Sequoia Healthcare District
FOR YOUR HEALTH

CARING COMMUNITY GRANTS PROGRAM 2021-22

Grants Program Information

INTRODUCTION

Each year, Sequoia Healthcare District provides Caring Community grants to local non-profits and government organizations that provide crucial health services for the residents of our area. These grants serve collectively approximately 30,000 residents. Additionally, the District also funds community health clinics and several other health services, including school-based health programs.

Funding priorities are based on current and projected community health needs and variable funding resources. The Community Grants priority funding areas for the 2021-22 grants cycle have been identified as:

- Active and Healthy Living
- Preventive Health and Safety Services
- Access to Treatment *(e.g., mental health, substance use)*

For a full description of these outcomes, please refer to the attachment entitled "Results Matrix".

DISTRICT SERVICE AREA- GROUP 1 AND GROUP 2 ZIP CODES

Most of the central and southern parts of San Mateo County are within SHD boundaries. Zip code and precinct information is used to determine District residency. The District map was established in 1946 and is no longer consistent with current zip code maps. Therefore, we have grouped the zip codes that we serve into two categories:

- Group 1 zip codes- 100% of the residents of those zip codes live in District boundaries.
    - **Group 1** zip codes include 94028 (Portola Valley), 94062 (Woodside), 94027 (Atherton), 94070 (San Carlos), 94061, 94063, 94065 (Redwood City/Redwood Shores), 94002 (Belmont)

- Group 2 zip codes- some of the residents of that zip code live in Sequoia Healthcare District and some do not.
    - **Group 2** zip codes include 94025 (Menlo Park), 94404 (Foster City), 94403 (San Mateo), 94019 (Redwood City-Half Moon Bay)

In the Letter of Intent, Group 1 and Group 2 zip codes are presented and you are asked to provide the percent of clients you plan to serve within each zip code. We will compare the percent of SHD residents to be served against the percent of your overall program budget for which you request funding.

If the percentage of SHD residents to be served in Group 1 zip codes is equal to or more than the percent of your funding request, further discussion will not likely be needed. However, if the percentage of clients you plan to serve in Group 1 zip codes is less than the percent of funding you are requesting, then further investigation and information about Group 2 zip codes will be necessary.

Please give critical thought to these numbers. For those funded, we will also ask you to report at mid-term and end-of–year by clients served by these groupings.

Frequently Asked Questions

1. **Who is eligible to apply for a grant?** Any 501c3 nonprofit organization or government agency that serves District residents may apply. Funds can only be used for services that directly impact the health of people who reside in our service area. Organizations/programs that serve both SHD residents and non-district residents will be awarded funding based on the percentage of SHD residents to be served by the program.

2. **Can the district fund an organization that is located outside of District boundaries?** Yes, if those services are not available within SHD and our residents must travel to those organizations to access services.

3. **How much total money is available for the Caring Community 2020 grant cycle?** The District has set aside **$3.75 million** for this cycle. The maximum grant will be **$200,000** per grant, per year.

4. **May an organization apply for more than one grant and receive more than one grant?** An organization can apply for up to **three grants** and may be funded for as many as **two grants**. Each application must be for a separate program with a maximum of **$200,000** per grant. Please also note that we will not provide more than **$400,000** to any one organization per year through the grants program.

5. **May we partner with other organizations to submit a joint application?** The District welcomes collaborative applications, especially if the proposed collaboration will maximize benefits and reduce costs.

6. **Are all grants annual or may we ask for a multi-year funding?** All grants are provided on an annual basis. A limited number of two-year grants are awarded at the discretion of the District upon meeting a strict set of criteria.

7. **What are the District's priority funding areas?** For this cycle's preferred priority outcome areas, please see attached page. Please note that the District occasionally approves grants outside the priority areas but these are an exception and such grants are rare.

8. **Are there programs or projects the grant will not support?** The District will not provide a grant for the following: capital equipment, building or construction, vehicles, program services that take place in a school setting, nursing education, primary medical or dental services in a community clinic setting, or health insurance coverage, as many of these supports are funded through other District initiatives. **The District also will not fund any program that discriminates** against any resident due to race, religion, age, gender, sexual preference or any other similar status.

9. **How much of our grant may be used for general administration or overhead expenses?** The District restricts these expenses **to no more than 15 percent** of your grant.

10. **When will we be notified if we are to receive a grant and for how much?** The grants committee will make a decision in late April or early May to determine funding recommendations and you will receive notification at that time. The recommendation will either be for full funding, partial funding or no funding. The recommendation goes to the District Board for final approval which is expected to occur at our June Board meeting, which you may attend. (All regular Board meetings are open to the public.)

    Grantees will receive fifty percent of the total grant award in July, and the second payment will be made in February of the following year after submission and committee review of the mid-year report, which is due in December.

Contact: Jenny Bratton, jbratton@seqhd.org

10 Things to Know About the Sequoia Healthcare District

1. We were established in 1946 as California's first health care district. 2021 will mark our 75th year of service!

2. We are publically funded, receiving 1.3 % of property tax dollars.

3. We are committed to returning all current tax dollars back to the community through health services within 3 years. A 100% pledge.

4. We are no longer affiliated with Sequoia Hospital and have been separate since 2007. They are now part of Dignity Health.

5. Our Board consists of five elected officials who serve four year terms. All Board meetings are open to the public.

6. Our primary focus areas are providing access to clinical care, mental health services and dental care and promoting wellness.

7. Our geographic area covers most of central and southern San Mateo County. There are about approximately 300,000 residents of the District.

8. We annually provide services either directly or through our funding of partners collectively to more than 60,000 residents per year.

9. Our largest single program is our Healthy Schools Initiative that works with eight local school districts and impacts more than 30,000 school children.

10. We are an independent government agency, not under the direction of the County or State. We are a special district.

Results Matrix: Sequoia Healthcare District Priority Funding Areas 2021

I. Active and Healthy Living	
Strategic Focus	***To enhance the overall health of District residents and reduce chronic disease risk by supporting programs that provide opportunities for physical activity, stress management, nutrition education and health literacy.***
Key Indicators *(major health concerns)*	Proportion of District residents experiencing: 1. Unhealthy bodyweight 2. Type II Diabetes 3. High Blood Pressure 4. Cardiovascular Disease 5. Stress and poor emotional health 6. Certain cancers 7. Poor nutritional status 8. Poor health literacy
Key Objectives *Health literacy is a cornerstone of each of the Impact areas*	1. Increase knowledge and literacy regarding nutrition 2. Increase knowledge and literacy on key health topics 3. Increase opportunities for participation in physical fitness activities and weight management classes 4. Increase literacy of stress and emotional health 5. Increase reports of improved quality of life ***Sequoia Healthcare District will seek innovative and data-driven approaches to meet the above objectives*
Potential Strategies	■ District residents will have access to recreation and physical fitness programs/classes ■ District residents will have access to programs that support emotional well-being (i.e., stress reduction, mindfulness, meditation, etc.) ■ District residents will have access to nutrition education and health literacy Health educators will: ○ Provide group presentations ○ Provide one-on-one sessions ○ Provide peer support ○ Lead workshops/classes
Priority Populations	■ Vulnerable populations ▪ Children ▪ Elderly ▪ Low income/underserved ▪ Homeless ▪ Homebound ▪ Undernourished

Results Matrix: Sequoia Healthcare District Priority Funding Areas 2021

2. Preventive Health and Safety Services	
Strategic Focus	***To prevent injury and the onset of disease or worsening of chronic diseases among District residents by providing access to disease screenings, nutritious food for the food insecure, health education and preventive health and safety services***
Key Indicators *(major health concerns)*	Proportion of District residents lacking access to: 1. Immunizations 2. Mental health screenings 3. Prenatal care 4. Reproductive healthcare/ screenings 5. Oral healthcare/screenings 6. Chronic disease management 7. Safe and healthy homes 8. Nutritious food provisions 9. Knowledge of how to access services Proportion of District residents whose behavioral habits include: 10. Tobacco use 11. Alcohol and Substance abuse 12. Risky sexual behavior 13. Lack of adequate physical activity 14. Choosing an unhealthy diet
Key Objectives *Health literacy is a cornerstone in each of the impact areas*	1. Increase knowledge and literacy regarding importance of preventive health and safety 2. Increase knowledge and literacy to help residents make informed health decisions 3. Increase use of preventive health services such as: ○ Mammograms ○ Oral health screenings ○ Blood pressure screenings ○ Weight: BMI screenings ○ Diabetes: glucose screenings ○ Reproductive health services (STD's, birth planning) ○ Vaccinations 4. Increased screening and identification of domestic violence, stress, isolation, depression and/ or substance use 5. Increased screening for home safety hazards and home repair 6. Increase food security for hungry and under-nourished 7. Increase understanding of navigating through health care system/health plans), and accessing service 8. Decrease stress and improve emotional health 9. Increase compliance and completion of treatment plans/ medications 10. Reduce admissions to ER due to falls 11. Reduce medical costs per client 12. Increase reports of improved quality of life ***Sequoia Healthcare District will seek innovative and data-driven approaches to meet the above objectives*

Preventive Healthcare Services (continued)	
Potential Strategies (Preventive Health and Safety Services continued)	■ District residents will have access to: ○ Low cost/free screening programs ○ Certain mobile screening services (i.e., medical and dental) ○ Information on other screening services ■ District residents with behavioral health concerns will be identified via screenings ■ District residents will have access to case managers and will be referred to: ○ Transitional housing for mentally ill ○ Friendship centers ○ Bereavement counseling ○ Screenings for depression ■ District residents will be provided with home safety inspection services and repair ■ District residents needing food security will be identified by service providers ■ District residents will have increased access to food, through activities such as: ○ Mobile food banks/food delivery services ○ Farmers markets ○ Soup lines ○ Food "throw away" rescue ■ District residents will receive application assistance for WIC and Cal Fresh ■ District resident will have increased knowledge and literacy through health educators for managing chronic conditions, and accessing health services ■ Health educators will: ○ Provide group presentations ○ Provide one-on-one sessions ○ Provide peer support ○ Lead workshops/classes ■ District residents who need transportation will receive transportation to and from their medical appointment and/or health program ■ Increased use of case management for: ○ Diabetes management ○ Heart disease (CHF) ○ Cancer ○ Asthma/ COPD ○ Arthritis ○ Chronic pain ○ HIV
Priority Populations	■ Vulnerable populations ▪ Children ▪ Elderly ▪ Low income/underserved ▪ Homeless ▪ Homebound ▪ District residents discharged from public and private hospitals ▪ Linguistically isolated families

Results Matrix: Sequoia Healthcare District Priority Funding Areas 2021

3. Access to Treatment	
Strategic Focus	***To assure District residents have access to necessary medical treatment for priority health conditions***
Key Indicators *(major health concerns)*	Proportion of District Residents lacking access to necessary medical treatment of: 1. Emotional and Behavioral Health ○ Depression/ anxiety ○ Drug, alcohol, tobacco dependency ○ Effects of domestic violence ○ Trauma ○ Family members affected by the above ○ Transitional housing for mentally ill Proportion of District Residents lacking access to necessary medical or health maintenance support services such as: 1. In-home nursing care for frail elderly, physically or intellectually disabled, Hospice 2. Day care programs for elderly, physically or intellectually disabled 3. Oral health 4. Pre-natal 5. Diabetes 6. Cardiovascular health
Key Objectives *Health literacy is a cornerstone in each of the Impact areas*	1. Increase the number of non-insured and underinsured District residents who receive medical treatment for their health condition 2. Increase compliance and completion of treatment plans 3. Build prevention and education into every treatment plan 4. Decrease admissions or readmissions to hospital/ ER 5. Decrease number of preventable deaths
Potential Strategies	■ District residents will receive necessary medical treatment and support services and will complete their service plans ■ District residents discharged from public and private hospitals will be assigned Case Managers to ensure recommended follow-up care is received. ■ Care providers will build prevention and education strategies into treatment Plans
Priority Populations	■ Vulnerable populations ▪ Children ▪ Elderly ▪ Low income/underserved ▪ Homeless ▪ Homebound