first two are closely related and will directly support the metrics goals tied to Screenings Completed and Season Health enrollments. These will be supported by the Prediabetes Risk Awareness Campaign for both organic community outreach as well as traditional paid marketing and ad placements (see *subsequent Board Memo for Strategic Overview and Creative Approach of the Prediabetes Risk Awareness Campaign*).
- d. The third will be crucial as we develop a measurement and evaluation baseline throughout the first year of the program to be able to track and measure program outcomes over time.

(4) Budget

a. Current FY2026 Budget:

- i. This year’s current FY2026 expected actual spend projection is **\$324,300** (against an allocated budget of up to \$1,000,000) which reflects a

ECHD Population Health Strategy Progress
March 10, 2026

thoughtful and judicious use of resources while launching the initial program.

- ii. Spend related to Marketing, Additional Outreach Resources and Personnel, and Vendor Program costs will carry over as “run rate” into next fiscal year.

b. FY2027 Budget Forecast

- i. For FY2027, the proposed budget is **\$1,000,000**. This amount largely reflects a continuation of existing “run-rate” budget items from the prior year, while re-aligning some existing resource spend with this initiative:
 - 1. The majority (\$895,000) is achieved by:
 - a. Annualizing run-rate spend (Marketing, Vendor Program costs, and existing resources) with an orientation toward program growth.
 - b. Realigning the Population Health Staff Innovation Grant (SIG) to the Population Health budget.
 - i. Note: The shift represents a successful evolution from SIG grant to a more established program, but this has a net-zero impact to the total ECHD Community Benefit budget.
 - 2. Remaining spend reflects an investment in Workstream 2&3 as well as nominal in-person events costs to support growth across the initiative.
- ii. Anticipated outcomes from this level of investment in FY2027:
 - 1. Growth and scale of both risk-awareness and Season Health program enrollment.
 - 2. Investment for development and growth of initiative breadth.
 - 3. Defined “playbooks” for awareness, outreach and communications that will support any future Population Health initiatives.

Other Reviews: On November 18, 2025, staff presented the first Population Health strategy progress report to El Camino Healthcare District board for review and feedback.

Outcomes: Staff will incorporate board feedback and continue to execute on the strategy. The next planned update will be shared with the Board at the October 2026 meeting.

List of Attachments:

- 1. ECHD Population Health Strategy Progress.pptx

Suggested Board Discussion Questions:

- 1. Are there any additional factors that should be considered as we continue execution on the Population Health Strategy in FY2026?
- 2. Are there additional types of information you would like to receive in the semi-annual Population Health status reporting?



ECHD Population Health Strategy Progress

Dan Woods, Chief Executive Officer
Jon Cowan, Executive Director, Government
Relations & Community Partnerships

March 10, 2026

Agenda

Population Health Strategy & Prediabetes Program Design Update

- First-of-its-kind community-focused program began on February 19, 2026 to support risk-identification and intervention to improve the health of “rising risk” individuals who live, work, or go to school within the District
- Program design flows from ECHD Board Approved Strategic Framework, and builds toward aspiration of being “healthiest healthcare district in America”

Today’s Purpose

- Share status on the execution progress, timeline, and budget of the Population Health Strategy



Population Health – 3-5 Year Strategic Framework for Prediabetes

Vision: Improve Self-Management to Prevent Diabetes

Goals: Increase individual risk awareness of prediabetes, promote self-management for adults with prediabetes, and empower youth with healthy habits so they don't become prediabetic in the first place

Workstream 1:

Individual-self management for adults

- **What:** Tech-forward solution to help people self-manage their own health and prediabetes risk
- **Key considerations:** Focus on Food is Health, single behavior change
- **Approach:** Risk awareness campaign, virtual dietitian / MNT vendor offering appointments, goal setting, behavior & food tracking, biometric tracking

Workstream 2:

Group/social programming for adults

- **What:** Group-based approach to enhance peer support effects
- **Key considerations:** Maximize impact through collaborating with existing grantees and new partners to activate the network
- **Approach:** Investigate the most promising interventions for building social support and addressing time demands, e.g. education, peer / social support, and challenges/rewards

Workstream 3:

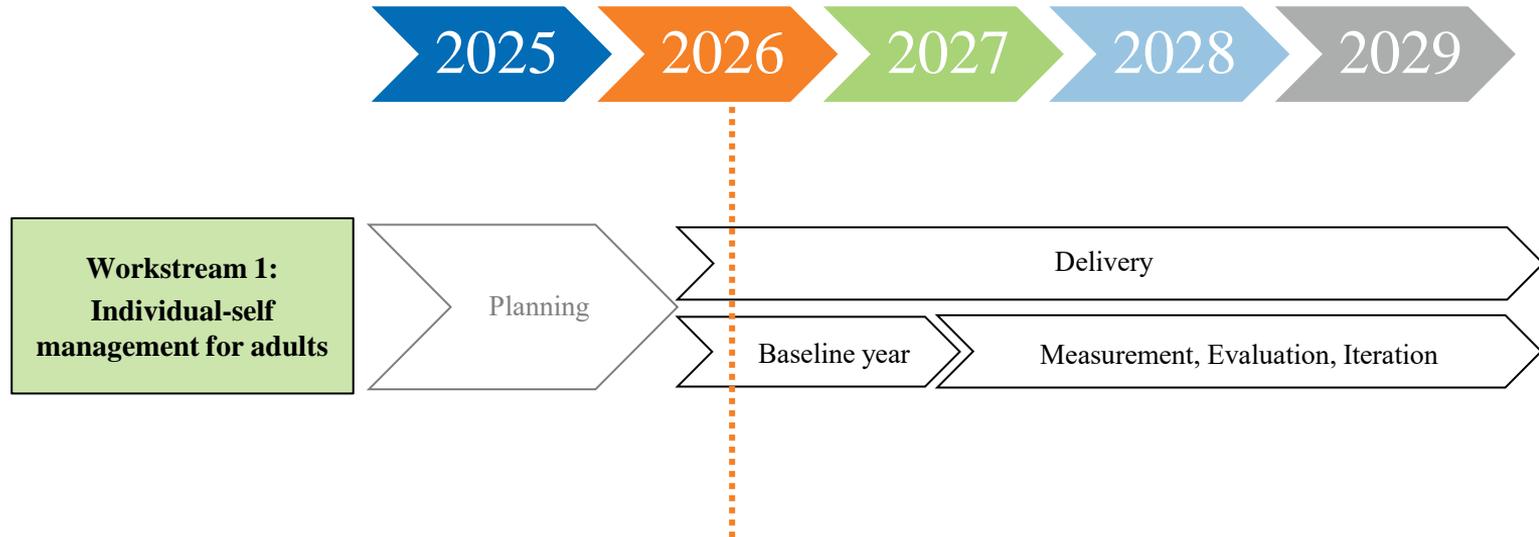
Programming for youth

- **What:** Education-centric approach to encourage healthy habits in children and adolescents
- **Key considerations:** Goal is to address healthy habits early, before chronic conditions start to develop
- **Approach:** Partner with existing grantees or new partners. Consult the schools, camps, etc. on their desire for programming, what gaps exist

* 3-5 Year Strategy and Profile shared at June 2025 ECHD Board Meeting



Roadmap and Timeline (Fiscal Year):

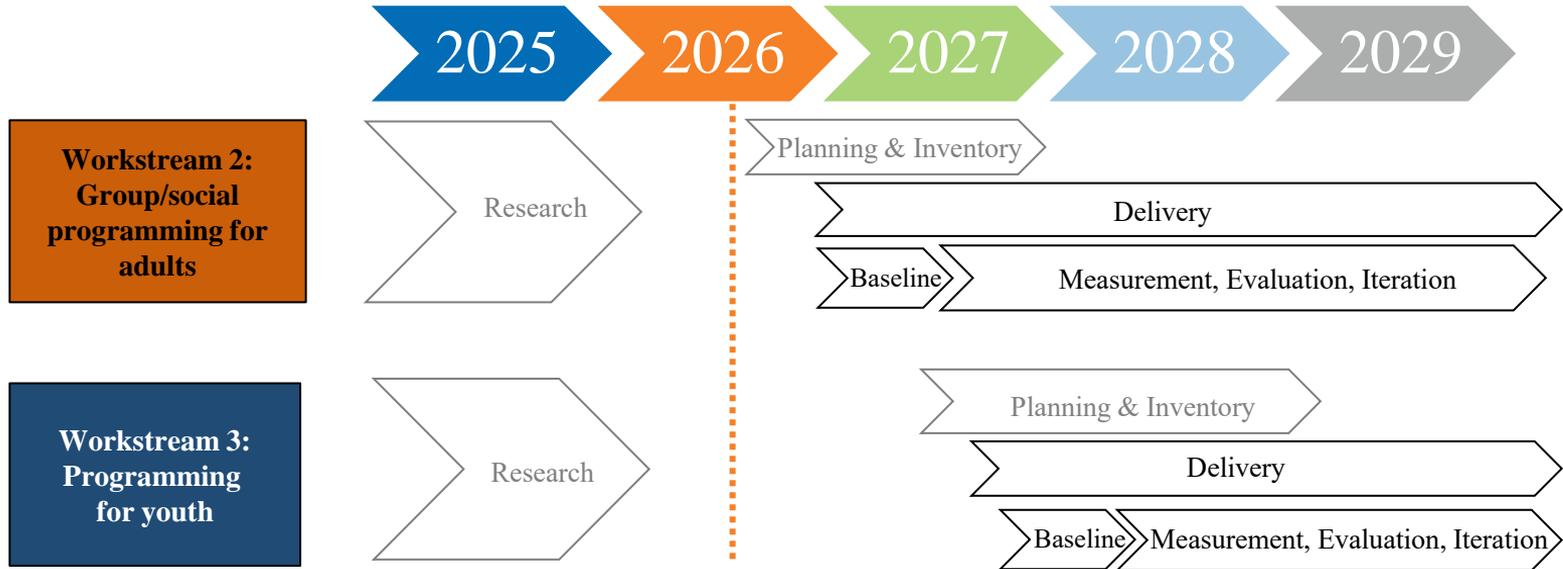


A note on design and execution

- In parallel with Workstream 1 program launch in mid-FY 2026, we have begun an initial baseline year to systematically gather data on operational efficiency, performance metrics, and key learnings.
- Following this first year, we will transition into a more robust phase of measurement, evaluation, and iterative refinement.



Roadmap and Timeline (Fiscal Year):



A note on design and execution

- Initial research for Workstreams 2 and 3 was conducted in CY 2025
- Further development was intentionally paused to shift focus to Marketing and Outreach & Engagement
- A Planning & Inventory phase will include assessing Community Benefit grantees for opportunities for collaboration and measurement alignment
- A 6-month baseline period will be important for evaluating operational effectiveness, market fit of programming, etc.

Implementation and Execution: FY2026 Progress since November

- **Completed:**
 - **Nov-Feb:** Built operational and execution model; supplemented resourcing and staffing needs
 - **December:**
 - Virtual Dietitian Vendor (Season Health) implementation completed in December
 - Prediabetes Risk Awareness Campaign strategy development, including theme & messaging, visual identity, creative assets completed
 - **January:**
 - “Outsmart Prediabetes” website landing page and risk-screener questionnaire live in January.
 - Paid marketing plan recommendations finalized
 - **February:**
 - First paid marketing channel (paid digital ads) launched on February 19.
- **Next Steps / Timeline for remainder of FY26**
 - **March:** Launching Individual (D2C) and Partner / Ambassador (B2B) outreach & engagement channels
 - **Through end of FY2026:**
 - Launch additional paid marketing channels; monitor effectiveness and making rapid adjustments
 - Scope further vendor product improvements, refinement of clinical referrals, and participant workflow on ~quarterly cadence.



Reminder: Context for KPIs and Measurement (CY 2026)

Pillar	KPI	Research	Variability and context to support intentionally wide ranges	District aspects impacting variability of estimates
Awareness (Workstream 1)	1,000-4,000 screeners completed in first 12 months (CY 2026)	<ul style="list-style-type: none"> Across a review of 15 public health campaigns and peer-reviewed studies, about eight demonstrated that 1,000–4,000 people completing an online risk screener in one year is a reasonable range for a campaign of similar scale 	<ul style="list-style-type: none"> Studies and campaigns represented a very wide range of budgets, coverage areas, paid media channels, and approaches This is an under-investigated and underfunded area of research. 	<ul style="list-style-type: none"> Fast pace of life and intense competition for attention in the Bay Area environment Highly multicultural population with varying perceptions of prediabetes
Action (Workstream 1)	100-400 enrollments in Season Health in first 12 months (CY 2026)	<ul style="list-style-type: none"> A 1-10% conversion / enrollment rate from the risk screener is an ambitious but reasonable goal based on the literature and similar programs 	<ul style="list-style-type: none"> Program enrollments vary widely based on the population targeted, incentives, anticipated outcomes, and other factors. 	<ul style="list-style-type: none"> Effectiveness depends on readiness for change, consistent with the Stages of Change model Long work hours can limit perceived access to and importance of prevention and lifestyle programs

The limitations in existing data further underscore the need for a baseline year to evaluate feasibility of our targets for our unique hyperlocal area.



H2 FY2026 (Jan-June) Top Execution Priorities

Top Success Metrics / KPIs for CY 2026

- 1,000-4,000+ Risk Screenings
- 100-400+ Season Health enrollments

Top 3 Priorities

Dual track

#1: Community Outreach & Engagement

- Including: Tabling and community partner-based engagement and events to drive traffic, self-screening & Season enrollment

#2: Paid Marketing & Channels Development & Deployment

- Including: Development of collateral, channels placement strategy, ad buys, and phased launch

#3: Measurement & Evaluation Infrastructure

- Including: Defining measurement requirements; procuring and obtaining data; cleaning, collating, and centralizing data; structuring dashboards and reporting; communicating results in accurate and appropriate ways



Progress Snapshots



Operations Snapshot

Category	Progress since June 2025	Next Steps / Actions
<p>Workstream 1 (Prediabetes risk awareness campaign)</p>	<ul style="list-style-type: none"> • Outsmart Prediabetes website & self-screener quiz developed and live • Initial marketing campaign strategy development completed: <ul style="list-style-type: none"> • Incl: campaign theme & messaging, visual identity, creative assets, and paid marketing channel plan recommendations. • First Paid Marketing Channel launched (February 19) • Resourcing model defined for FY26+ 	<ul style="list-style-type: none"> • Ongoing execution of: <ul style="list-style-type: none"> • Paid media campaign • Community Outreach and Engagement (D2C tabling, B2B partner outreach) • Metric tracking to monitor campaign performance & self-screener activities
<p>Workstream 1 (Adult self-mgmt, virtual dietitian platform vendor)</p>	<ul style="list-style-type: none"> • Implemented and launched digital dietitian platform (Season Health) <ul style="list-style-type: none"> • Workflows and referral pathways developed • Program implementation complete 	<ul style="list-style-type: none"> • Finalize metrics reporting & cadence to track enrollments & outcomes • Engage in quarterly product evaluation cycles and partner with Season Health on updates as needed
<p>Workstreams 2 & 3 (Adult group/social programming; Youth programming)</p>	<ul style="list-style-type: none"> • Initial scoping in progress; intentionally slower development while staff prioritizes execution of Foundational & Workstream 1 elements to ensure smooth initial campaign launch 	<ul style="list-style-type: none"> • Continue scoping and plan for initial elements by end of FY2026



Outcomes – Building Infrastructure / Playbook

A key outcome of the Prediabetes campaign development (in addition to KPIs and outcomes metrics) is designing a first-of-its-kind process that can be replicated & adapted for any future Population Health initiatives



Awareness campaign approach

- Defined, repeatable process for engaging marketing agency, campaign branding, website build out, etc.
- Format for an awareness campaign with a clear call-to-action (unique from pure awareness/brand campaigns)



Outreach strategy to mobilize partners and volunteers

- Partner identification – track outreach with potential partners, tier level of interest, etc.
- Talking points, Call to Action, Frequently Asked Questions



Communication strategy with District residents

- Campaign images/flyers, QR code for risk screener
- Newsletter copy, website templates, email templates, social media deployment approach

Outcomes – KPIs/Metrics Snapshot

Category	Indicators	Target	Actual (TBD)	Notes
Workstream 1 (Prediabetes risk awareness campaign)	# of people with improved knowledge of individual Prediabetes risk	1,000-4,000 in first 12 months (CY 2026)		Via a 7-question prediabetes risk screener (demographics, lifestyle) on Outsmart Prediabetes website
Workstream 1 (Adult self-management, virtual dietitian platform vendor)	# of Vendor program enrollments	100-400 in first 12 months (CY 2026)		Determined by successful enrollments in Season Health program
Workstream 2 (Adult group/social programming)	Program enrollment metrics, knowledge metrics	TBD		Workstream development in progress; final metrics to be determined after further research
Workstream 3 (Youth programming)	Program enrollment metrics, knowledge metrics	TBD		Workstream development in progress; final metrics to be determined after further research



Outcomes / Metrics Dashboard – IN DEVELOPMENT

Foundational	Total Screenings — / 1,000	Contact List Signups —	B2B Partners – Ambassador —	B2B Partners – Strategic Partners —
	Season Health Enrollments — / 100	Screening → Enrollment —%	Average length of engagement —	Food platform orders —
WS1				
WS2	Workstream 2 Adult Participants —			
WS3	Workstream 3 Youth Participants —			

Awareness and partner activation are building; near-term focus is scaling screenings and sustaining engagement



FY2026 Actual (projected) Spend

Group / Area	Item	Original Budget Range	FY26 Actual (projected)	Status / Notes
Workstream 1	Risk Awareness Campaign Development	\$80,000	\$97,700	Complete (incl. development of messaging strategy, creative content, and website development)
Workstream 1	Marketing – Paid Media Channels	\$100,000-\$200,000	\$124,000	Projected spend by end of FY26 (incl. paid ad placement, field marketing and activations)
Workstream 1	Additional Outreach Resources/ Personnel	\$200,000	\$81,100	Projected spend by end of FY26 (incl. resource for partial year; outreach and tabling materials)
Workstream 1	Subsidized Vendor Program Costs	Up to \$180,000 - \$240,000	\$21,500	Variable Cost , based on enrollment & Insurance coverage
	Marketing Spend for Vendor Enrollment	\$100,000 - \$140,000	--	Initial estimate rolled into Paid Channel (no additional Season Health marketing cost incurred)
	Screening Events for Enrollment	\$20,000 - \$40,000	--	Events rolled into Foundational Outreach; shifting A1c testing to FY27 priority
Workstream 2 & 3	Food-is-Health Event / Symposium	\$50,000 - \$100,000	--	Rescoping as initial activations under Marketing Outreach; event planning shifting to FY27 priority
		TOTAL	\$324,300	

Key Takeaways

- This year’s current FY2026 expected actual spend projection: **\$324,300**
- Line items for (i) Marketing, (ii) Additional Outreach Resources, and (iii) Vendor Program Costs are considered “run rate” and will continue into next fiscal year



FY2027 – Budget Projection

Group / Area	Item	FY27 Budget (projected)	Status / Notes
Workstream 1	Risk Awareness Campaign (ongoing)	\$48,000	Includes further creative campaign development, plus website enhancements / maintenance
Workstream 1	Marketing – Paid Media Channels	\$283,000	Full year paid marketing across Digital/Social, Local Print News, Streaming Audio, Event Sponsorships, and Activations
Workstream 1	Marketing – Community Outreach & Engagement	\$10,000	Fees for in-person tabling events
Workstream 1	Supporting Personnel & Outreach Resources	\$460,000	Run rate FY26 resourcing and support, plus shifting Population Health SIG role to here
Workstream 1	Subsidized Vendor Program Costs	\$129,000 <i>(range: \$51,600 - \$206,400)</i>	Based on scenario estimates for range of Season enrollments & range insurance coverage estimates
Workstream 2 & 3	Programming & events	\$70,000	Initial in-person, group & social programming for adults (Workstream 2) and youth (Workstream 3)
	TOTAL	\$1,000,000	

Key points

- Largest category is personnel & resources, due to moving Population Health Staff Innovation Grant (SIG) role into this budget
- Other largest category is Paid Marketing from a full 12-months of paid media channel placement
- Lastly, vendor program costs will continue to be variable; scoped at a range based on various enrollment & insurance coverage scenarios
- While budget for Workstreams 2&3 budget is smaller (relative to Workstream 1), they are an important focus for FY27. Reflects approach that leverages staff time to properly plan & scope work and leveraging existing local infrastructure, programs, and partners to execute in a cost-effective way.



FY2027 – Building on baseline “run-rate” from prior years

- The proposed FY2027 budget is informed by annualized run rate from prior year spend with growth, re-alignment of resources, and nominal new spend & maintenance. As such, the figure is an extension of the FY2026 spend (once annualized and re-aligned) and is not primarily “net-new spend”

FY2027 Run-Rate vs. New Breakdown

Run-Rate + Realignment: \$895,000

Run-rate budget from FY2026: **\$645,000**

- Maintains budget categories from prior year, but annualized with a lens toward program growth (primarily in paid marketing and vendor program costs)

Re-alignment of Pop Health SIG: **\$250,000**

- Shifts Pop Health SIG grant as natural (and successful) evolution to a more durable role as the program has been established. *net-zero budget impact to total ECHD Community Benefit budget

New Workstream 2&3 + in-person elements: \$105,000

TOTAL: \$1,000,000



FY2027 – Expected Outcomes

- While FY2026 represented an implementation year, FY 2027 will be a program growth year across all Workstreams as we continue to execute toward building a comprehensive prediabetes program. For FY2027, the investment outlined on the previous slides is expected to yield the following:
 - Growth and scaling of both risk-awareness and Season Health program enrollment
 - Investment for development and growth of initiative breadth (Workstreams 2 & 3)
 - Defined “playbooks” for awareness, outreach and communications that can serve as infrastructure for any future Population Health initiatives



Dialogue prompts

Objective: To gather board feedback on the El Camino Healthcare District's Population Health and prediabetes strategy and program design.

1. Are there any additional factors that should be considered as we continue execution on the Population Health Strategy in FY2026?
2. Are there additional types of information you'd like to receive in the semi-annual Population Health status reporting?





EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Mark Klein, CCMO
 Jon Cowan, Executive Director, Government Relations
 & Community Partnerships
Date: March 10, 2026
Subject: Prediabetes Risk Awareness Campaign: Strategic Overview

Strategic Context: Addressing a Critical Awareness Gap

As part of the District's Population Health strategy, we identified a significant gap in awareness around prediabetes risks within our community. While national data indicate that approximately 1 in 3 adults have prediabetes, local estimates suggest that nearly half of adults within the El Camino Healthcare District may be affected. At the same time, approximately 80 percent of individuals with prediabetes are unaware they have the condition.

Prediabetes often presents no visible symptoms. Individuals may feel well, look healthy, and remain physically active while still being at risk. Doctors do not always screen for it routinely. As a result, risk frequently goes undetected until progression toward Type 2 diabetes is underway.

This combination of high local prevalence, low awareness, and common misperceptions highlighted a clear need for a focused initiative designed to help residents better understand their personal risk and act earlier - a need previously recognized and supported by the Board. In alignment with the Board's direction, we are now executing this targeted campaign to address the identified gap.

Campaign Development: Strategy and Creative Process

To conceive and build a campaign, the District engaged MacKenzie, a Bay Area marketing agency, following a competitive RFP process. The engagement began in October 2025 and followed a structured, informed approach.

The work focused on developing a clear campaign strategy centered on relevance, credibility, and relatability, highlighting local data and research-backed insights to reinforce that prediabetes is a widespread issue within our own community—including among those who feel healthy.

Consumer Insight Informing Strategy and Creative

Research shows that most people who develop diabetes never saw it coming—they felt healthy and didn't realize they were at risk. Many believe they are "not the type" to get

ECHD Prediabetes Awareness Campaign – Strategic Overview and Creative Approach
March 10, 2026 | pg. 2

diabetes, and because they feel fine, they underestimate their risk. However, when presented with clear, relatable evidence that “people like me” are at risk—and that a simple, private action can help them stay healthy—they are much more likely to engage.

From this foundation, a cohesive campaign platform was built, including the theme, key messaging, visual identity, earned and paid media plans, and a suite of assets designed for use across digital, print, and in-person channels.

Campaign Objectives

The campaign is structured with several key objectives in mind:

1. Increase awareness of prediabetes among adults ages 35–65 who live, work, or attend school in the District.
2. Encourage completion of a private, secure, and anonymous online risk screener.
3. Connect at-risk individuals to licensed dietitians through Season Health, a leading food-as-medicine platform, for personalized, one-on-one virtual support.
4. Reinforce that prediabetes is reversible if identified early.
5. Strengthen visibility of El Camino Healthcare District as a proactive, prevention-focused health advocate.

Campaign Theme: Outsmart Prediabetes

Building on the strategic foundation and consumer insight, the campaign theme serves as the central organizing idea, designed to be memorable, motivating, and adaptable across all communications channels.

The theme, “*Outsmart Prediabetes*,” is designed to resonate with individuals who feel healthy and may not see themselves as at risk and reflects the reality that prediabetes is often an invisible risk.

The campaign integrates messaging that reinforces “you can feel healthy and still be at risk,” and that a quick, private screener can help you stay ahead. In doing so, the campaign addresses common misconceptions, encourages early action, and reinforces that prediabetes is often reversible when identified early.

Messaging Platform

To support the theme of the campaign and ensure consistency across outreach efforts, a structured messaging platform was developed to bring clarity and alignment to all communications.

The platform is built around a campaign promise – “*You Have the Power to Outsmart Prediabetes*” – and supported by three core communication pillars focused on awareness, answers, and action. The promise is intentionally empowering and we intentionally avoided,

ECHD Prediabetes Awareness Campaign – Strategic Overview and Creative Approach
March 10, 2026 | pg. 3

“fear marketing”. The messaging platform reinforces a clear progression from understanding risk, to self-screening, to enrolling in virtual dietitian services – and helps ensure all campaign materials are concise, compelling, and easy to understand.

Messaging will use relatable, non-stigmatizing language such as “You can feel healthy and still be at risk,” and “Nearly half of adults in our District may have prediabetes.” Calls to action emphasize simplicity and privacy: “Take a quick, private screener—no doctor’s visit needed.” If you catch it early, you can reverse it.

Messaging strategies are informed by CDC and Journal of Health Communication research, which demonstrate that social norming (“people like me are at risk”) and low-barrier calls to action significantly increase engagement. For example, CDC campaign testing found that the phrase “You can have prediabetes and not know it” paired with “Take a one-minute test to find out” drove the highest engagement among unaware at-risk adults.

Visual Identity

To bring the campaign theme to life and further improve consistency across platforms, a distinct visual system was developed and includes the following key elements:

- People-focused imagery rather than clinical settings.
- Bold color layouts aligned with District brand standards.
- Prominent headline treatments featuring relevant, data-driven proof points.
- Clear calls to action directing individuals to the two-minute risk screener.

Integrated Execution: Key Elements & Timeline

The campaign rollout has been structured in phases to allow for testing, refinement, and deployment across multiple touchpoints.

Paid Marketing Channels:

The first paid marketing channel launched on February 19, 2026, with rollout on other paid channels anticipated throughout March and April. Paid marketing channels include:

- Paid digital ads
- Social media ads
- Local news ads (print and digital)
- Awareness channels (including streaming audio)

Complementary Outreach:

In addition to traditional paid marketing channels, the campaign pairs these efforts with:

ECHD Prediabetes Awareness Campaign – Strategic Overview and Creative Approach
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- Direct-to-Consumer (D2C) In-Person Events: Tabling at farmers markets, community events, and similar venues.
- Business-to-Business (B2B) Partnership Outreach: Promotion through HR/benefits teams at local municipalities and cross-promotion through existing partner relationships.
- Event Sponsorships and Field Marketing: Paid sponsorships and targeted events to reach key audiences.
- Local Activations: Hosted community events and distribution of branded materials to increase visibility and engagement.

Campaign Timeline and Evaluation:

The full-scale campaign in FY2026 runs from March through June. Staff will monitor and evaluate effectiveness using metrics such as impressions, visitors, click-through rates, conversions, and screener completions. Campaign spend can be adjusted based on effectiveness, and the results of the initial campaign in FY2026 will inform the scope and allocation of future paid media campaigns anticipated for FY2027 and beyond.

Measurement and Optimization

Campaign performance will be monitored through impressions, engagement rates, landing page visits, screener completions, and Season Health enrollment activity. Channel performance will be evaluated on an ongoing basis, with investment adjusted toward placements demonstrating stronger engagement and conversion outcomes.

Summary

The Prediabetes Risk Awareness Campaign represents a deliberate, locally grounded initiative focused on increasing awareness and encouraging early action. By combining community-specific data, research-backed consumer insight, a clear and empowering campaign theme, and a coordinated multi-channel rollout, the District is addressing a significant health risk while reinforcing its role as a visible and trusted advocate for community health.

By making screening easy, private, and relevant—and by showing that prediabetes is common among “people like me”—the District is empowering residents to take control of their health before problems start.

We look forward to presenting campaign materials at the upcoming Board meeting.

References

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- American Diabetes Association. (2020). Know Your Risk Campaign Results.

ECHD Prediabetes Awareness Campaign – Strategic Overview and Creative Approach
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- NHS England. (2020). NHS Diabetes Prevention Programme: Evaluation Report.
- Milkman, K.L., et al. (2021). “A Mega-Study of Text-Based Nudges Encouraging Patients to Get Vaccinated at an Upcoming Doctor’s Appointment.” PNAS.
- Rosenstock, I.M. (1974). “The Health Belief Model and Preventive Health Behavior.” Health Education Monographs.
- Journal of Health Communication (2021). “Tailoring Risk Communication to Increase Engagement with Diabetes Prevention.”



ECHD Population Health:

*Prediabetes Risk Awareness Campaign
Strategic Overview*

Mark Klein, Chief Communications & Marketing Officer

March 10, 2026

Context and Mandate

- **45% of District adults are prediabetic**
- **80% are unaware of their condition**
- **The District is committed to drive awareness and prevention**



Campaign Objectives

1. **Increase** awareness of prediabetes among adults ages 35–65 who live, work, or attend school in the District
2. **Motivate** individuals to complete a simple self-screening to understand their personal risk
3. **Connect** at-risk individuals to licensed dietitians and nutrition resources for personalized support



Strategic Approach

- **Engaged** MacKenzie, a leading marketing agency, through a competitive RFP process to spearhead campaign strategy and execution
- **Crafted** a compelling campaign theme and cohesive messaging platform tailored to our community
- **Created** a distinct, memorable, and adaptable visual identity for seamless integration across all channels
- **Built** a comprehensive paid and earned media plan—including digital, traditional, and out-of-home placements—to maximize reach and impact



Consumer Insight: Most People Who Develop Diabetes Never Saw It Coming

- **Perceived Themselves as Healthy:** Many individuals felt well and did not recognize their personal risk.
- **Underestimated Their Vulnerability:** Most were unaware that prediabetes can affect people who feel and look healthy.
- **Respond to Relatable Messaging:** When shown clear, relatable evidence that “people like me” are at risk—and offered a simple, private action to stay healthy—they are significantly more likely to engage.



OUTSMART PREDIABETES.

You can't see it,
but you can beat it.



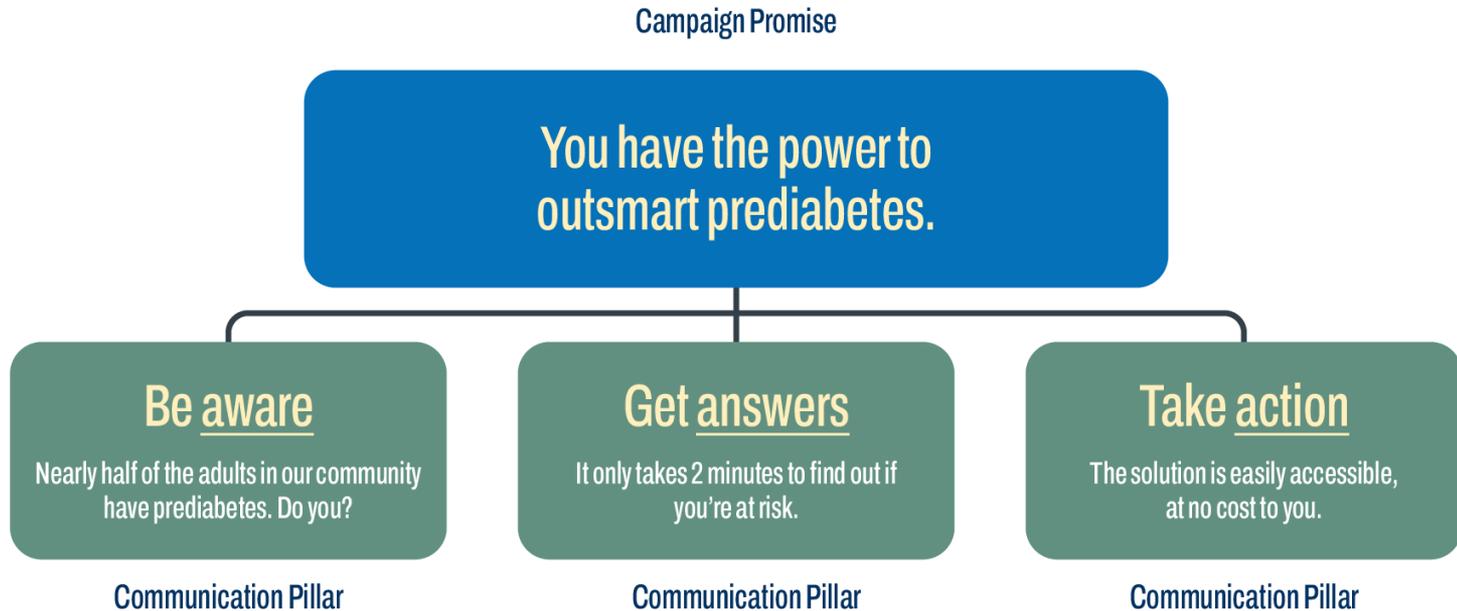
Campaign Theme: “Outsmart Prediabetes”

- **Highlights** that prediabetes often goes unnoticed—no symptoms, no warning signs
- **Personifies** prediabetes as a hidden risk, emphasizing the importance of staying one step ahead
- **Empowers** individuals to take control and proactively assess their risk
- **Maintains** an affirming, intentional tone—reinforcing that screening is a smart, proactive choice
- **Communicates** that outsmarting prediabetes begins with awareness and action



Messaging Platform

An organizing framework for communicating the campaign effectively, concisely and in a way that audiences will understand and remember.



Campaign Visual Identity: Key Features

- People-focused photography
- Bold colors aligned with the ECHD brand
- Eye-catching headlines to reinforce key messaging



Landing Page & Risk Screener (El Camino Health Website)



El Camino Healthcare District

[Get Screened](#)

OUTSMART PREDIABETES



Nearly half of all adults in our community have prediabetes, and most don't know it. But here's the good news: you have the power to protect yourself.

[Take the 2-minute screening](#)

JUST WHAT IS PREDIABETES?

It's a condition in which you are at risk of progressing to Type 2 diabetes. Prediabetes has no obvious signs. You may feel tired, feel thirsty, and have blurry vision.

THE NUMBERS

Studies estimate that 45% of adults in our community have prediabetes - and 80% of people who have it don't even know it.



El Camino Healthcare District

Prediabetes Screening Test

Question 2 of 6



Are you a man or a woman?

[← Prev](#) [Next →](#)



El Camino Healthcare District

Prediabetes Screening Test

Question 3 of 6



Do you have a mother, father, sister, or brother with diabetes?

[← Prev](#) [Next →](#)



Sample Ads: Digital & Social

**PREDIABETES?
ME?**

Take two minutes
to screen yourself.




**YOU CAN'T SEE
PREDIABETES.**

But you can
outsmart it.

Take two minutes
to screen yourself.




**PREDIABETES?
ME?**

Take two minutes
to screen yourself




**YOU CAN'T SEE
PREDIABETES.**

But you can
outsmart it.

Take two minutes
to screen yourself.




PREDIABETES? ME?

Take two minutes to screen yourself




PREDIABETES? ME?

Take two minutes to screen yourself





Sample Assets:
Print Ads & Posters



Sample Assets:
Event Signage



Progress Report

- **Soft Launch (Jan 2026):**
 - Finalized paid media strategy
 - Launched campaign landing page for testing
 - Confirmed marketing channels with agency
- **Paid Media Rollout (Feb–Apr 2026):**
 - First digital ads live Feb 19
 - Additional channels launching through March/April (social, news, streaming)
- **Official Launch (Mar 2026):**
 - Press release and earned media
 - ECHD Connect postcard mailed to 105,000+ District addresses



Progress Report (Continued)

- Integrate field marketing and partnership activities (Beginning in March)
 - **D2C-type in-person events** (tabling at farmers markets, community events, etc.),
 - **B2B-type partnership outreach** (e.g. promoting through HR/benefits teams at local municipalities, cross-promoting through existing partner relationships, etc.),
 - **Event sponsorships and field marketing** (e.g. paid sponsorships and targeted events)
 - **Local activations** (e.g. District-hosted community event, branded materials, etc.)



OUTSMART PREDIABETES.

You can't see it,
but you can beat it.





EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Mark Klein, CCMO
Date: March 10, 2026
Subject: ECHD Connect – Progress Update and Summer Planning

This memo is designed to provide a progress update and overview of Spring and Summer planning for *El Camino Health District Connect* and was developed at the request of the Board Chair.

Strategic Context

As previously discussed, ECHD Connect was created to deliver meaningful value to the community, strengthen the District's reputation, and amplify its impact. Supported by the Board, the publication was introduced as a high-quality, magazine-style resource and is intended to:

- Empower residents with actionable, health information from El Camino Health doctors and experts.
- Demonstrate how the District benefits taxpayers and supports public health.
- Showcase excellence, innovation, and community connection through compelling stories, expert commentary, and engaging design.
- Strengthen the District's reputation as a forward-thinking, trusted healthcare leader in Santa Clara County.

Our aim is for ECHD Connect to become a valued resource for people who live or work in the District, providing reliable information about the District's role and community impact.

The strategy implements a structured, quarterly schedule for direct mail engagement targeting all District residents. Through this approach, the District delivers two editions of ECHD Connect and two supplemental postcard mailings each year, timed to maximize impact and avoid election quiet periods. This cadence ensures consistent, proactive communication while aligning with key organizational and community timelines.

Reader Feedback

In early December, the inaugural issue of ECHD Connect was distributed to 105,239 mailing addresses across the District.

Fourteen reader surveys have been received to date.

- 75% rated ECHD Connect a 4 or 5 on a five-point value scale
- Average rating: 3.75 out of 5
- 10 out of 14 reported the publication improved their understanding of the District and its role in the community

In depth articles with medical and prevention-focused content generated the strongest interest.

Comments reflect both positive reception and constructive input:

- “I didn’t know this district existed, so it was eye opening to read how formal and organized the efforts are ... keep up the good work.”
- I didn’t know until now that there was such a thing as El Camino healthcare district and that I was a part of that. Thank you for listening. As I am a healthcare provider (RN) who works at a nearby hospital.”
- “I am and have Kaiser Permanente HMO. I have lived here for the last 10 years and I haven’t seen El Camino Hospital at work in the community. Is it because I didn’t need your services or have an opportunity to utilize your community services?”
- "I enjoyed the article on GLP-1s and I was impressed to see you did a formal needs assessment on loneliness among older adults.”
- “An enormous waste of paper and resources.”

Other respondents offered design-focused feedback, including about readability and weblinks to resources. Future editions will incorporate an increase in type size to improve the reading experience.

Digital Engagement

Reporting Period: December 1, 2025 – February 18, 2026

Because recipients received the full publication in print, they are not are not expected to visit the website Also, because the only Call to Action (CTA) was to share feedback and input on the publication and because the District does not maintain social media channels to amplify reach, digital traffic should be understood within the context of a print-first distribution strategy.

A high-level summary of reach and engagement is below:

- **Mailing Addresses Reached:** 105,239
- **Unique Landing Page Users:** 173
- **Total Sessions:** 245
- **Engagement Rate:** 57%
- **Average Time on Landing Page:** 2+ minutes
- **Digital Publication Reads:** 206
- **Average Digital Read Time:** 6 minutes

The engagement rate (57%) reflects the percentage of visits where readers actively interacted with the page—such as spending meaningful time reviewing content, scrolling, or clicking through to additional resources. This indicates that more than half of visitors did more than briefly view the page.

More than half (55%) of landing page traffic was direct, consistent with QR code and printed URL engagement from the mailed publication. Digital readers spent an average of six minutes reviewing the issue, suggesting sustained engagement with the content.

Measurement Framework: Awareness and Perception

The best approach for determining the value of ECHD Connect would be to see how it influences awareness and perceptions about the District and the publication itself. Currently, no such data

exists. We recommend building that. To that end, staff will explore options for establishing baseline community awareness and perception research to enable annual or periodic measurement over time. Based on preliminary discussions, a three-month, multi-modal research process surveying District residents and/or voters is estimated to range from \$35,000 to \$60,000.

Spring 2026 Postcard

A postcard mailing is being finalized for distribution in late March. The postcard will feature the District's Prediabetes awareness campaign and include a link to access the online self-screening tool.

Summer 2026 Issue

Planning is underway for the summer issue of ECHD Connect. Feature articles will include:

- **Artificial Light Exposure and Heart Health:** A science-based article examining emerging research linking nighttime artificial light exposure to cardiovascular risk, including expert commentary and practical steps residents can take to reduce exposure.
- **Prediabetes in Our Community:** A feature focused on the prevalence of prediabetes locally and the District's response through awareness efforts, screening tools, and prevention resources.

Additional content will include:

- Information about the District's Prediabetes Awareness Campaign and available screening and nutrition resources
- Recognition of El Camino Health's fifth Magnet designation
- Updates regarding the South Asian Heart Center
- Community impact and grant-related updates

Together, these stories will continue positioning ECHD Connect as both a trusted health resource and a vehicle for transparency around District-supported programs and investments.

Overall Assessment

ECHD Connect has achieved broad District-wide distribution and is demonstrating early signs of meaningful engagement. Traffic patterns suggest recipients are accessing the publication through print-driven outreach, and survey responses indicate the publication is advancing awareness and understanding of the District's role.

As awareness builds and publication cadence continues, the District will be better positioned to measure changes in community understanding and engagement over time.

Program Costs and Stewardship

At the Board's direction to create a publication that is valued by District members and advances community engagement, the communications program is projected to incur annual costs of **\$403,250, or \$354,495** in non-election years (due to one less postcard mailing). This includes the

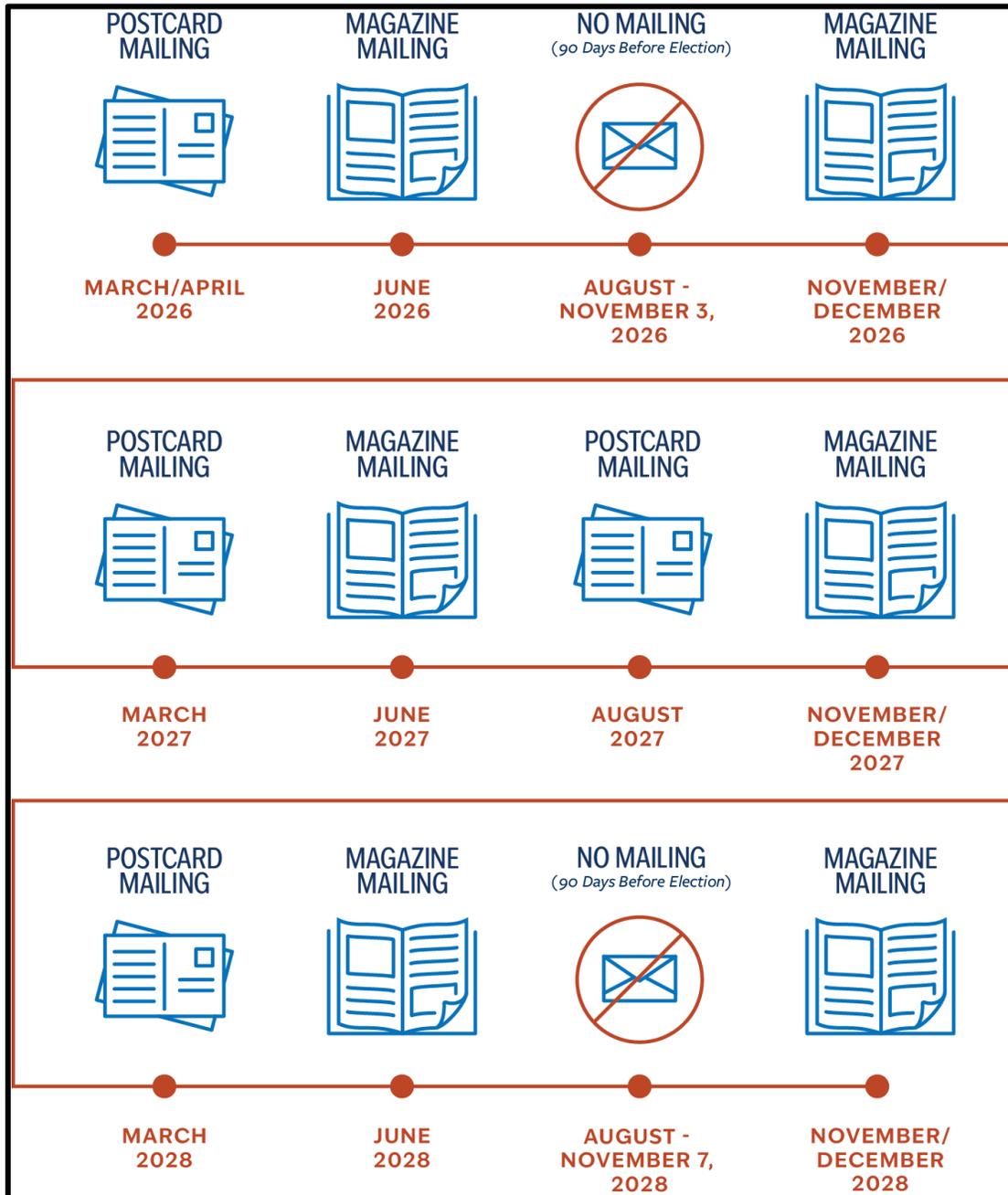
production and distribution of quarterly direct mailings to over 105,000 households, as well as ongoing content development, design, and program management. The program is structured to deliver on the Board's objectives by providing timely, relevant health information and strengthening the District's connection with the community.

All program costs are monitored for efficiency and alignment with the District's mission and strategic priorities. A detailed line-item budget is provided as an attachment for reference.

Resources on the Following Pages:

- Tentative ECHD Connect Communications Calendar
- ECHD Connect: Communications Budget – Detailed Line-Item Costs

Tentative ECHD Connect Communications Calendar



ECHD Connect: Communications Budget (Next Page)

ECHD Connect Progress Report
 March 10, 2026 | pg. 6

ECHD Connect: Communications Budget

Spring/Summer Publication	Details	Cost
Publication Development: Stock Photography and/or Illustrations	Purchase or licensing of artwork for feature articles, cover and content.	\$3,000
Publication Development: Medical Writing	Research, interviews and writing by professional medical writer.	\$5,000
Printing	Print 106,239 copies of 12-page magazine. 105,239 copies are printed for mail and 1,000 copies are printed for distribution at events and by request.	\$47,130
Mailing Service	Bundle booklets for post office for EDDM mailing.	\$6,170
Postage	Based on mailing to 105,239 residences using EDDM (Every Door Direct Mail) rates; magazines are mailed to all addresses as "Postal Customer."	\$31,570
Total		\$92,870
Fall/Winter Publication	Details	Cost
Publication Development: Stock Photography and/or Illustrations	Purchase or licensing of artwork for feature articles, cover and content.	\$3,000
Publication Development: Medical Writing	Research, interviews and writing by professional medical writer.	\$5,000
Printing	Print 106,239 copies of 12-page magazine. 105,239 copies are printed for mail and 1,000 copies are printed for distribution at events and by request.	\$47,130
Mailing Service	Bundle booklets for post office for EDDM mailing.	\$6,170
Postage	Based on mailing to 105,239 residences using EDDM (Every Door Direct Mail) rates; magazines are mailed to all addresses as "Postal Customer."	\$31,570
Total		\$92,870
Spring Postcard	Details	Cost
Printing	Print 105,239 postcards (6.25 x 10.5) for distribution to all District addresses via EDDM mail; Printed double-sided.	\$11,485
Mailing Service	Sort and bundle for oversized postcard EDDM mailing.	\$5,700
Postage	Based on mailing to 105,239 residences using EDDM (Every Door Direct Mail) rates; postcards are mailed to all addresses as "Postal Customer."	\$31,570
Total		\$48,755
Fall Postcard	Details	Cost
Printing	Print 105,239 postcards (6.25 x 10.5) for distribution to all District addresses via EDDM mail; Printed double-sided.	\$11,485
Mailing Service	Sort and bundle for oversized postcard EDDM mailing.	\$5,700
Postage	Based on mailing to 105,239 residences using EDDM (Every Door Direct Mail) rates; postcards are mailed to all households addresses as "Postal Customer."	\$31,570
Total		\$48,755
Agency Management	Details	Cost
MacKenzie - Marketing Communications Agency Support	Annual communications program support inclusive of planning, content development, writing, graphic design, vendor management and coordination with ECH and ECHD. Monthly fee is \$10,000 and includes other areas support, in addition to publication/postcards, such as District communications and PR, website content updates, ongoing counsel and campaign monitoring. (For reference: The monthly cost for previous contractor support for District communications was \$7,200.)	\$120,000
Total		\$120,000
Totals		
Communications Program Total Annual Costs (Exclusive of Agency Support)		\$283,250
Communications Program Total Annual Costs (Including Agency Support)		\$403,250
Communications Program Total Annual Costs in an Election Year (Including Agency Support)		\$354,495

During an election year, there is no Fall postcard mailing in accordance with the law.



ECHD Connect: Progress Update and Summer Planning

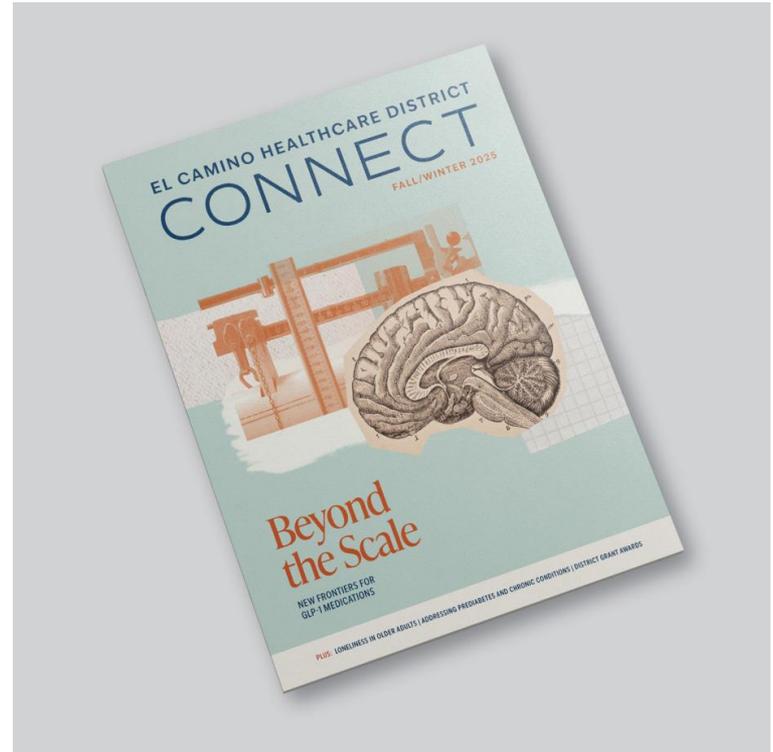
Mark Klein, Chief Communications & Marketing Officer

March 10, 2026

ECHD Connect at a Glance

ECHD Connect was created to deliver meaningful value to the community, strengthen the District's reputation, and amplify its impact.

Supported by the Board, the publication was introduced as a high-quality, magazine-style resource designed to be more than a newsletter.



ECHD Connect: Strategic Objectives

- Empower residents with actionable health information from El Camino Health doctors and experts.
- Demonstrate how the District benefits taxpayers and support public health.
- Showcase excellence, innovation, and community connection.
- Strengthen the District's reputation as a forward-thinking, trusted healthcare leader in Santa Clara County.

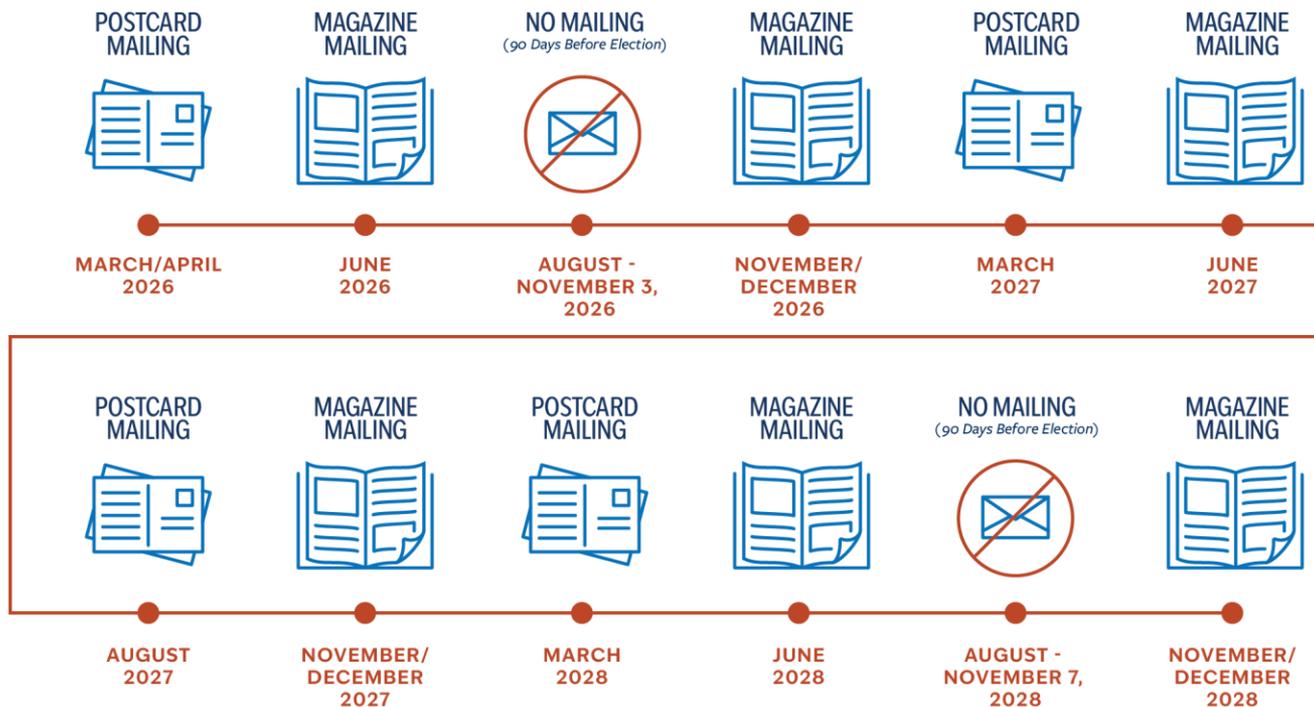


ECHD Connect: Communication Strategy and Cadence

- The strategy implements a structured, quarterly schedule for direct mail engagement with all residents.
 - Two issues of ECHD Connect
 - Two supplemental postcard mailings timed between magazine distributions
 - (Election years include one less postcard mailing due to pre-election mailing restrictions)
- Through compelling stories, expert commentary, and engaging design, we will inform, inspire, and strengthen the connection between ECHD and the community.



ECHD Connect: Communications and Cadence



ECHD Connect: Reader Feedback

- Fourteen reader surveys have been received to date
- 64 percent rated ECHD Connect a 4 or 5 on a five-point value scale
- 78 percent reported the publication improved their understanding of the District and its role in the community
- In depth articles with medical and prevention-focused content generated the strongest interest among respondents



ECHD Connect: Reader Feedback (Sample Comments)

“I didn’t know this district existed, so it was eye opening to read how formal and organized the efforts are ... keep up the good work.”

“I didn’t know until now that there was such a thing as El Camino healthcare district and that I was a part of that. Thank you for listening. As I am a healthcare provider (RN) who works at a nearby hospital.”

“I enjoyed the article on GLP-1s and I was impressed to see you did a formal needs assessment on loneliness among older adults.”

“I am and have Kaiser Permanente HMO. I have lived here for the last 10 years and I haven’t seen El Camino Hospital at work in the community. Is it because I didn’t need your services or have an opportunity to utilize your community services?”

“An enormous waste of paper and resources.”



ECHD Connect: Reach and Digital Engagement

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 - Unique Landing Page Users: 173
 - Engagement Rate: 57%
 - Average Time on Landing Page: 2+ minutes
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- Because recipients received the full publication in print, most would not be expected to visit the website.



Spring 2026 Postcard

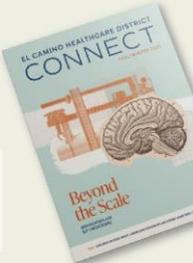
- Currently being finalized for distribution in late March.
- It will feature the District's Prediabetes awareness campaign and include a link to access the online self-screening tool.



Spring 2026 Postcard

Welcome to
**EL CAMINO HEALTHCARE DISTRICT
CONNECT**
A new online publication for our community.

El Camino Healthcare District Connect is the District's new publication created for residents, employees, and students across our community. Each issue features in-depth medical articles, District news, and important information about upcoming events and available resources — all designed to help you stay informed and make confident decisions about your health.



IN THIS ISSUE:

- What to know about new diabetes and weight loss medications
- Addressing loneliness and social isolation among older adults

READ THE LATEST ISSUE
Scan the QR code or visit:
elcaminohealthcaredistrict.org/connect

 2950 Grant Road
Mountain View, CA 94040
650.940.7300

PSRST STD
ECRWSS
US POSTAGE
PAID
PALO ALTO, CA
PERMIT NO. 600

Postal Customer

Mailing Panel Promotes ECHD Connect

**NEARLY HALF OF ADULTS IN OUR
COMMUNITY HAVE PREDIABETES.
DO YOU?**

*Most people who have prediabetes don't even know it.
Because it doesn't show. But you can outsmart it.*

GET SCREENED NOW

- Take a 2-minute self-screening test online to find out if you are at risk
- If you are at risk, don't panic - we have a plan for you
- No doctor visits or medications, and no cost to you

elcaminohealthcaredistrict.org/prediabetes




 El Camino Healthcare District will connect you with a licensed dietitian to develop a one-on-one program to address your risks. This program is covered by most insurers and subsidized by El Camino Healthcare District (if eligible), at no out-of-pocket cost to you.

Alternate Panel Promotes ECHD Prediabetes Campaign



Summer 2026 Issue

- Planning is underway for the summer issue of ECHD Connect, which will continue pairing credible medical research with local relevance and District impact.
- Proposed feature articles:
 - **Artificial Light Exposure and Heart Health:** A science-based article examining emerging research linking nighttime artificial light exposure to cardiovascular risk, including expert commentary and practical steps residents can take to reduce exposure.
 - **Prediabetes in Our Community:** A feature focused on the prevalence of prediabetes locally and the District's response through awareness efforts, screening tools, and prevention resources.



Measurement Framework: Awareness and Perception

- The best approach for determining the value of ECHD Connect would be to see how it influences awareness and perceptions about the District and the publication itself. Currently, no such data exists.
- We recommend building that. To that end, staff will explore options for establishing baseline community awareness and perception research to enable annual or periodic measurement over time.
- Based on preliminary discussions, a three-month, multi-modal research process surveying District residents and/or voters **is estimated to range from \$35,000 to \$60,000.**



Program Costs and Stewardship

- At the Board's direction to create a publication that is valued by District members and advances community engagement, the communications program is projected to incur **annual costs of \$403,250 or \$354,495 in election years** (due to one less postcard mailing)
- This includes the production and distribution of quarterly direct mailings to over 105,000 households, as well as ongoing content development, design, and program management.
- The program is structured to deliver on the Board's objectives by providing timely, relevant health information and strengthening the District's connection with the community.



ECHD Connect: Next Steps

1. Produce and distribute Spring Postcard mailing
2. Conduct baseline research measuring awareness and perception of the District
3. Develop and distribute Summer magazine





EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Raju Iyer, Chief Financial Officer
Date: March 10, 2026
Subject: YTD FY2026 Financial Update (as of 01/31/2026)

Purpose: To provide the District Board of Directors with an overview of the El Camino Healthcare District financial results for Period 7 and year-to-date FY2026 (through January 31, 2026), including comparisons to budget. Detailed financial statements and supporting schedules are included in the attached presentation.

Stand-Alone District Financial Performance

The District prepares stand-alone financial statements to present the financial activity of the El Camino Healthcare District independent of El Camino Hospital and its controlled affiliates. These statements provide transparency regarding District revenues, expenditures, and Community Partnership program funding.

Net Income

Year-to-date Net Income is approximately \$2.3 million, compared to a budget of \$3.9 million, representing an unfavorable variance of approximately \$1.6 million.

Two primary factors contribute to this variance:

Property Tax Revenue Timing

Property tax revenue is received from Santa Clara County at varying points during the fiscal year. Budget assumptions distribute revenue evenly throughout the year, while actual receipts are more heavily concentrated later in the fiscal cycle.

Community Partnership Program Timing

Community Partnership program expenditures increased in FY2026, with the annual budget rising from approximately \$8.1 million in FY2025 to \$10.0 million in FY2026. The timing of program implementation and grant disbursements does not always align with the budgeted schedule, resulting in temporary period-to-period variances.

Property Tax Sources and Uses

Through January 31, 2026, the District has received approximately \$16.0 million in tax revenues. These funds are applied toward:

- Government Obligation bond payments
- District operating expenses
- Capital replacement and capital appropriation reserves
- Community Partnership program funding

After required obligations and operating expenses, funds remain available to support the District's Community Partnership initiatives.

Consolidated Financial Statements

The attached presentation also includes consolidated financial statements, which incorporate El Camino Hospital and its controlled affiliates in accordance with accounting standards. These consolidated statements provide the full financial view of the El Camino Health system.

Additional detail is provided in the attached:

Memo: ECHD Financials – Period 7

March 10, 2026 | pg. 2

- Consolidated Statement of Revenues and Expenses
- Comparative Balance Sheet
- Notes to Financial Statements

Information:

Recommend the District Board of Directors review the Consolidated and Stand-Alone (District) YTD FY2026 financial statements (as of January 31, 2026).

List of Attachments:

- Consolidated and Stand-Alone (District) Financials – YTD FY2026 (as of 01/31/2026)



Board Finance Presentation Fiscal Year 2026 7/1/2025- 1/31/2026

Raju Iyer, CFO
March 10, 2026

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ECHD **Consolidated** Financial Statements (Includes El Camino Hospital)

Statement of Revenues & Expenses Year to Date thru January 31, 2026	Page 10
Comparative Balance Sheet as of January 31, 2026	Page 11
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NOTE: Accounting standards require that audited financial statements for El Camino Healthcare District be presented in consolidated format, including El Camino Hospital and its controlled affiliates. In an effort to help ensure public accountability and further ensure the transparency of the District’s operations, the District also prepares internal, “Stand-Alone” financial statements which present information for the District by itself.



El Camino Healthcare District

YTD Stand-Alone Stmt of Revenue and Expenses (\$ Thousands)

Comparative Year-to-Date January 31, 2026

These financial statements exclude the District's El Camino Hospital Corporation and its controlled affiliates

	Actual	Current Year Budget	Variance	Prior Full Year Actual
<u>REVENUES</u>				
(A) Ground Lease Revenue ⁽¹²⁾	\$ 78	69	\$ 9	\$ 105
(B) Redevelopment Taxes ⁽¹³⁾	-	125	(125)	-
(B) Unrestricted M&O Property Taxes ⁽¹³⁾	9,506	8,906	600	11,450
(B) Restricted M&O Property Taxes ⁽¹³⁾	4,330	9,188	(4,858)	15,646
(B) G.O. Taxes Levied for Debt Service ⁽¹³⁾	2,184	1,575	609	3,746
(B) IGT/PRIME Medi-Cal Program ⁽¹⁴⁾	(3,331)	(2,850)	(481)	(5,193)
(B) Investment Income (net)	1,554	1,167	387	3,187
(B) Other income	-	-	-	-
TOTAL NET REVENUE	14,321	18,180	(3,859)	28,941
<u>EXPENSES</u>				
(A) Wages & Benefits ⁽¹⁵⁾	33	36	3	29
(A) Professional Fees & Purchased Svcs ⁽¹⁶⁾	446	479	33	986
(A) Supplies & Other Expenses ⁽¹⁷⁾	141	32	(109)	29
(B) G.O. Bond Interest Expense (net) ⁽¹⁸⁾	3,657	3,867	210	5,243
(B) Community Partnership Expenditures ⁽¹⁹⁾	7,789	9,902	2,113	7,358
(A) Depreciation / Amortization	3	3	-	5
TOTAL EXPENSES	12,069	14,319	2,250	13,650
NET INCOME	\$ 2,251	\$ 3,859	\$ (1,607)	\$ 15,290

(A) Operating Revenues & Expenses

(B) Non-operating Revenues & Expenses

RECAP STATEMENT OF REVENUES & EXPENSE

(A) Net Operating Revenues & Expenses	\$ (545)
(B) Net Non-Operating Revenues & Expenses	2,797
NET INCOME	\$ 2,252

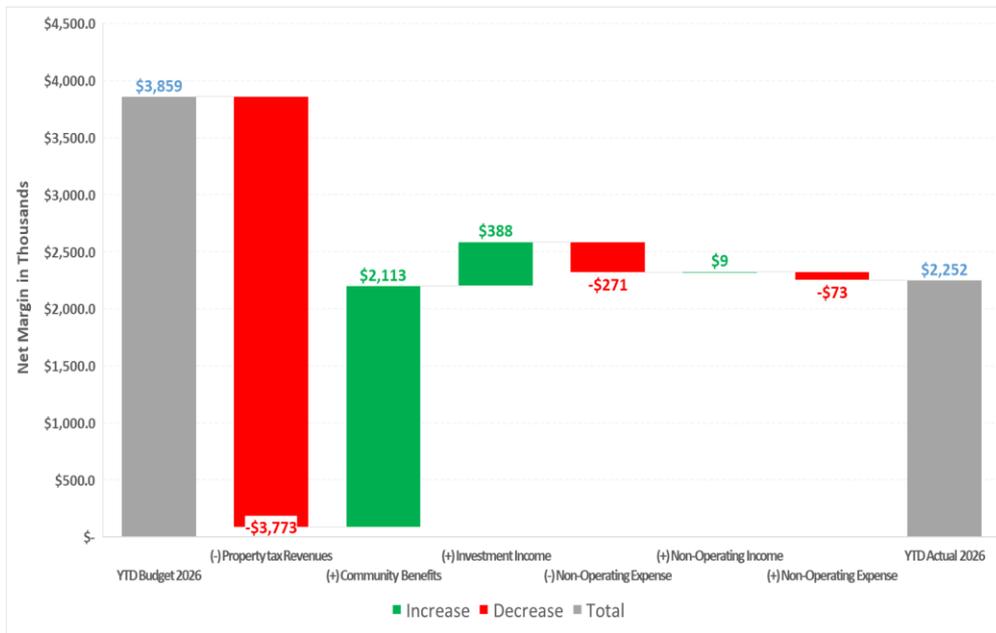


Note: Totals may not agree due to rounding. See page 10 for footnotes.

FY2026 YTD P7: Factors driving negative Net Income

(Dollars in Thousands)

\$2,252k (actual) vs \$3,859k (budget) = \$1,607k unfavorable to budget



- ❑ **Property Tax Revenue:**
 - ❑ Budget was flat-lined but last year 33% of the revenues were recorded in the 4th quarter. For FY2027 we will budget based upon when dollars are received.

- ❑ **Community Benefit Expense:**
 - ❑ The budget in FY2025 was \$8.1M and was increased in FY2026 to \$10.0M. The timing of ramping of the new programs is not happening as anticipated.



El Camino Healthcare District

Stand-Alone Comparative Balance Sheet (\$ Thousands)

These financial statements exclude the District's El Camino Hospital Corporation and its controlled affiliates

	Audited			Audited	
	Jan 31, 2026	June 30, 2025		Jan 31, 2026	June 30, 2025
<u>ASSETS</u>			<u>LIABILITIES & FUND BALANCE</u>		
Cash & cash equiv ⁽¹⁾	\$14,571	\$27,374	Accounts payable	\$0	\$8
Short term investments ⁽¹⁾	8,102	5,638	Current portion of bonds	3,552	3,411
Due fm Retiree Health Plan ⁽²⁾	0	0	Bond interest payable ⁽¹⁰⁾	2,213	5,116
S.C. M&O Taxes Receivable ⁽³⁾	(1,713)	0	Other Liabilities	410	403
Other current assets ^(3a)	65	68			
Total current assets	\$21,025	\$33,080	Total current liabilities	\$6,174	\$8,938
Operational Reserve Fund ⁽⁴⁾	1,500	1,500			
Capital Appropriation Fund ⁽⁵⁾	29,924	27,323			
Capital Replacement Fund ⁽⁶⁾	5,607	5,607	Deferred income	0	68
Community Partnership Fund ⁽⁷⁾	15,463	12,089	Bonds payable - long term	91,952	95,517
Total Board designated funds	\$52,494	\$46,518	Total liabilities	\$98,126	\$104,523
Funds held by trustee ⁽⁸⁾	\$27,556	\$35,333	Fund balance		
Capital assets, net ⁽⁹⁾	\$10,635	\$10,638	Unrestricted fund balance	\$85,796	\$74,004
			Restricted fund balance	(72,212)	(52,957)
			Total fund balance ⁽¹¹⁾	\$13,584	\$21,047
TOTAL ASSETS	\$111,710	\$125,570	TOTAL LIAB & FUND BALANCE	\$111,710	\$125,570



Note: Totals may not agree due to rounding. See page 9 for footnotes.

El Camino Healthcare District

Notes to **Stand-Alone** Financial Statements

*These financial statements **exclude** the District's El Camino Hospital Corporation and its controlled affiliates*

- (1) **Cash & Short Term Investments** – The decrease from June 30 is due to funding of capital outlay and timing of property tax receipts.
- (2) **Due from Retiree Health Plan** – The monies due from Trustee for District's Retiree Healthcare Plan.
- (3) **S.C. M&O Taxes Receivable** – The negative is due to cash receipts for M&O received in January, being higher than our estimate receivable
- (3a) **Other Current Assets** – Inter-company liability with affiliates.
- (4) **Operational Reserve Fund** – Starting in FY 2014, the Board established an operational reserve for unanticipated operating expenses of the District.
- (5) **Capital Appropriation Fund** – The increase is due to the establishment of the year-end FY24 funding set aside for the completion of the MV Campus.
- (6) **Capital Replacement Fund** – Formerly known as the Plant Facilities Fund (AKA - Funded Depreciation) which reserves monies for the major renovation or replacement of the portion of the YMCA (Park Pavilion) owned by the District.
- (7) **Community Partnership Fund** – This fund retains unrestricted (Gann Limit) funds to support the District's operations and primarily to support its Community Partnership Programs.
- (8) **Funds Held by Trustee** – Funds from General Obligation tax monies, being held to make the debt payments when due.
- (9) **Capital Net Assets** - The land on which the Mountain View Hospital resides, a portion of the YMCA building, property at the end of South Drive (currently for the Road Runners operations), and a vacant lot located at El Camino Real and Phyllis.
- (10) **Bond Interest Payable** – The decrease is a timing issue and will increase in subsequent months to be comparable to the June 30 amount.
- (11) **Fund Balance** – The positive fund balance is a result of the General Obligation bonds which assisted in funding the replacement hospital facility in Mountain View. Accounting rules required the District to recognize the obligation in full at the time the bonds were issued ; receipts from taxpayers will be recognized in the year they are levied. Change is due to transfer of capital outlay to the hospital and IGT funding receipts.



El Camino Healthcare District

Notes to Stand-Alone Financial Statements

*These financial statements **exclude** the District's El Camino Hospital Corporation and its controlled affiliates*

- (12) **Other Operating Revenue** – Lease income from El Camino Hospital for its ground lease with the District.
- (13) **Taxes: Redevelopment, M&O, G.O.** – Tax receipts during the period. G.O. Taxed Levied for Debt will catch up in January as the semi-annual disbursement will occur from the County.
- (14) **IGT/PRIME Expense** – Payments in support of the PRIME or IGT programs.
- (15) **Wages & Benefits** – IRS regulations require that board of directors be compensated as employees.
- (16) **Professional Fees & Services** – Actual detailed below:

• Community Partnership Support from ECH	\$ 292	
(54% of SW&B)		
• Communications Support for District		140
• Committee Meeting		10
• Other / Bond filing cost	4	
		\$ 446
- (17) **Supplies & Other Expenses** – Actual detailed below:

• Marketing		87
• LAFCO & CSDA	32	
• Bank Fees		17
• Education		4
• Other	1	
		\$ 141
- (18) **G.O. Bond Interest Expense** – It is to be noted that on March 22, 2017 the District refunded \$99M of its remaining \$132M 2006 G.O. bond issue. Refunding of the 2006 G.O. debt, given current interest rates, caused a net present value savings of \$7M.
- (19) **Community Partnership Expenditures** – Starting in FY2014, the District is directly operating its Community Partnership Program at the District level. This represents amounts expended to grantees and sponsorships thus far in this fiscal year. Note the major payments to recipients are made in August & January of the fiscal year.
- (20) **IGT/PRIME Funding** – Transfers from ECH for participation in the PRIME or IGT program thus far in FY 2026.
- (21) **Capital Appropriation Projects Transfer** – Net increase of last year transferred out and establishing current year.



El Camino Healthcare District

Comparative YTD **Stand-Alone** Stmt of Fund Balance Activity (\$ Thousands)

*These financial statements **exclude** the District's El Camino Hospital Corporation and its controlled affiliates*

	<u>Jan 31, 2026</u>	<u>June 30, 2025</u>
Fiscal year beginning balance	\$ 21,047	\$ 12,150
Net income year-to-date	\$ (545)	\$ 15,291
Transfers (to)/from ECH:		
IGT/PRIME Funding ⁽²⁰⁾	\$ 3,331	\$ 5,134
Capital Appropriation projects ⁽²¹⁾	\$ (10,248)	(11,528)
Fiscal year ending balance	<u><u>\$ 13,584</u></u>	<u><u>\$ 21,047</u></u>



Note: Totals may not agree due to rounding. See page 10 for footnotes.

El Camino Healthcare District

Sources & Uses of Tax Receipts (\$Thousands)

<u>Sources of District Taxes</u>	<u>01/31/26</u>
(1) Maintenance and Operation and Government Obligation Taxes	\$16,020
(2) Redevelopment Agency Taxes	-
Total District Tax Receipts	\$16,020
 <u>Uses Required Obligations / Operations</u>	
(3) Government Obligation Bond	6,199
Total Cash Available for Operations, CB Programs, & Capital Appropriations	9,821
(4) Capital Appropriation Fund – Excess Gann Initiative Restricted*	4,330
Subtotal	5,491
(5) Operating Expenses (Net)	545
Subtotal	4,946
(6) Capital Replacement Fund (Park Pavilion)	4
Funds Available for Community Partnership Programs	<u><u>\$4,942</u></u>
 *Gann Limit Calculation for FY2026	 \$12,221

(1) M&O and G.O. Taxes	• Cash receipts from the 1% ad valorem property taxes and Measure D taxes
(2) Redevelopment Agency Taxes	• Cash receipts from dissolution of redevelopment agencies
(3) Government Obligation Bond	• Levied for debt service
(4) Capital Appropriation Fund	• Excess amounts over the Gann Limit are restricted for use as capital
(5) Operating Expenses	• Expenses incurred in carrying out the District's day-to-day activities
(6) Capital Replacement Fund	• Fund to ensure that the District has adequate resources to fund repair and replacement of its capital assets (Park Pavilion)



El Camino Healthcare District

Consolidated Comparative Statement of Revenues & Expenses (\$ Millions)

Year-to-Date through January 31, 2026

(Includes El Camino Hospital)

	<u>Actual</u>	<u>Budget</u>	<u>Fav (Unfav) Variance</u>	<u>Prior YTD FY Actual</u>
Net Patient Revenue ⁽⁶⁾	1,039	1,018	21	951
Other Operating Revenues ⁽⁷⁾	35	40	(4)	40
Total Operating Revenues	1,074	1,058	16	991
Wages and Benefits	553	548	(5)	510
Supplies	142	149	7	133
Purchased Services	175	176	1	155
Other	36	36	0	34
Depreciation	48	50	2	49
Interest	11	12	1	10
Total Operating Expense ⁽⁸⁾	965	971	6	891
Operating Income	109	87	22	100
Non-Operating Income ⁽⁹⁾	144	39	105	94
Net Income	253	126	127	194

Note: Totals or variances may not agree due to rounding. See page 5 for footnotes.



El Camino Healthcare District

Consolidated Comparative Balance Sheet (\$ Millions)

(Includes El Camino Hospital)

	Jan 31, 2026	June 30, 2025 Audited w/o Eliminations		Jan 31, 2026	June 30, 2025 Audited w/o Eliminations
ASSETS			LIABILITIES & FUND BALANCE		
Current Assets			Current Liabilities		
Cash & Investments	\$608	\$539	Accounts Payable & Accrued Exp ⁽⁶⁾	\$202	\$218
Patient Accounts Receivable, net	249	241	Bonds Payable - Current	16	19
Other Accounts and Notes Receivable	46	47	Bond Interest Payable	2	11
Inventories and Prepaids	55	54	Other Liabilities	24	20
Total Current Assets	959	881	Total Current Liabilities	244	268
Board Designated Assets			Deferred Revenue	2	2
Foundation Reserves	17	18	Deferred Revenue Inflow of Resources	78	88
Community Benefit Fund	32	30	Long Term Liabilities		
Operational Reserve Fund ⁽¹⁾	212	212	Bond Payable	605	622
Workers Comp, Health & PTO Reserves	77	78	Benefit Obligations	32	34
Facilities Replacement Fund ⁽²⁾	637	620	Other Long-term Obligations	26	26
Catastrophic & Malpractice Reserve ⁽³⁾	35	43	Total Long Term Liabilities	663	683
Total Board Designated Assets	1,010	1,001	Fund Balance		
Non-Designated Assets			Unrestricted	3,331	3,092
Funds Held By Trustee ⁽⁴⁾	28	35	Minority Interest	-	-
Long Term Investments	806	754	Board Designated & Restricted	261	246
Other Investments	55	53	Capital & Retained Earnings	0	0
Net Property Plant & Equipment	1,400	1,347	Total Fund Balance	3,592	3,338
Deferred Outflows of Resources	40	41			
Other Assets	281	268	TOTAL LIAB. & FUND BAL.	\$4,578	\$4,379
Total Non-Designated Assets	2,610	2,497			
TOTAL ASSETS	\$4,578	\$4,379			

Note: Totals may not agree due to rounding. See page 5 for footnotes.



El Camino Healthcare District

Notes to Consolidated Financial Statements

Current FY2026 Actual to Budget (Includes El Camino Hospital)

- 1) A 60 day reserve of expenses based on this fiscal year’s Hospital budget.
- 2) The current period Facilities Replacement Fund is comprised of (\$ Millions):

ECH Capital Replacement Fund (i.e. Funded Depr.)	\$514	
ECH Women’s Hospital Expansion		61
ECHD Appropriation Fund (aka: Capital Outlay)	30	
ECH Campus Completion Project		<u>32</u>
		<u>\$637</u>

- 3) The current period Catastrophic & Malpractice Fund is comprised of (\$ Millions):

ECH Catastrophic Fund (aka: Earthquake Fund)	\$33	
ECH Malpractice Reserve		<u>2</u>
		<u>\$35</u>

- 4) Funds Held by Trustee now only reflect the GO funds of the District.
- 5) The difference is not significant.
- 6) The difference is not significant.
- 7) The difference is not significant.
- 8) The difference is not significant.
- 9) The significant increase in non-operating income was due to strong investment returns.



Q & A





**EL CAMINO HEALTHCARE DISTRICT
BOARD MEETING MEMO**

To: El Camino Healthcare District Board of Directors
From: Ken King, CAO
Date: March 10, 2026
Subject: FY-2024 District Capital Outlay Fund Discussion

Purpose: The purpose of this item is to review and discuss the qualifying projects that the District Board will consider allocating Capital Outlay funds from the FY 24 fund year.

Summary:

1. **Situation:** The El Camino Healthcare District has **\$14,278,340** of Capital Outlay Funds from fiscal year 2024 that must be allocated for use within a two-year period. Note that expenditure from the Capital Outlay Fund must be for a capital land/building project or equipment that has a cost of greater than \$100,000 and a useful life of 10 years or more.
2. **Authority:** The El Camino Healthcare District Board is required to allocate these funds for a qualifying capital project.
3. **Background:** The District Board has been allocating Capital Outlay Funds each year in June with a recommendation from Hospital Management. This year we are providing a list of qualifying projects for the District Board to discuss with Management before a recommendation is made in June.
4. **Assessment:** For reference see below how the El Camino Healthcare District Capital Outlay Funds have been allocated since FY 2014.

2014	9,297,651	June-16	Women's Hospital Expansion
2015			
2016	6,174,291	June-18	Women's Hospital Expansion
2017	6,958,521	June-19	Women's Hospital Expansion
2018	7,830,671	June-19	Women's Hospital Expansion
2019	8,988,967	June-21	Campus Completion Project
2020	9,705,831	June-22	Campus Completion Project
2021	11,128,800	June-23	Campus Completion Project
2022	11,528,369	June-24	Women's Hospital Expansion
2023	13,045,226	June-25	Women's Hospital Expansion
Totals	54,834,729		Women's Hospital Expansion
Totals	29,823,598		Campus Completion Project

The projects that Management has identified as qualifying projects include the following:

1. MV Willow Pavilion Modernization
2. MV Campus Completion Project
3. Oak Pavilion Cancer Center Expansion
4. Tenant Improvements for 399 W. El Camino Real

District Capital Outlay Fund Discussion
March 10, 2026 | pg. 2

5. Tenant Improvements for other ECHMN Properties within the District

5. Outcomes: The District Capital Outlay funds can only be used for the “qualifying elements” of the project that are outlined in the Public Contract Code. These qualifying elements include the design and construction management services, permits and inspections as well as construction so long as it’s publicly noticed and publicly bid.



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

To: El Camino Healthcare District Board of Directors
From: Julia Miller, El Camino Healthcare District Director
 Theresa Fuentes, Chief Legal Officer
Date: March 10, 2026
Subject: District Board Term Limits

Purpose: Possible motion to:

- (a) request staff prepare a resolution and ballot measure adopting term limits for District Board members that shall take effect prospectively starting with the **November 2026** election, and based on preference of the board, the term limits shall be either three four-year terms, for a total of 12 years, or four four-year terms, for a total of 16 years;

or

- (b) request staff prepare a resolution and ballot measure adopting term limits for District Board members that shall take effect prospectively starting with the **November 2028** election, and based on preference of the board, the term limits shall be either three four-year terms for a total of 12 years, or four four-year terms, for a total of 16 years;

Prior Board meetings. Potential District Board term limits were brought to the District Board for discussion in November 2025 and February 2026, including information regarding jurisdictions that have adopted term limits. These are included in Attachment A. The board members expressed mixed feelings with some board members leaning against adopting term limits for various stated reasons, including the need for a stable and experienced board, the complexities of serving on the board, the limited pool of candidates, achieving accountability through elections, and existing term limits on the hospital board for community members.

At the February 2026 meeting, the board requested that the matter be brought back for further discussion in March with options for 12-year term limit, or 16-year term limit. The board also requested that staff provide additional research, including examples of jurisdictions that considered and chose not to adopt term limits, and the reasons why these jurisdictions choose not to proceed. That information is summarized in Attachment C.

Following the November board meeting, we received information from the County regarding the estimated costs to put term limits on the ballot in November 2026. After the February meeting, we received additional information that these estimated costs will likely not change if there are other measures included on the ballot. The estimated costs are summarized below.

Summary: All District Board members currently serve on the El Camino Hospital Board, along with other appointed directors. The Hospital Board imposes term limits of 12 years on its appointed directors, and recent discussions arising out of the Hospital Board assessment and Bylaws revision suggested that the District Board review whether term limits should apply to the District Board.

Legal Authority

Health and Safety Code § 32100 sets a standard four-year term for healthcare district directors but does not place any limits on consecutive terms. Government Code § 53077 permits the governing body of a district to adopt a resolution to limit the number of terms that a district board member may serve with a majority vote by the electorate. Specifically, this provision states:

Memo – District Board Term Limits
March 10, 2026 | pg. 2

- (a) Notwithstanding any other provision of law, the governing body of a district may adopt or the residents of a district may propose, by initiative, a proposal to limit or repeal a limit on the number of terms a member of the governing body of the district may serve on the governing body of the district. Any proposal to limit the number of terms a member of the governing body of the district may serve on the governing body of the district shall apply prospectively and shall not become operative unless it is submitted to the electors of the district at a regularly scheduled election and a majority of the votes cast on the question favor the adoption of the proposal.
- (b) For purposes of this section, the term “district” shall mean an agency of the state, formed pursuant to general law or special act, for the performance of governmental or proprietary functions within limited boundaries.

Costs of Ballot Measure to Impose Term Limits

The County of Santa Clara advises that the cost to the District to place a term limit measure on the ballot along with board member elections in November 2026 will be approximately **\$737,697.00** (\$522,884 for governing board seats, plus \$214,813 for first measure).

This does not include the estimated cost per candidate statement should the Board vote to incur the costs of candidate statements.

The estimates are based on projected registration and available information and are subject to change pending the final billing of actual charges after the election.

The County confirmed that these costs are not impacted by the total number of ballot items. If the measure were placed on the ballot as a standalone item without governing board seats, the cost would be charged at the first item rate (i.e., \$522,884 in the estimate above).

Next Steps

If the board votes in favor of term limits, staff will work with the Board Chair to prepare a resolution and draft ballot language and present it to the board at an upcoming meeting.

Attachments

Attachment A - Examples of City and Special District Term Limits (October 2025)

Attachment B - Examples of Publications re Term Limits for Public Entities

Attachment C - Examples of Considered and Rejected Term Limit Proposals by Board and Council Members in California.

Attachment A: Examples of City and Special Districts Term Limits
 March 10, 2026 | pg. 1

ATTACHMENT A - Previously Provided

EXAMPLES of City and Special Districts Term Limits on Council and Board Members

Mountain View

In Mountain View, City Councilmembers can serve a maximum of two consecutive four-year terms. Most board and commission members also serve four-year terms, but term limits are not specified by the same municipal code that limits the council. In 2023, the city amended the term limits for the mayor.

City Council term limits

- **Term length:** Four years.
- **Limit:** Councilmembers are limited to two consecutive full terms.
- **Mayor:** An amendment to the City Charter, effective November 7, 2023, limits the Mayor to three four-year terms. A person appointed to the position for less than a year to fill a vacancy does not have that time counted toward the limit.
- **Staggered terms:** Elections are staggered, with three or four council seats open every two years.

Boards and commissions term limits

- **Term length:** Members of most boards and commissions serve four-year terms, with the exception of the Downtown Committee, whose members serve three-year terms.
- **Limit:** The city's website for boards, commissions, and committees does not specify any term limits for these volunteer positions. Members are appointed by the City Council.

Local measures

The term limits were established by amendments to the Mountain View City Charter rather than specific ballot measures named for term limits

- **2023 Charter Amendment:** The limit for the mayoral term was established by a Charter election on November 7, 2023

City Election Information

The City of Mountain View is a Charter city with a Council-Manager form of government. Seven Councilmembers are elected at-large by City voters in November of even-numbered years. Each Councilmember may serve a maximum of two consecutive four-year terms.

The next General Municipal Election will be held on November 3, 2026

Sunnyvale

Sunnyvale voters passed Measure B in March 2020, establishing term limits for the City Council.

Attachment A: Examples of City and Special Districts Term Limits
March 10, 2026 | pg. 2

- **Maximum Service:** Council members can serve a maximum of three consecutive four-year terms within any sixteen-year period.
- **"Cooling-off" Period:** After reaching the three-term limit, a person must wait at least four years before being eligible to serve on the council again.

MEASURE B
IMPARTIAL ANALYSIS
PREPARED BY THE SUNNYVALE CITY ATTORNEY

The City Council placed Measure B on the ballot to ask voters if the City Charter should be amended to change how the City elects councilmembers.

Historically, Sunnyvale's seven City councilmembers have been elected in an 'at-large with numbered seats' system, meaning each is elected to a specific seat by the voters of the entire City and can live anywhere in the City. The Council selects one of its members to serve as Mayor for a two-year term.

Agencies throughout California with at-large election systems have been increasingly threatened with lawsuits under the California Voting Rights Act ('CVRA') claiming at-large systems illegally dilute minority votes, and impair the ability of minority groups to elect candidates of their choice because of racially polarized voting. In September 2018, the Council reviewed the legal risk from the CVRA and initiated a public process for input on transitioning to district-based elections to avoid potential CVRA issues. In October 2018, the City received a Notice of CVRA Violation from potential plaintiffs alleging the City's at-large system dilutes the voting strength of Asian American voters. After months of City outreach and public input on the change and establishing district boundaries, the Council placed Measure B on the ballot.

Measure B proposes three key changes to Charter Article VI:

- (1) Six city council districts. Measure B would establish six City Council electoral districts. Voters of each district would elect one councilmember who must live in that district. The Council adopted an ordinance establishing the district boundaries that will become effective if Measure B passes.
- (2) Mayor directly elected. Measure B would establish a directly elected Mayor with a four-year term. The Mayor could live anywhere in the City and all voters would vote for the Mayor regardless of where they live.
- (3) Increase total term limits. Currently, City councilmembers may not serve more than two consecutive four-year terms.

Measure B would allow members to serve up to three consecutive four-year terms, with no more than two terms as council member or mayor. A 'YES' vote means you want to change the City's electoral system from 'at-large with seven numbered seats' to 'by-district' with six councilmember districts and a directly elected Mayor. Three districts and the Mayor office will be on the November 2020 ballot. Current councilmembers with time remaining in office will continue to serve until they complete their respective terms. The other three districts will be on the 2022 ballot.

A 'NO' vote means you want the City to retain its at-large with numbered seats electoral system with the Mayor selected by the Council.

Attachment A: Examples of City and Special Districts Term Limits
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BALLOT QUESTION

Shall Article VI of the City of Sunnyvale Charter be amended to establish "by-district" elections for six Council members required to be residents of a district and elected only by the voters of that district, and one Mayor who will be directly elected by all City voters; change term limits to permit service on the Council for three consecutive terms but only two as Council member or Mayor; and make other conforming amendments?

Los Altos

Los Altos has existing term limits for its City Council, which were approved by voters in 1999 (Measure G).

- **Maximum Service:** Council members are limited to serving no more than two consecutive four-year terms.
 - **Consecutive, not Cumulative:** The limit is for consecutive terms, meaning a person can serve another two terms after a break in service.
 - **Recent Activity:** In February 2025, the Los Altos City Council considered a charter amendment to change the term limits but decided not to place a measure on the ballot at that time. Any change to the term limits would require voter approval.
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Cupertino

There are no term limits for Cupertino City Council members, who are elected at-large to four-year terms.

Los Gatos

Town Council members are limited to serving no more than two consecutive four-year terms. After serving two consecutive terms, a member must wait at least four years before being eligible to serve on the Council again. This term limit was established by voters through the approval of Measure B in November 2020.

Prior to the passage of Measure B, there were no term limits for the Town Council. Council members are elected "at large" (representing the entire community) for staggered four-year terms.

MEASURE B

TOWN ATTORNEY'S IMPARTIAL ANALYSIS

The Los Gatos Town Council consists of five members, each elected by the voters to serve for a four-year term. The Town does not currently impose term limits on its Town Council Members. Measure "B" proposes the adoption of an Ordinance which would establish term limits for Town Council Members as set forth below.

Attachment A: Examples of City and Special Districts Term Limits
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If Measure "B" is approved, no person who has served two consecutive four-year terms on the Town Council will be permitted to seek nomination or election for a new term until he or she has stayed off the Council for at least four years after the expiration of his or her second consecutive term. Partial terms (two years or less) to fill Council vacancies will not count against the term limit. Therefore, someone who has served a prior partial term of two years or less could still serve two consecutive four-year terms. However, a person could not serve two consecutive four-year terms and then serve a partial term unless and until four years have passed from the end of the person's two consecutive full four-year terms and the beginning of the partial term. Any member of the Town Council who leaves office during a term shall be deemed to have served the entirety of their term.

If Measure "B" is approved, it would apply prospectively to all future four-year Town Council terms starting with those elected at the November 3, 2020 election.

A "yes" vote on Measure "B" will authorize the term limits on Town Council service as set forth above.

A "no" vote on Measure "B" will not authorize the term limits on Town Council service as set forth above.

Measure "B" will be approved if it receives a simple majority of "Yes" votes.

BALLOT QUESTION

Shall the measure proposing a term limit ordinance to require that after serving two (2) four (4) year terms, a Town Council Member is not eligible to run for the Town Council or to be appointed to a vacancy unless a period of four years has elapsed since their last service on Town Council, be adopted?

La Palma (Orange County)

In the November 2024 general election, La Palma voters passed Measure W, which increased the term limits for city council members. The new rules allow members to serve up to three consecutive four-year terms, followed by a mandatory four-year break. This replaced the previous limit of two consecutive four-year terms.

Details on the term limit change

- **Previous limit:** Two consecutive four-year terms, for a total of eight years.
- **New limit (Measure W):** Three consecutive four-year terms, for a total of twelve years.
- **Post-service rules:** Following their consecutive terms, a council member must be out of office for at least four years before they are eligible to run again.

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MEASURE W

Background

In the last 5 years, the City of La Palma has consistently made strides to change how representatives are elected to serve as city council members. In 2022, the City shifted its council elections from at-large to by-district elections in which each council member represents a different geographic area of La Palma. November 2024 will be the first election in which some members of the council are elected from districts. With the shift to by-district elections, the City is now looking to reform term limits, initially adopted in 1982, to further adapt to the by-district elections model.

The City Council has placed Measure W on the November 2024 General Election ballot to seek additional reforms to how council members represent residents. The reforms seek to update the term limits to be three consecutive terms on the City Council with a four-year out-of-office period before the clock resets on serving on the City Council.

In advancing this item for consideration by voters, the City Council noted the reasons for consideration:

- La Palma's districts are quite small and the pool of candidates is small as well. There are concerns that a reduced candidate pool could leave voters with few choices on the ballot.
- Regional politics and Sacramento continue to impact local residents, and the City's influence could be enhanced with council members who have time and seniority among regional leaders to gain critical positions on the regional board and protect La Palma. For example, the next process to require more housing units in La Palma could be assisted if the City can place an elected leader on the regional governance board to ensure La Palma is not forced to significantly upzone neighborhoods and affect our quality of life. Regional boards also address homelessness, transportation projects and regional fund allocations for investments in local projects.
- This update preserves term limits while balancing the realities of the new by-district election process.

As La Palma has recently transitioned to district elections to enhance local representation, the City is also reconsidering its term limits to broaden the pool of candidates. This change is partly driven by the need for effective representation in regional organizations that influence local quality of life through policies on homelessness, housing development, and the reinvestment of regional funds into local projects. These regional bodies are often governed by city leaders who have longer durations on their city councils. The La Palma City Council has observed that longer-duration city council members gather more regional relationships and position appointments to help advocate for their city on these regional matters.

Residents will have a chance to vote on this change at the ballot box in November 2024 during the General Election. Since term limits were initially adopted by the voters of La Palma, it is also in the hands of La Palma voters to amend the term limits. The power rests with the voters.

BALLOT QUESTION

To expand the ability of La Palma voters to choose who is elected to city council; provide the opportunity for more consistent community leadership; and broaden the candidate pool for newly created district elections; shall voters limit city council members to three consecutive terms in office with a mandatory four year out of office period, which will expire if council elections return to at-large elections?

Attachment A: Examples of City and Special Districts Term Limits
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Long Beach

In November 2018, Long Beach voters passed Measure BBB, which increased the term limit for the Mayor and City Council members from two to three four-year terms, for a maximum of 12 years.

Changes to term limits under Measure BBB

- **Three-term limit:** Measure BBB allows the Mayor and City Council members to serve a maximum of three four-year terms. Previously, officials were limited to two terms.
- **Elimination of the write-in loophole:** Under the previous term limits, officials could run for additional, unlimited terms as write-in candidates after their two regular terms were complete. Measure BBB eliminated this loophole, making the three-term limit a firm cap on service.
- **Effective date:** The term limits took effect for all service *after* November 6, 2018, meaning that terms served before this date do not count toward the new limit.

MEASURE BBB

IMPARTIAL ANALYSIS

PREPARED BY THE OFFICE OF THE LONG BEACH CITY ATTORNEY

Voter approval of Measure “BBB” would amend Section 214 of the Long Beach City Charter, relating to term limits for the offices of Mayor and City Councilmember.

On August 7, 2018, the Long Beach City Council placed Measure “BBB” on the ballot for the consideration of Long Beach voters. Long Beach City Charter Section 214, “Term Limitations on Ballot Access by Candidates for City Council and Mayor,” currently provides that the Mayor and City Councilmembers may serve no more than two terms in office, unless they run as a write-in candidate. The Charter currently provides no limit on the number of times a candidate may run as a write-in, and further provides that the name of the write-in candidate who has been nominated at a primary election shall appear on the ballot for the general election as if he or she were formally nominated (not a write-in candidate).

The proposed measure would provide that during his or her lifetime, a person may serve no more than three terms, as further defined in the measure, as Mayor, and no more than three terms as City Councilmember. From the November 6, 2018, general municipal election and for all future elections, any write-in candidacy will count towards the three-term limit. The proposed measure would further prohibit any candidate for the office of Mayor who has served three terms or City Councilmember who has served three terms from running as a write-in candidate. Under state law, term limits measures may only apply prospectively.

Measure “BBB” requires simple majority approval of Long Beach voters to pass. If Measure “BBB” does not pass, the current Charter term limits will remain in effect.

BALLOT QUESTION

Shall the City Charter be amended to limit the Mayor and City Councilmembers to serving three terms and to prohibit individuals who have already served three terms from being elected as write-in candidates?

Attachment A: Examples of City and Special Districts Term Limits
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San Diego Unified School District Board of Education

The Board of Education for the San Diego Unified School District has a three-term limit, which took effect following the November 2022 election.

Key details of the policy:

- **Effective date:** The term limits began with the elections held in November 2022.
- **Term length:** Each elected term is four years long.
- **Lifetime limit:** The three-term limit applies to a person's entire service on the board, regardless of which trustee area they represent. Once a person has served three full elected terms, they are prohibited from seeking further election or appointment to the board.
- **Partial terms:** A partial term does not count toward the limit. A person who is appointed or elected to fill a vacancy for less than a full term will not have that partial term counted.

The term limit was enacted by the board and approved by voters in Measure H, consistent with California Education Code.

MEASURE H BALLOT TITLE

Amendments to San Diego City Charter Section 66 to Enact Term Limits for Members of the Board of Education of the San Diego Unified School District

BALLOT SUMMARY PREPARED BY THE SAN DIEGO CITY ATTORNEY

This measure would amend the San Diego City Charter (Charter) to enact term limits for members of the Board of Education of the San Diego Unified School District (School Board).

If approved by voters, Charter section 66 would limit a member of the School Board to serving three four-year terms, beginning in 2020. Those School Board members who hold office on the date of the Municipal General Election in November 2020 would not have their prior or current terms counted for purposes of the new term limit.

The ballot measure was proposed during a process in which members of the public submitted ballot measure proposals for consideration by a Council standing committee and then the full Council. The Council voted to place the measure on the ballot. If approved, the Charter would be amended as of the date the amendments are chaptered by the California Secretary of State.

BALLOT QUESTION

Shall City Charter section 66 be amended to limit a member of the San Diego Unified School District Board of Education from serving more than three four-year terms, beginning in 2020, and not count prior or current terms for purposes of the term limit for those School Board members who hold office on the date of the Municipal General Election in 2020?

Santa Clara Valley Water District

Attachment A: Examples of City and Special Districts Term Limits
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Voters in Santa Clara County, including those in Sunnyvale, Los Altos, and Cupertino, initially passed term limits in 2010. However, in June 2022, a measure was proposed to extend these term limits.

Details of the Change

- **Before Measure A:** Board members were limited to a maximum of three consecutive four-year terms.
- **After Measure A:** The limit was extended to four consecutive four-year terms.

MEASURE A
Ordinance Amendment
Majority Vote

BALLOT QUESTION

Shall the measure amending the Santa Clara Valley Water District Ordinance 11-01 to limit Board members to four successive four-year terms be adopted?

South Bay Union School District

South Bay Union School District voters approved Measure X in November 2020 limiting board members to three elected terms.

Details of the term limit

- **Effective date:** The term limit applies to any board term that began on or after December 1, 2020.
- **Lifetime limit:** The three-term limit is for a lifetime, meaning a person who has served three elected terms cannot run for re-election.
- **Partial terms:** A partial term (when a person is elected or appointed to fill a vacancy) does not count toward the three-term limit.
- **Incumbents:** Board members who were serving when the measure was approved became eligible to serve up to three additional terms.

MEASURE X (FULL TEXT)

In 1996 the California State Legislature amended specific Government Code and Education Code sections to permit the governing body of a local public agency, such as a school district, to adopt a proposal to limit the number of terms a member of the governing board may serve and to submit that term limit proposal to the electors.

The South Bay Union School District ('District') Board of Trustees ('Board') believes that:

- a) Full and free access to elected offices is a right of all citizens;

Attachment A: Examples of City and Special Districts Term Limits
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- b) Unchecked multiple terms of incumbency allows the entrenchment of politicians creating an inequitable advantage in the electoral process;
- c) Ensuring equal access to the elected positions of the District is a critical public benefit and will reduce the cost of running for this important public office and remove the inherent advantage of incumbency allowing increased public participation in the electoral process;
- d) Setting a limit on the number of terms an individual may serve on the Board will cause a rejuvenation of the Board by bringing fresh ideas and broadening the range of persons making important decisions effecting the District, its students and schools and will create more competitive elections by ensuring that periodically the advantages of incumbency of a Board member will yield to increase citizen participation in seeking elective office.

TERM LIMIT PROPOSAL

Pursuant to Education Code Section 35107, and the findings above, the Board adopted the following proposal to limit the number of terms a member of the Board may serve ('Proposal') on December 19, 2019. This Proposal, if approved, by a majority of the votes cast by the registered voters residing within the boundaries of the District and voting thereon will prohibit an individual from serving more than three (3) elected terms on the Board as follows:

No person may serve for more than three elected terms as a Board member, regardless of trustee area represented. No person who has served for three terms as a Board member may seek election or appointment for additional service as a Board member.

Any person who serves a partial term as a Board member by way of appointment, election, resignation, removal from office, or any combination thereof, shall not be deemed to have served a full term.

The limitation on the number of terms shall apply only to terms that begin on or after December 1, 2020

The limits imposed by this Proposal may only be amended or repealed pursuant to the requirements of the Education Code.

BALLOT QUESTION

Shall the Members of the South Bay Union School District Board of Trustees be limited to three (3) elected terms of office?

ATTACHMENT B - Previously Provided

Example Literature on Term Limits for Board Members of Public Entities

National League of Cities (NLC)

Title: Cities 101 — Term Lengths and Limits

Link: <https://www.nlc.org/resource/cities-101-term-lenghts-and-limits/>

Summary: This resource provides an overview of how term lengths and term limits are structured for city council members across the United States. It explains the rationale behind implementing term limits, such as promoting fresh perspectives and preventing entrenchment. The article also discusses the benefits (e.g., increased accountability, regular infusion of new ideas) and drawbacks (e.g., loss of experienced leaders, disruption of continuity) associated with term limits for local elected officials.

2. BoardSource

Title: Terms and Term Limits

Link: <https://boardsource.org/resources/term-limits/>

Summary: BoardSource's article examines the advantages and disadvantages of imposing term limits on board members. It highlights how term limits can foster board renewal and diversity, but may also result in the loss of valuable institutional knowledge. The resource provides practical advice for boards considering term limits, including recommendations for balancing continuity with the need for new perspectives.

3. Public Policy Institute of California (PPIC)

Title: Adapting to Term Limits: Recent Experiences and New Directions

Authors: Bruce E. Cain, Thad Kousser, Karl E. Kurtz

Link: https://www.ppic.org/wp-content/uploads/content/pubs/report/R_1104BCR.pdf

Summary: This report analyzes the impact of term limits on legislative bodies, with findings relevant to public boards. The authors discuss how term limits can lead to reduced expertise among members, increased turnover, and shifts in policy outcomes. The report also explores strategies for adapting to these changes, such as improving onboarding and training for new members to mitigate the loss of institutional knowledge.

Attachment C: Examples of Considered and Rejected Term Limit Proposals
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Attachment C - NEW MATERIAL

Examples of Considered and Rejected Term Limit Proposals

by Board and Council Members in California

Board and council members in California have decided against implementing or extending term limits, often citing the need to retain experience, the risk of shifting power to unelected staff, and the belief that voters already have the power to remove officials through elections. The following summarizes the stated reasons for not moving forward with implementing or extending term limits:

Loss of Institutional Knowledge and Expertise

- **Steep Learning Curve:** argument that local government is complex, requiring years to fully understand issues like land use, budgeting, and state-mandated housing regulations.
- **Stalled Long-Term Projects:** argument that term limits threaten the continuity of major infrastructure or development projects that span multiple years (e.g., specific plan updates or transit projects).
- **Reduced Effectiveness:** concern that by the time an official gains sufficient expertise to be highly effective, they are forced to leave office, removing valuable experience.

Shift in Power to Staff and Lobbyists

- **Increased Staff Influence:** Argument that term limits empower unelected city staff, city managers, and outside lobbyists, who become the only sources of institutional memory, rather than the elected representatives.
- **"Inbred" Governance:** Argument that term limits can lead to a revolving door where, in the absence of veteran leaders, staff members run for office, resulting in less diverse, "inbred" leadership that lacks outside perspective.

"Elections Are Term Limits" Argument

- **Voter Choice:** A common rationale is that the ballot box is the appropriate mechanism for removing officials. Opponents feel that restricting the ability to vote for a known, experienced incumbent limits voter choice.
- **Lack of Public Support:** In some cases, council members believed that the public would not support the measure, or that the "mood of the people" had shifted away from favoring strict limitations.

Difficulty in Recruiting Candidates

- **Unpaid/Underpaid Positions:** In many smaller California cities or special districts, finding volunteers willing to serve is difficult. Rigid term limits might lead to a lack of qualified candidates to fill the seats.
- **Leadership Vacuum:** Short terms can cause a "musical chairs" effect where the same few people rotate through leadership roles (chair, vice-chair) without bringing new, qualified people into the fold.

Negative Experiences at the State Level

- **Unintended Consequences in Sacramento:** Observations of California's state legislative term limits (Prop 140) often deter local officials. Studies have shown these

Attachment C: Examples of Considered and Rejected Term Limit Proposals
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limits, while popular with voters, led to reduced expertise, increased power for interest groups, and more partisan, less collaborative lawmaking.

- **Lame Duck Behavior:** Concerns are often raised that in their final term, officials are less accountable to voters and may focus more on personal career advancement than on their current responsibilities.

Legal Concerns

- **City Charter Conflicts:** Some opponents have argued that general law cities (those without specific charters), imposing term limits might be legally invalid, as state law defines eligibility for office.

City Council and County Boards

- **Santa Cruz County Board of Supervisors (August 2022):**

Action: The Board of Supervisors rejected a proposal to set term limits for their positions, with supervisors stating that the current system of no term limits and letting voters decide is sufficient.

Context: The proposal sought a three-term cap. The board voted against placing it on the November 2022 ballot.

Minutes Location: Santa Cruz County Board of Supervisors Minutes - Aug 9, 2022
(Item 10)

- **San Francisco Board of Supervisors (January 2026):**

Action: Board members currently serve two consecutive four-year terms. Some supervisors expressed strong opposition to further limiting terms in January 2026, arguing that existing, more flexible term limits are sufficient and that stricter limits are a "solution in search of a problem".

Minutes Location: San Francisco Board of Supervisors Minutes - Jan 27, 2026

- **Lake Forest City Council (February 2026):**

Action: In discussions regarding potential changes to the current term limits (two consecutive four-year terms with a "cooling off" period before running again), the council indicated a desire to move away from proposals that would strictly cap terms without "cooling-off" periods, effectively ending discussion on term-limit extensions in early 2026.

Minutes Location: Lake Forest City Council Minutes - Feb 2026 (Expected)

- **Los Angeles County (2012):** The Board of Supervisors rejected a proposal (4-1 vote) on July 31, 2012, to place a measure on the ballot that would have extended term limits from three terms to five terms (potentially allowing 20 consecutive years). Minutes and news reports indicate that the board members who opposed the extension argued that other people should have the opportunity to serve.
- **Orange County (2021):** The Board of Supervisors faced significant public opposition to a proposal to extend their current term limits (currently two terms), which stalled discussions.

Attachment C: Examples of Considered and Rejected Term Limit Proposals
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- **Simi Valley City Council (2018):** City Council staff reports from October 15, 2018, show that the City Council considered term limits on November 7, 2011, and August 31, 2015. On both occasions, they either filed the report or tabled the discussion to a date uncertain, opting not to move forward with a ballot measure.
- **Los Angeles City Council (2006):** The City Council attempted to lengthen existing term limits from three two-year terms for council members and two four-year terms for offices (e.g., mayor, city controller, city attorney) but a court ruled against a proposal to allow longer service, with various public bodies and officials, including the ethics commission, in opposition to changing the rules, as noted in *L.A. Times* archives.
- **Tustin City Council (2024):** A proposal regarding term limit revisions was analyzed, with public discourse highlighting that proposed changes to extend service from 8 years to 12 or 20 years were viewed as detrimental to the community, according to OC Vote materials.

School District Boards

- **Palo Alto Unified School District (2018):** Discussions regarding a measure to enact term limits for school board trustees were held, but as in previous years (e.g., 1997), it was rejected.
 - **Saddleback Valley Unified School District (1996):** The Board of Trustees rejected a proposal in May 1996 that would have asked voters to limit board members to two consecutive four-year terms, as reported in the Los Angeles Times.
 - **Garden Grove Unified School District (1996):** The board rejected a proposal to impose term limits in July 1996, according to the Los Angeles Times.
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EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: John Zoglin, Board Chair
Date: March 10, 2026
Subject: Review and Approval of Draft Resolution 2026-04 Requesting and Consenting to Consolidation of Election

Recommendation: Review and approve Resolution 2026-04 requesting consolidation of the El Camino Healthcare District election with the November 2026 General Election, including direction regarding:

1. Candidate statement word limit – 200 or 400 words.
2. Whether candidates or the District will pay candidate statement costs.
3. Tie-vote resolution method – by lot or by special runoff.

Situation: Two District Director seats will be filled at the November 3, 2026 General Election. Both seats, currently held by Directors Fung and Ting, are four-year terms. The County of Santa Clara Registrar of Voters has provided an updated resolution template for districts participating in the consolidated election.

The Board is asked to approve the resolution and provide direction on candidate statement length, cost responsibility, and the method for resolving a tie vote.

Authority: In order to participate in the November 2026 General Election, the District must approve Resolution 2026-04 and provide it to the Registrar of Voters before July 1, 2026.

Background: Historically, the District Board has approved candidate statements of up to 400 words, required candidates to pay the County of Santa Clara Registrar of Voters directly for the cost of candidate statements, and directed that any tie vote be resolved by lot in accordance with Elections Code provisions.

Outcomes: Approval of Resolution 2026-04 will allow the District to participate in the November 2026 General Election and proceed with required election preparations.

List of Attachments:

1. Draft Resolution 2026-04

DRAFT RESOLUTION NO. 2026-04

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE EL CAMINO HEALTHCARE DISTRICT CALLING A GENERAL ELECTION TO BE HELD ON TUESDAY, NOVEMBER 3, 2026, AND REQUESTING CONSOLIDATION AND PERFORMANCE OF SERVICES FROM THE COUNTY OF SANTA CLARA REGISTRAR OF VOTERS

WHEREAS, pursuant to Section 1001 of the Elections Code of the State of California, there is an established **General** Statewide election to be held on Tuesday, November 3, 2026; and,

WHEREAS, pursuant to Part 3, Consolidation of Elections, and commencing with Section 10400 of the Elections Code of the State of California, such election may be either completely or partially consolidated and held on the same day, if in the same territory, or in territory that is part the same; and,

NOW, THEREFORE, BE IT RESOLVED:

Section 1. That, pursuant to Section 10403 of the Elections Code of the State of California, the **Board of Directors** of the El Camino Healthcare District calls an election to be held on Tuesday, November 3, 2026; and requests the Board of Supervisors of the County of Santa Clara to completely consolidate the election with the **General** Statewide election. The consolidated election will be held, regulated, and conducted in accordance with the provisions of the law.

Section 2, pursuant to Sections 10507 and 10508 of the Elections Code of the State of California, a **general election** is necessary for purposes of filling a governing board **seat** for the offices listed below and to be voted upon at such election.

Title of Each Office (Director / Governing Board Member)	Length of Term (4-year full-term or 2-year short-term)	Number of Seats (1, 2, 3 etc.)	At-Large or District Number
Director	4-year full-term	2	At-Large

Section 3. That pursuant to Sections 10002 and 10520 of the Elections Code of the State of California, the **El Camino Healthcare District** requests the services of the Board of Supervisors of the County of Santa Clara and the Registrar of Voters of the County of Santa Clara to render such services to the special district as requested by the Board Clerk, and shall reimburse the county for the costs incurred by the County of Santa Clara Registrar of Voters in conducting the **general** election for the special district. The special district requests the County of Santa Clara Board of Supervisors to permit the County of Santa Clara Registrar of Voters to prepare the special district’s election materials. The election services to be performed shall include the preparation, printing and mailing of official ballots and county voter information guides; the establishment of precincts, election ballots, return mail envelopes, ballot drop boxes, vote centers, election officers, and producing such publications as are required by law in connection therewith; the furnishing of ballots, envelopes, and other necessary supplies and materials for voting places; the canvassing of the returns of the election; the furnishing of the results of such canvassing to the Board Clerk; and, the performance of other election services as may be requested by the Board Clerk.

Section 4. That the **Board of Directors** of the **El Camino Healthcare District** requests the Board of Supervisors of the County of Santa Clara to hold and conduct the election in the manner prescribed in Section 10418 of the Elections Code of the State of California, and to further provide that the Registrar of Voters canvass the returns of the election. The County of Santa Clara is hereby authorized to certify the returns of the election.

Section 5. That pursuant to Section 13307 of the Elections Code of the State of California, each candidate for elective office to be voted upon in the **El Camino Healthcare District** on Tuesday, November 3, 2026, may prepare a candidate's statement on an appropriate form provided by the Registrar of Voters office. The statement may include the name, age and occupation of the candidate and a brief description of no more than **[200 or 400]** words of the candidate's education and qualifications expressed by the candidate. The **[candidate or District pays, splits or pays specific amount]** shall be required to pay for the cost of printing, translating, and distributing said candidate's statement. Each candidate who files such a statement **[shall or shall not]** be required to pay in advance his or her pro rata share of the estimated costs of printing, handling, and mailing said candidate statement, and such estimated costs shall be determined by the Registrar of Voters.

Section 6. That pursuant to Sections 10551 and 15651 of the Elections Code of the State of California, the method of determining the winner or winners in the event of a tie vote (two or more persons receive an equal and the highest number of votes for an office) as certified by the County of Santa Clara Registrar of Voter, the **Board of Directors** of the **El Camino Healthcare District**, in accordance with Section 15651(a), any tie vote shall be resolved by: **[by lot or by special runoff]**

Section 7. In all particulars not recited in this resolution, the special district election shall be held and conducted as provided by law for holding special district elections.

PASSED AND ADOPTED by the Board of Directors of the El Camino Healthcare District, State of California, on _____, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

John Zoglin, Chair
Board of Directors of the El Camino Healthcare District

ATTEST:

Tracy Fowler
Director, Governance Services

**ABBREVIATED
 AMENDED SEPTEMBER 18, 2025
 GENERAL ELECTION CALENDAR
 November 3, 2026
 County of Santa Clara Registrar of Voters**

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E- 125	Wednesday, July 1, 2026	<p style="text-align: center;"><u>RESOLUTIONS TO BE SUBMITTED TO THE ROV</u></p> <p>Date for jurisdictions (except school districts) to submit resolutions calling for a candidate election to meet timeline for a full nomination period. The ROV encourages jurisdictions to provide a resolution as early as possible. (EC 10509)</p>
E- 123	Friday, July 3, 2026	<p style="text-align: center;"><u>RESOLUTIONS TO BE SUBMITTED TO THE ROV (SCHOOL DISTRICTS ONLY)</u></p> <p>Date for school districts to submit resolutions calling for a candidate election to meet timeline for a full nomination period. The ROV encourages jurisdictions to provide a resolution as early as possible. (Educ. Code 5322)</p>
E- 113	Monday, July 13, 2026	<p style="text-align: center;"><u>NOMINATION PERIOD OPENS</u></p> <p>First day candidates may pick up nomination documents at the office of the Registrar of Voters. (EC 8020, 8302 (independent nominations), 10220 (municipal), 10510 (district); Educ. Code 5300 (school district))</p>
E- 98	Tuesday, July 28, 2026	<p style="text-align: center;"><u>LAST DAY FOR RUNOFF CANDIDATES TO CHANGE BALLOT DESIGNATION</u></p> <p>Last day for runoff candidates for a voter-nominated or nonpartisan office, to submit in writing a change to the ballot designation that will appear under your name. (EC 13107(h))</p>
E- 95	Friday, July 31, 2026	<p style="text-align: center;"><u>²F.P.P.C. SEMI-ANNUAL STATEMENT DUE</u></p> <p>Deadline for semi-annual financial disclosure report Form 460 covering the reporting period noted below or the day after the closing date of the last statement filed. (Gov. Code 84200 (deadline); 81005 (weekend deadline))</p> <p>Reporting Period: January 1, 2026 to June 30, 2026</p>
E- 90 to 0	Wednesday, August 5, 2026 to Tuesday, November 3, 2026	<p style="text-align: center;"><u>CONTRIBUTION / INDEPENDENT EXPENDITURES STATEMENTS RULES BEGIN TO APPLY</u></p> <p>Sums of \$1,000 or more to/from a single source must be reported within 24-hours. The Independent Expenditure statement is required only for committees (not candidate controlled) that make independent expenditures totaling \$1,000 or more to support or oppose a single ballot measure or a single candidate. (Gov. Code 85309 (24 hours); 85204 (defining "election cycle" as E-90 timeframe))</p>
E- 88	Friday, August 7, 2026	<p style="text-align: center;"><u>¹NOMINATION PERIOD CLOSES</u></p> <p>Deadline to file for all offices, in the Office of the Registrar of Voters only, all required nomination documents. (EC 8020, 8302 (independent nominations), 10220 (municipal), 10510 (district); Educ. Code 5300 (school district); EC 13307 (candidates statements for all candidates))</p> <p style="text-align: center;"><u>LAST DAY FOR RUNOFF CANDIDATES TO SUBMIT A NEW CANDIDATE STATEMENT</u></p> <p>Last day for runoff candidates for a voter-nominated or nonpartisan office, to submit a new candidate statement to appear in the November general election County Voter Information Guide (CVIG). (EC 13307(a)(2))</p> <p style="text-align: center;"><u>¹LAST DAY FOR MEASURE RESOLUTIONS AND TAX RATE STATEMENTS TO BE SUBMITTED TO THE ROV</u></p> <p>Last day for jurisdictions to submit a resolution calling for a measure election, and if applicable, tax rate statements. The ROV encourages jurisdictions to provide a resolution as early as possible. (EC 9401 (tax rate statement), 10403 (resolution))</p> <p style="text-align: center;"><u>LAST DAY FOR PROPONENTS TO WITHDRAW AN INITIATIVE</u></p> <p>Last day for proponents to withdraw an initiative that qualified for the ballot. (EC 9118.5 (county), 9215.5 (municipal), 9311 (district); Educ. Code 5300 (school district))</p>

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E- 87 to 83	Saturday, August 8, 2026 to Wednesday, August 12, 2026	¹ <u>NOMINATION EXTENSION PERIOD</u> If the incumbent fails to file a Declaration of Candidacy by deadline for their office, there will be a 5-calendar-day extension during which any candidate, other than the incumbent, may file for said office. (EC 8022, 8023 (independent nominations), 8024 (county), 8204 (judges), 10225 (municipal), 10407, 10516 (district), 10604 (school district); Educ. Code 5300 (school district))
E- 87 to 78	Saturday, August 8, 2026 to Monday, August 17, 2026	¹ <u>CANDIDATE STATEMENT EXAMINATION PERIOD</u> The elections official shall make a copy of the material referred to in Section 13307 of the Elections Code available for public examination during business hours for a period of 10-calendar days immediately following the filing deadline for submission of those documents. (EC 13313)
E- 84	Tuesday, August 11, 2026	^{1,4} <u>DUE DATE FOR PRIMARY ARGUMENTS</u> 5:00 p.m. is the deadline set by the Registrar of Voters for submitting primary arguments in favor of and against a measure. Submitted primary arguments may be withdrawn until 5:00 on this day. Arguments for City measures must be filed with the City Clerk's office. Contact the City Clerk's office for filing deadlines. (EC 9162 (county), 9316 (district), 9502 (school district), 9601 (withdrawing an argument)) <u>DUE DATE FOR LIST OF MEASURE SUPPORTERS /OPPONENTS</u> A 5:00 p.m. deadline is set by the Registrar of Voters for submitting a list of Primary Argument Supporters/Opponents to be printed below the ballot label. (EC 9170(b) (all measures))
E- 83	Wednesday, August 12, 2026	<u>LAST DAY TO AMEND OR WITHDRAW A MEASURE</u> Deadline for jurisdictions to amend or withdraw a measure from the ballot. The measure must be amended or withdrawn by resolution. (EC 9605)
E- 83 to 74	Wednesday, August 12, 2026 to Friday, August 21, 2026	^{1,4} <u>EXAMINATION PERIOD FOR ALL PRIMARY ARGUMENTS FILED</u> The elections official shall make the arguments available for public examination during business hours for a period of 10-calendar days immediately following the filing deadline for submission of those documents. (EC 9190 (county), 9380 (district), 9509 (school district))
E- 82	Thursday, August 13, 2026	<u>RANDOMIZED ALPHABET DRAWING</u> This day the Secretary of State (SOS) and the Office of the Registrar of Voters will conduct a drawing of letters of the alphabet to determine the order in which candidates appear on the ballot. (EC 13111, 13112, 13113)
E- 77	Tuesday, August 18, 2026	^{1,4} <u>DUE DATE FOR REBUTTAL ARGUMENTS AND IMPARTIAL ANALYSES</u> 5:00 pm is the deadline set by the Registrar of Voters for submitting rebuttal arguments to primary arguments in favor of and against a measure and impartial analyses. (EC 9167 (county rebuttals), 9317 (district rebuttals), 9504 (school district rebuttals); EC 9160, 9280, 9313, 9314, 9500 (impartial analyses)). Submitted primary arguments may be withdrawn until 5:00 on this day. (EC 9601)
E- 76 to 67	Wednesday, August 19, 2026 to Friday, August 28, 2026	^{1,4} <u>EXAMINATION PERIOD FOR ALL REBUTTALS AND IMPARTIAL ANALYSES FILED</u> The elections official shall make the rebuttal arguments and Impartial Analyses available for public examination during business hours for a period of 10-calendar days immediately following the filing deadline for submission of those documents. (EC 9190 (county), 9380 (district), 9509 (school district))
E- 67	Friday, August 28, 2026	^{1,4} <u>FINAL PRINTING DEADLINE</u> Any petition for writ of mandate, including any appeals, should be resolved by this date so the Registrar of Voters can meet necessary printing deadlines.
E- 57 to 14 ²	Monday, September 7, 2026 to Tuesday, October 20, 2026	<u>WRITE-IN CANDIDACY PERIOD</u> Between these dates is the period for candidates to obtain and file write-in nomination documents in the Office of the Registrar of Voters. (EC 8601)

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E- 45	Saturday, September 19, 2026	<u>LAST DAY TO MAIL BALLOTS TO MILITARY AND OVERSEAS VOTERS</u> (42 U.S.C. 20302(a)(8) (federal elections); EC 3102, 3105 (all elections))
E- 40	Thursday, September 24, 2026	<u>²F.P.C. 1st PRE-ELECTION STATEMENT DUE</u> Deadline for financial disclosure report Form 460 covering the reporting period noted below or the day after the closing date of the last statement filed. (Gov. Code 84200.8) Reporting Period: January 1, 2026 to September 19, 2026
E- 40 to 21	Thursday, September 24, 2026 to Tuesday, October 13, 2026	<u>ROV TO MAIL COUNTY VOTER INFORMATION GUIDES (CVIGS) TO ALL ACTIVE REGISTERED VOTERS</u> (E-21 is the last day to mail CVIGs) (EC 13303)
E- 29	Monday, October 5, 2026	<u>MAILING OF VOTE-BY-MAIL PACKETS</u> Last day to begin mailing vote-by-mail ballots. (EC 3001 (all elections), 4005 (for all-mail elections))
E- 29 to 1	Monday, October 5, 2026 to Monday, November 2, 2026	<u>EARLY VOTING PERIOD AT THE ROV OFFICE</u> Early voting is available at the Registrar of Voters office for individuals wishing to drop off ballots or vote in person during normal business hours, Monday through Friday, 8:00 a.m. to 5:00 p.m., beginning 29 days prior the election. (EC 3000.5(a), 3001)
E- 15	Monday, October 19, 2026	<u>LAST DAY TO REGISTER TO VOTE FOR NOVEMBER ELECTION</u> Deadline to register to be eligible to vote in this election with a regular ballot. (EC 2102)
E- 14 to 0	Tuesday, October 20, 2026 to Tuesday, November 3, 2026	<u>CONDITIONAL VOTER REGISTRATION</u> Conditional Voter Registration is open for a full 14 days prior to the election and must be done in person at the Registrar of Voters office or at any Vote Center. (EC 2170) Vote Centers are open 11 days prior to the election, and to all registered voters in Santa Clara County, and to all registered voters in jurisdictions holding special elections. (EC 4005) Any voter can go to any Vote Center location throughout the County. Hours may vary by location and locations may vary with each election – please see listing on our website at https://vote.santaclaracounty.gov/home or click link below. <u>Official Ballot Drop Box and Vote Center Sites Information</u> (The ROV website will be updated for each election.)
E- 12	Thursday, October 22, 2026	<u>²F.P.C. 2nd PRE-ELECTION STATEMENT DUE</u> Deadline for financial disclosure report Form 460 covering the reporting period noted below or the day after the closing date of the last statement filed. (Gov. Code 84200.8) Reporting Period: September 20, 2026 to October 17, 2026
E- 10 to 0	Saturday, October 24, 2026 to Tuesday, November 3, 2026	<u>VOTE CENTERS OPEN 10 DAYS BEFORE AND INCLUDING ELECTION DAY</u> Vote Centers are open 11 days prior to the election, and to all registered voters in Santa Clara County, and to all registered voters in jurisdictions holding special elections. Any voter can go to any Vote Center location throughout the County. Hours may vary by location and locations may vary with each election – please see listing on our website at https://vote.santaclaracounty.gov/home or click link below. (EC 4005) <u>Official Ballot Drop Box and Vote Center Sites Information</u> (The ROV website will update for each election.)
E- 7	Tuesday, October 27, 2026	<u>LAST DAY TO REQUEST VOTE-BY-MAIL REPLACEMENT BALLOT TO BE MAILED</u> Deadline at 5:00 p.m. to submit a request for a Vote-by-Mail replacement ballot to be mailed to voter. (EC 3015)

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E	0	Tuesday, November 3, 2026	<u>ELECTION DAY</u> All Vote Centers and ROV office are open from 7:00 a.m. to 8:00 p.m. for dropping off ballot or voting in person. (EC 10541 (district), 14212 (all polls)) Ballots must be postmarked by this date and received within 7 days following the Election. (EC 3020)
E+	22	Wednesday, November 25, 2026	<u>ELECTIONS OFFICIAL DEADLINE TO NOTIFY VOTER OF UNMATCHED OR MISSING SIGNATURE</u> In the case of a voter whose signature does not match or is missing, the elections official is required to notify the voter at least 8 days before the certification of the election of an opportunity to update the voter's signature. (EC 3019(d))
E+	28	Tuesday, December 1, 2026	<u>SIGNATURE DEADLINE</u> Last day to turn in unsigned ballot or signature verification statements by 5:00 p.m. (EC 3019(d))
E+	30	Thursday, December 3, 2026	<u>OFFICIAL CERTIFICATION OF RESULTS</u> Registrar of Voters to certify election results. (EC 15400, 15401, 15372)
E+	90	Monday, February 1, 2027	^{2,3} <u>F.P.P.C. SEMI-ANNUAL STATEMENT DUE</u> Deadline for semi-annual financial disclosure report Form 460 covering the reporting period noted below or the day after the closing date of the last statement filed. (Gov. Code 84200) Date moved from E+89 to E+90 due to falling on a weekend. Reporting Period: June 30, 2026 to December 31, 2026



**El Camino Healthcare District Board of Directors
Open Session Meeting Minutes
Tuesday, February 10, 2026**

El Camino Hospital | Sobrato Boardroom 1 | 2500 Grant Road, Mountain View, CA

Board Members Present

John Zoglin, Chair
Carol A. Somersille, MD, Vice Chair
Julia E. Miller, Secretary/Treasurer
George O. Ting, MD

Board Members Absent

Peter C. Fung, MD

Others Present

Dan Woods, CEO
Theresa Fuentes, CLO
Raju Iyer, CFO
Ken King, CASO
Mark Klein, CCMO
Tracey Lewis Taylor, COO
Jon Cowan, Executive Director, Government Relations and Community Partnerships
Tim Daubert, Director Community Partnerships**
Stephanie Cash, ECH District Population Health Program Manager**

Others Present

Tracy Fowler, Director, Governance Services
Gabriel Fernandez, Governance Services Coordinator
Brian Richards, Audio Visual Services Program Manager

***Via teleconference*

Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER/ROLL CALL	Chair Zoglin called to order the open session of the Regular Meeting of the El Camino Healthcare District Board of Directors (the "Board") at 5:31 p.m. and reviewed the logistics for the meeting. A verbal roll call was taken; Directors Miller, Somersille, Ting, and Zoglin were present, constituting a quorum.	Call to Order at 5:31 p.m.
2. SALUTE TO THE FLAG	Chair Zoglin asked Director Miller to lead the Pledge of Allegiance.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Zoglin asked if any Board members had a conflict of interest with any of the items on the agenda. No conflicts were noted.	
4. PUBLIC COMMUNICATION	Chair Zoglin asked if there were any members of the public with comments for any items not listed on the agenda. There were no members of the public requesting to speak.	
5. COMMUNITY BENEFIT SPOTLIGHT: SOUTH ASIAN HEART CENTER	<p>Mr. Cowan introduced the South Asian Heart Center and Executive Director Ashish Mathur, who presented on the Center's 20-year history of providing culturally responsive cardiovascular prevention programs and its measurable impact within the community. Mr. Mathur highlighted lifestyle-based prevention initiatives, community partnerships, volunteer engagement, and plans to expand services and leverage technology to broaden reach. Directors commended the organization's contributions to health equity and community wellness.</p> <p>Motion: To approve Resolution 2026-01.</p> <p>Movant: Miller Second: Ting Ayes: Miller, Somersille, Ting, Zoglin</p>	Resolution 2026-01 Approved

	<p>Noes: None Abstentions: None Absent: Fung Recused: None</p>	
6. ECHD BOARD TERM LIMITS DISCUSSION	<p>Director Miller and Ms. Fuentes presented background information regarding potential District Board term limits, including legal authority, examples from other public agencies, and estimated ballot costs.</p> <p>Directors discussed the merits and drawbacks of implementing term limits, including board renewal, institutional knowledge, election costs, and community engagement.</p> <p>Director Miller suggested conducting public outreach within the community to gauge whether residents are satisfied with their elected representatives or would prefer term limits.</p> <p>Director Miller made a motion to direct staff to prepare a future ballot measure to adopt Board term limits of sixteen (16) years. The motion died for lack of a second.</p> <p>The Board agreed to continue the matter for further consideration.</p>	<p>Action: Staff to bring back additional research to March meeting, including examples of organizations that considered and chose not to adopt term limits.</p>
7. ECHD STRATEGY	<p>Mr. Woods and Mr. Reall presented an overview of a proposed strategic planning process for the El Camino Healthcare District, including objectives, scope, and a preliminary timeline. Management noted that a request for proposals had been issued to external strategic advisors to support development of a comprehensive District strategic plan.</p> <p>Director Miller asked who authorized issuance of the RFP and whether formal Board approval had been obtained prior to release. Mr. Woods stated that the RFP was issued under management authority and that he was accountable for the decision.</p> <p>Directors discussed the proposed process, timeline, governance structure, Board involvement, clarity of strategic goals, and use of external consultants.</p>	<p>Action: Staff was directed to present the results of the RFP process at the March meeting, including proposals and cost information, for Board consideration.</p>
8. WORKFORCE HOUSING ASSESSMENT	<p>Mr. King presented an overview of the Workforce Housing Assessment, including its purpose, scope, timeline, and the engagement of an external real estate advisory firm to evaluate housing needs across workforce income levels.</p> <p>Directors discussed housing affordability challenges, examples from other healthcare systems, and the importance of addressing the needs of both lower- and middle-income employees. Governance process concerns were raised regarding proceeding with the consulting engagement without formal Board approval. Management clarified that the engagement was executed under management authority.</p> <p>Following discussion, the Board agreed to proceed with the Workforce Housing Assessment and continue working with the consultant to develop findings for future Board review.</p>	<p>Action: Staff to continue with assessment process and return to Board with draft findings in May 2026 and final review in June 2026.</p>
9. POPULATION HEALTH STRATEGY DIALOGUE: SCOPE, APPROACH &	<p>Mr. Cowan introduced members of the Population Health team, including Mr. Daubert and Ms. Cash, who presented an update on the District's Population Health Strategy, focusing on the Prediabetes initiative. The presentation included foundational program elements, early infrastructure development, community awareness efforts, and</p>	<p>Action: Staff to return in March with progress update, including</p>

OBJECTIVES, KPIs	preliminary key performance indicators to measure reach, engagement, and behavior change. Directors discussed the anticipated timeline, the importance of measurable outcomes, and the need to demonstrate community impact and fiscal accountability. Directors expressed support for the initiative and commended staff for the level of detail and progress to date. Questions were raised regarding how program outcomes would be measured and how effectiveness would be evaluated over time.	<i>information on funds expended to date and projected FY27 operating budget considerations.</i>
10. FY26 ECHB DIRECTOR REAPPOINTMENT AD HOC COMMITTEE VERBAL UPDATE	Vice Chair Somersille, the Chair of the Ad Hoc Committee for El Camino Hospital Board director reappointments, provided an update regarding the FY27 reappointment process, including review of the Board competency matrix included in the meeting materials. Vice Chair Somersille noted the upcoming departure of Director Chen, whose term expires in June 2027. She emphasized the importance of assessing the matrix to identify potential gaps in skills, experience, and expertise following changes in Board composition. Ms. Fuentes provided clarification regarding the term limits comparison chart included in the packet. Directors discussed Board composition planning and continuity considerations as part of the reappointment process.	Action: Staff to update the competency matrix to reflect the anticipated Board composition changes by removing column for Director Chen.
11. RECEIVE ECHD FY26 FINANCIAL REPORT	Mr. Woods introduced Mr. Iyer, who presented FY26 Period 6 financial results. Mr. Iyer reported strong outpatient volume performance and operating revenues exceeding budget, while inpatient volumes remained slightly below budget, with continued use of observation status for certain cases. Mr. Iyer also discussed capacity levels, competitive pressures, and impacts from updated CMS guidelines resulting in increased outpatient procedures. Directors discussed financial performance trends, operational capacity, emergency department throughput, capital budget visibility, and workforce impacts. Directors requested additional clarity regarding capital spending performance and financial representation on certain operational initiatives. Motion: To approve the Period 6 Financial Report. Movant: Miller Second: Somersille Ayes: Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: Fung Recused: None	Action: Staff to • Include capital budget performance in future quarterly financial reports • Include the waterfall chart in the District Board packet • Confirm whether CFO or Finance representative is participating on the AI Committee
12. RECESS TO CLOSED SESSION	Motion: To recess to closed session at 7:04 p.m. Movant: Somersille Second: Ting Ayes: Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: Fung Recused: None	Recessed to closed session at 7:04 p.m.

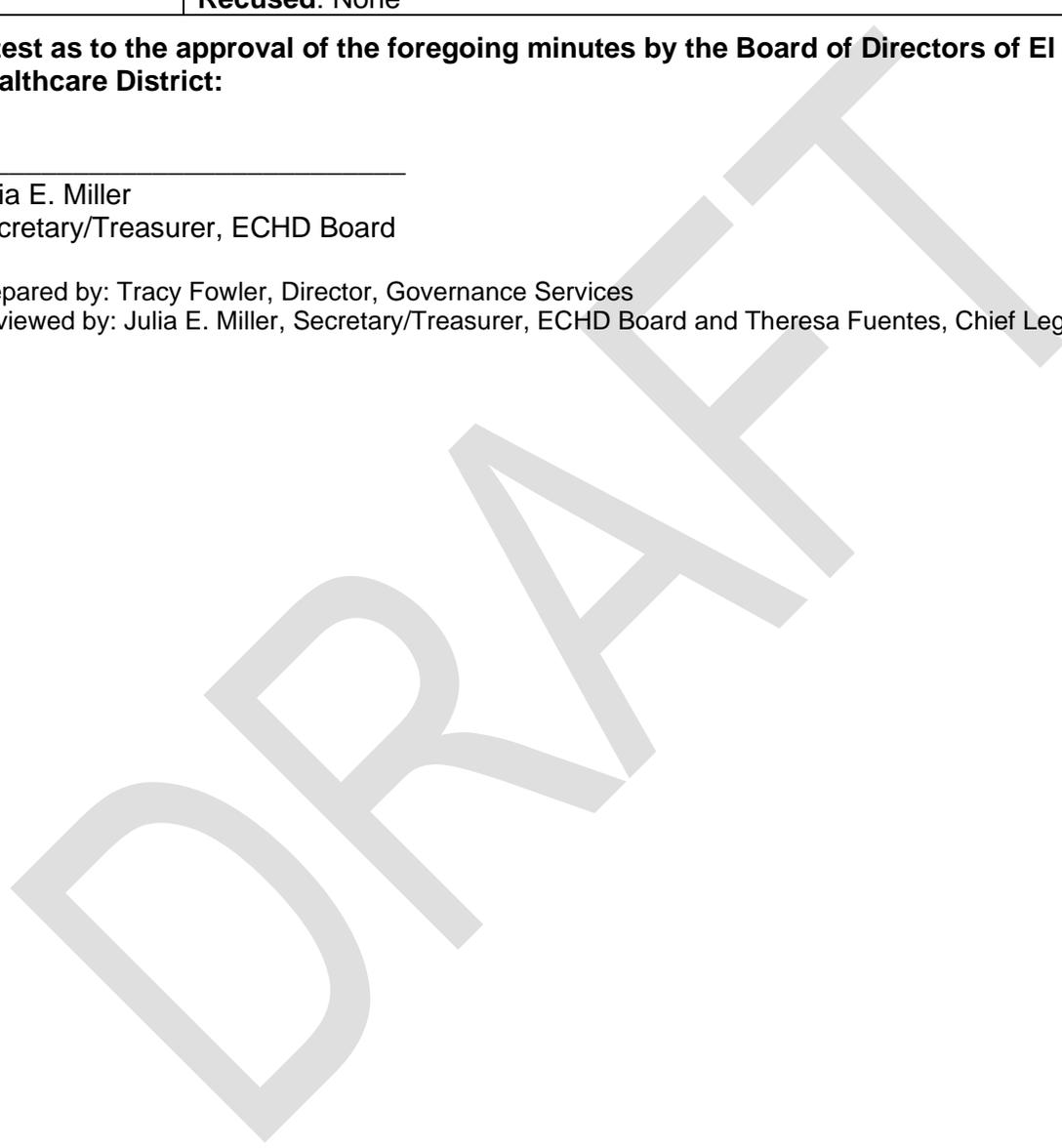
13. AGENDA ITEM 16: RECONVENE OPEN SESSION	The open session was reconvened at 7:46 p.m. by Chair Zoglin. Agenda Items 13–15 were addressed in closed session.	Reconvened open session at 7:46 p.m.
14. AGENDA ITEM 17: CLOSED SESSION REPORT OUT	Mr. Fernandez reported that during closed session, the ECHD Board approved the closed session minutes of the November 18, 2025, and December 10, 2025 meetings. No other reportable actions were taken.	
15. AGENDA ITEM 18: CONSENT CALENDAR	<p>Chair Zoglin asked if any items should be removed from the consent calendar for separate discussion. Director Miller requested that Items A and C be removed.</p> <p>Director Miller requested the following amendments: (1) add her comment <i>“I ask the Board to carefully consider this item and the materials presented and come prepared to vote on a motion at the next meeting.”</i> to the November 18th minutes regarding term limits, (2) remove her name from the “Reviewed by” line at the bottom of the minutes, and (3) remove duplicative content in the December 12, 2025 Site Visit meeting minutes.</p> <p>Chair Zoglin called for a vote on the consent calendar including the amendments requested by Director Miller.</p> <p>Motion: To approve the consent calendar with items (a) Minutes of the Open Session of the District Board Meeting (11/18/2025) and (c) Minutes of the Open Session of the District Board Site Visit Meeting (12/12/2025) amended as discussed.</p> <p>Movant: Somersille Second: Ting Ayes: Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: Fung Recused: None</p>	<p>Consent calendar approved.</p> <ul style="list-style-type: none"> - Minutes of the Open Session of the District Board Meeting (11/18/2025) as amended - Minutes of the Open Session of the District Board Meeting (12/10/2025) as amended - Minutes of the Open Session of the District Board Site Visit Meeting (12/12/2025) as amended - Resolution 2026-02 – ECHD Formal Record of Action Adopting the El Camino Hospital Health and Welfare Plan - Received ECHD Sponsorships (December – January) - Received FY26 Pacing Plan
16. AGENDA ITEM 19: ECHD SITE VISIT CADENCE	Directors discussed the value of District Board site visits as a governance tool and reaffirmed their importance for Board engagement and community connection. Directors considered opportunities to improve participation and scheduling flexibility, including aligning site visits with District Board meeting dates, adjusting the annual cadence, and inviting external guests to participate.	Action: <i>Staff to circulate proposed dates for upcoming District Board site visits to identify options that maximize participation.</i>
17. AGENDA ITEM 20: BOARD ANNOUNCEMENTS	Director Miller reported that she attended the 15th Annual Heart Forum on February 7, 2026, and shared observations from the event with the Board. No other announcements were made.	

<p>18. AGENDA ITEM 21: ADJOURNMENT</p>	<p>Motion: To adjourn at 8:07 p.m. Movant: Miller Second: Ting Ayes: Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: Fung Recused: None</p>	<p>Meeting adjourned at 8:07 p.m.</p>
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Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Healthcare District:

 Julia E. Miller
 Secretary/Treasurer, ECHD Board

Prepared by: Tracy Fowler, Director, Governance Services
 Reviewed by: Julia E. Miller, Secretary/Treasurer, ECHD Board and Theresa Fuentes, Chief Legal Officer





EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Jon Cowan, Executive Director Government Relations & Community Partnerships
Date: March 10, 2026
Subject: Community Benefit Sponsorships

Purpose:

To provide the Board with FY2026 ECHD Sponsorships in February 2026.

Summary:

1. **Situation:** Community Benefit Staff was asked to keep the Board informed regarding Community Benefit Sponsorships YTD.
2. **Authority:** Board reviewed and approved \$90,000 for Sponsorships in the FY2026 Community Benefit Plan in June 2025.
3. **Background:**
 - Sponsorship information and instructions are available on the District website.
 - Requests include sponsorship packets that outline the event date, purpose, levels of sponsorship and requirements for sponsor acknowledgement. These requests are reviewed throughout the year on a rolling basis by Community Benefit Staff and the other designated departments that provide community sponsorships (e.g., Marketing & Communications and Government Relations & Community Partnerships).
 - Community Benefit-funded Sponsorships provide general support for health-related agencies improving the well-being of the community.
 - Community Benefit Sponsorships from February 1, 2026 – February 28, 2026 totaled **\$0** (Sponsorships occur at different times throughout the year).

Suggested Board Discussion Questions: None. This is an informational consent item.



EL CAMINO HEALTHCARE DISTRICT FY2026 PACING PLAN / MASTER CALENDAR

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
COMMUNITY BENEFIT												
Spotlight Recognition				✓				✓	✓			
CB Year-End Report				✓								
CBAC Policy – Annual Approval				✓								
CB Plan Study Session											✓	
CB Mid-Year Metrics					✓						✓	
Approval of CB Plan												✓
Grant Partner Site Visit				✓		✓		✓	✓			
COMPLIANCE												
Financial Audit – Consolidated ECH District Financials				✓								
Approve Hospital Audit				✓								
DISTRICT REAL ESTATE												
Real Estate Update				✓				✓			✓	
District Capital Outlay									✓			✓
EXECUTIVE PERFORMANCE												
CEO Performance Review				✓								
FINANCE												
Financials				✓				✓	✓			✓
Budget											✓	✓
Tax Appropriation (Gann limit)											✓	✓
GOVERNANCE												
Appoint FY27 Ad Hoc Committee & Advisors for ECHB Director Election				✓ FY27								
ECHB Director Ad Hoc Committee Update				✓ FY26	✓ FY26			✓ FY27	✓ FY27		✓ FY27	
Appointment/Re-appointment of El Camino Hospital Board Director								✓ Incumbent FY26			✓ New FY26	
Review Process for ECHD Board Officer Election (<i>Odd Years</i>)												
ECHD Board Officer Election (<i>Odd Years</i>)												
Appointment of Liaison to the Community Benefit Advisory Council												✓
Pacing Plan & Meeting Dates											✓	✓
General Election Resolution (<i>Even Years</i>)									✓			
Oath of Office for Newly Elected/Re-elected Directors (<i>Even Years</i>)												
Possible Appointment to ECHB Board for Newly Elected Directors (<i>Even Years</i>)												
ECHD Board Self-Evaluation												
ECHD Bylaws Review								✓				
STRATEGY												
ECHD Strategy								✓				
Population Health Strategy				✓				✓	✓			