

**San Mateo Medical Center
Healthcare for the Homeless / Farmworker Health
2022/2023 Needs Assessment**



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Executive Summary

The San Mateo Medical Center (SMMC) Healthcare for the Homeless and Farmworker Health Program (HCH/FH) Needs Assessment is conducted every two to three years in an effort to improve access to, and delivery and quality of, healthcare for people experiencing homelessness and farmworkers and their families. The goal of this needs assessment is to **understand the care experience/journey of SMMC's homeless and farmworker patients and healthcare team and make system recommendations based on the findings related to how to improve service delivery, reduce barriers, and improve satisfaction for both patients and care teams.**

In 2022 and 2023, surveys were administered to SMMC's care teams and patients. Care teams were asked their perspectives, knowledge, and beliefs of their patients who were experiencing homelessness and/or farmworkers and their families; their confidence and satisfaction in providing care to these populations; and to identify the supports needed to improve the quality of care. Patients were asked how they like to receive care at SMMC, their levels of trust and understanding of their healthcare plans, their health priorities, and their satisfaction with care at SMMC. **Responses from 86 care team members and 183 patients form the backbone of this report.**

Some of the key findings are:

- ▶ Being able to meet one's social determinants of health needs appears to lead to higher perception of one's health.
- ▶ Most patients prefer in-person visits over virtual healthcare appointments.
- ▶ Care team members are comfortable providing services and know how to communicate to most other internal departments and some external entities for referrals, support, and information; however, many reported needing more information on referrals to other resources such as employment and legal assistance.

Throughout the report, recommendations are highlighted in orange and summarized in the *Closing Comments* chapter. Noteworthy recommendations are listed below:

- ▶ It is recommended that SMMC continue its work to support and empower roles across care teams to make community referrals that address patients' numerous social determinants of health needs.
- ▶ HCH/FH can support care teams by informing and linking them to available community resources, including community case managers, and creating bi-directional communication and problem-solving. SMMC and HCH/FH should also support care teams with training and knowledge-sharing about existing behavioral health resources in the county.
- ▶ SMMC should continue their efforts to make staff feel appreciated, which includes things such as listening to care team members' experiences at work and continuing to fund wellness initiatives.

- ▶ SMMC and HCH/FH should consider patients' interests in health classes when planning outreach as well as continue to learn from these patient populations about accessibility and how they prefer to connect with health providers.

SMMC is aware of many findings from this needs assessment and continues to work toward various initiatives, both for patients and care teams. These needs assessment findings illustrate that past initiatives – such as those related to food insecurity – have made a positive impact on patients. To act on these results, additional surveys to better understand care teams' ability to treat patients in these communities would be useful – particularly at locations where the majority of homeless and farmworker patient visits take place. Similarly, gathering additional information on patients' attitudes and beliefs about preventative care and how to best address gaps could, potentially, increase patient understanding of its importance and lead to possible future cost savings.

Lastly, thank you to the advisors who were instrumental in developing the surveys and analyzing the results, and to our executive sponsor Yousef Turshani.



San Mateo County Healthcare for the Homeless / Farmworker Health Program

San Mateo County's Healthcare for the Homeless/Farmworker Health Program (HCH/FH) is a federally funded program that has delivered and coordinated healthcare and support services for people experiencing homelessness since 1991. In July 2010, the program expanded its scope of services to include the farmworker population and their families/dependents.

HCH/FH is funded by U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA), pursuant to Sections 330(g) and 330(h) of the Public Health Service Act, to support the planning for and delivery of services to medically underserved populations. It is jointly governed by an independent Co-Applicant [Board](#) and the San Mateo County Board of Supervisors.

People in San Mateo County experiencing homelessness or who work as farmworkers (and their families) can access any San Mateo County Health touch point – San Mateo Medical Center's (SMMC) outpatient clinics – and numerous other County and community-based organizations, to receive outpatient health services regardless of insurance or documentation status.

The HCH/FH Program has agreements with county and nonprofit organizations to provide these services and compliance with HRSA regulations provides San Mateo County Health with Federally Qualified Health Center status.

Definitions of Program Population

People experiencing homelessness: HRSA has a broad definition of homelessness that, in addition to people residing in shelters, on the street, or in cars/RVs, includes doubling up (i.e., couch surfing) and those in transitional or permanent supportive housing (PSH).

Farmworkers and their family members: For farmworkers, both seasonal and migrant workers are included in HRSA's definition, and importantly, so are family members.



HCH/FH Guiding Principles

Mission. The mission of the San Mateo Healthcare for the Homeless/Farmworker Health (HCH/FH) Program is to serve homeless and farmworker individuals and families by ensuring they have access to comprehensive healthcare, in particular, primary healthcare, dental healthcare, and behavioral health services in a supportive, welcoming, and accessible environment.

Vision. Healthcare services provided to homeless and/or farmworker individuals are patient centered and utilize a harm reduction model that meets patients where they are in their progress toward their goals. The HCH/FH Program lessens the barriers that homeless and/or farmworker individuals and their families may encounter when they try to access care. Health services are provided in consistent, accessible locations where people experiencing homelessness and farmworkers can receive timely care and have their immediate needs addressed in a supportive, respectful environment. Through its funded services and partnership with the Medical Center, the HCH/FH Program reduces the healthcare disparities in the homeless and farmworker populations. HCH/FH advocates on behalf of both populations' health needs and becomes a hub for health-related information for both San Mateo County and community based organizations for these two populations.

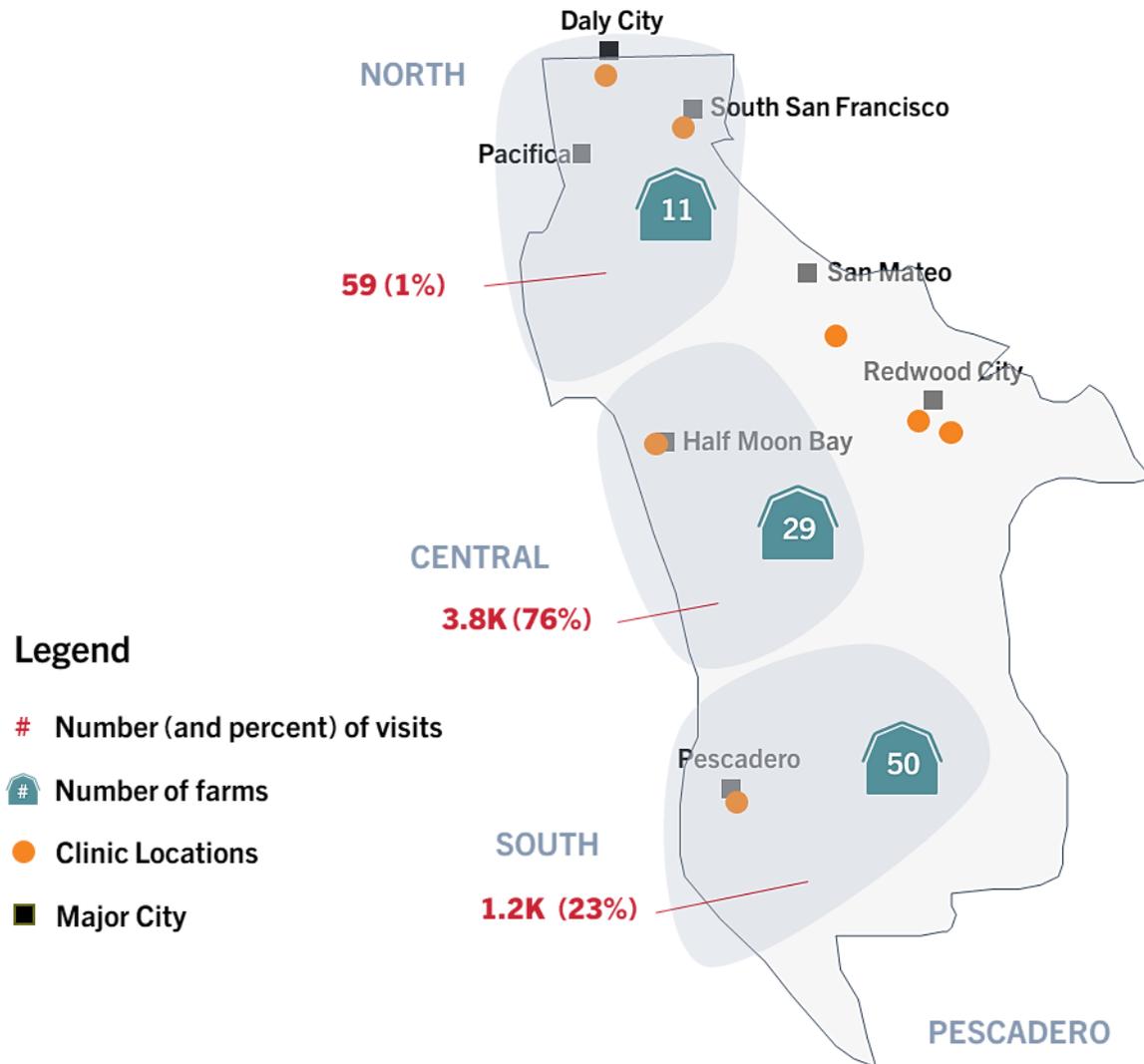
Values

- **Access.** Homeless and farmworker individuals and their families have full access to the continuum of healthcare and social services.
- **Dignity.** Services provided are respectful, culturally competent, and treat the whole person's physical health and behavioral health.
- **Integrity.** Homeless and farmworker individuals and their families are valued and considered a partner in making decisions regarding their healthcare.
- **Innovation.** Services will continuously evolve to reflect current best practices and technological advances.

Patients who are Farmworkers or People Experiencing Homelessness in San Mateo County

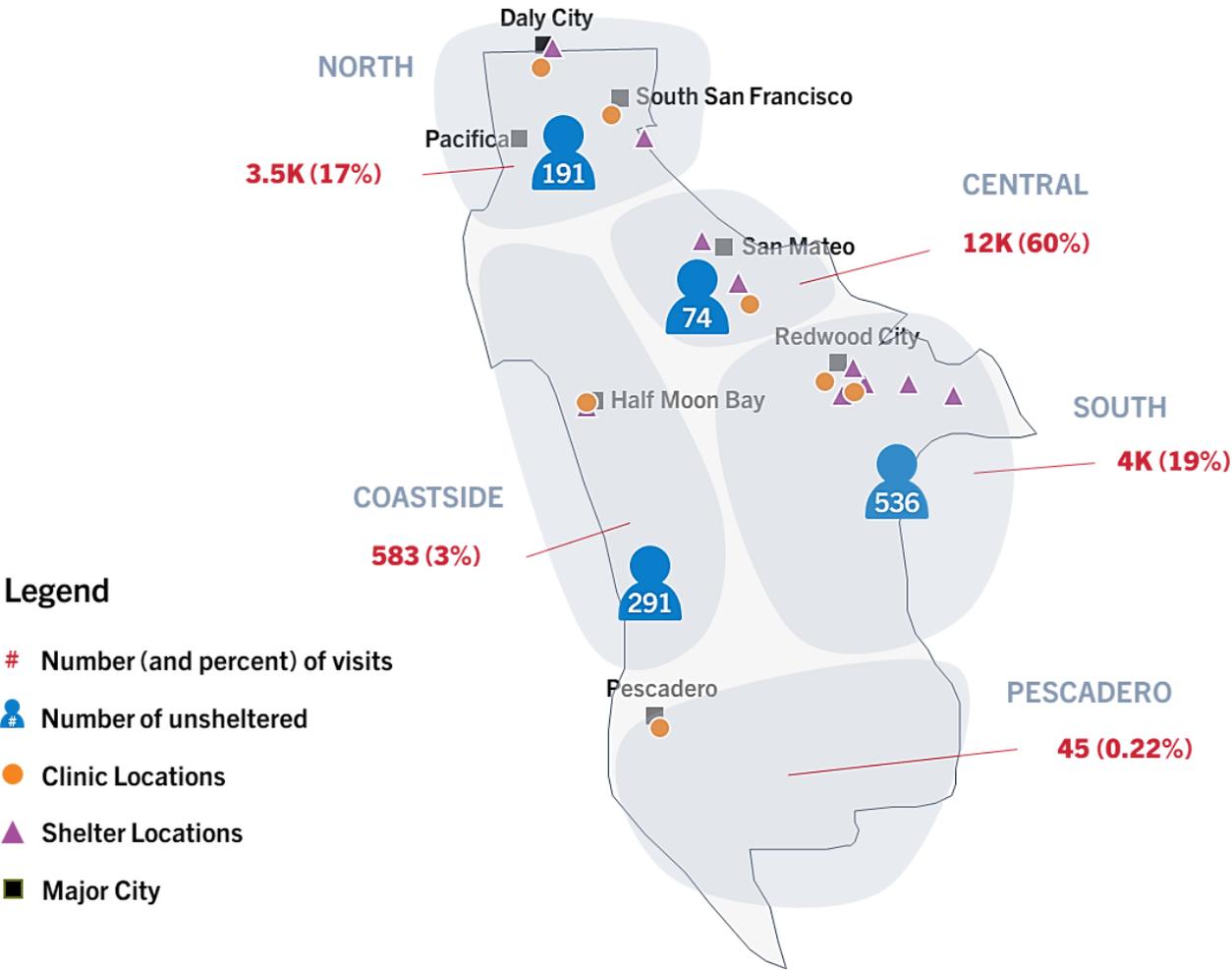
There are about 90 farms in San Mateo County, and 5,065 visits by patients who are farmworkers or family members of farmworkers (Exhibit 1). Although a majority of farms are in the South region of the county, most clinic visits are in the Central region, which has Coastside Clinic in Half Moon Bay and the main San Mateo Medical Center campus over the hill in the city of San Mateo. While there is no formal clinic in Pescadero, [Puente de la Costa Sur](#), a non-profit, is located there and gives space to the Coastside Clinic and Sonrisas Dental care teams to provide services out of their offices. This supports the large number of visits occurring in that region.

Exhibit 1. Farmworker Patient Visits



There are about 20,651 visits – inclusive of primary, specialty care, and by Street Medicine and the Mobile Clinics – by people experiencing homelessness in San Mateo County (Exhibit 2). Similar to the distribution of farmworker patients, a majority of the unsheltered people in the county are in the South region, while the Central region has the most visits by patients experiencing homelessness, driven by the large number of specialty services available at the Medical Center in San Mateo. For more information about where people experiencing homelessness are located throughout the county, refer to the [2022 Point in Time Count](#).

Exhibit 2. Patients Experiencing Homelessness Visits



HCH/FH Strategic Plan

Every three years, informed by the needs assessment, the HCH/FH board and program staff engage in a strategic planning process, to reflect on the program and develop priorities for the coming years. The 2020-2023 plan can be found [here](#). It elevates the following five priorities:

1. Increase homeless and farmworker patient use of SMMC and Behavioral Health and Recovery Services (BHRS) Services.
2. Decrease barriers for homeless and farmworker patients to access healthcare.
3. Support healthcare providers serving homeless and farmworker patients.
4. Decrease health disparities among people experiencing homelessness and farmworker patients and SMMC general population.
5. Meet and exceed all HRSA Compliance Requirements.

Need Assessment Methodology

Goals

As part of its effort to improve access to, delivery of, and quality of healthcare for people experiencing homelessness and farmworkers and their families, the HCH/FH program conducts a needs assessment every two to three years. **The goal is to understand the care experience/journey of SMMC's homeless and farmworker patients and healthcare team and make system recommendations based on the findings related to how to improve service delivery, how to reduce barriers, and how to improve patient and provider satisfaction.**

This year's needs assessment also aimed to be actionable, specifically aligning recommendations with what SMMC care teams think can be accomplished to improve delivery of SMMC services to homeless and farmworker patients. This was done by:

- Identifying the care team's roles in the recommendations
- Highlight training, support, and/or systems changes that providers suggest they need to implement these recommendations
- Identify areas for improving communication pathways, both between departments and with external partners

The needs assessment will be used to inform decisions on healthcare planning and delivery for HCH/FH for the coming years, including the development of HCH/FH's Strategic Plan. We hope these findings will elevate both the needs and successes of SMMC's service to people experiencing homelessness and farmworkers and their families, and be used by care teams, SMMC leadership, and HCH/FH Board to best care for and support these communities.



Methodology

The needs assessment goals and methods were designed by HCH/FH staff and Harder+Company Community Research ([Harder+Company](#)), in collaboration with the SMMC Needs Assessment Advisory Group. The Advisory Group was composed of stakeholders representing numerous SMMC departments, including social work, nursing, Medical Support Assistance (MSA), providers, specialty, Patient Services Assistance (PSA), and Health Coverage Unit, as well as the HCH/FH Board. Results were shared with the Advisory Group in sensemaking sessions, designed to align data interpretation and recommendations with the group's experience.

The primary data sources for this needs assessment were surveys of the SMMC HCH/FH care team and HCH/FH patient communities. The surveys' purpose, content, and outreach strategies were reviewed and approved by [Solutions IRB](#).¹

The **care team survey** included questions designed to assess the following:

- What are the healthcare team's perspectives, knowledge, and beliefs about their H/FW patients?
- What is the healthcare team's confidence in being able to provide care to H/FW patients?
- What is the healthcare team's satisfaction in providing care to H/FW patients?
- What support(s) would the healthcare teams need to provide better care?

The complete survey is included in the Appendix (starting on page 44; click "*Care Team Survey*" to jump to that location).

The survey was administered online between June and August 2022, via SurveyMonkey software. A link was sent out by email, with a reminder sent half-way through the field period. Anyone providing direct patient care to farmworkers and people experiencing homelessness at SMMC was eligible to complete the survey.

Advisors and department managers across the organization were asked to share the survey link to their teams and the Medical Staffing Office sent the link to all licensed independent practitioners. The survey was also advertised in the hospital newsletter, *SMMC Heartbeat*.

No personally identifiable information was collected, and individuals could choose to answer or skip questions, or end the survey at any point.

To reduce response burden and direct people to the questions most relevant to the patients they typically see, a question at the beginning of the survey routed respondents to questions about either patients experiencing homelessness or about farmworkers and their families. Care team members who typically see

¹ The protocol 2022/08/3. *Healthcare for Homeless & Farmworker Health Program Needs Assessment* was verified as **Exempt** according to 45CFR46.104(d)(2): (2) Tests, Surveys, Interviews on 12/22/2022.

both types of patients were randomized to one of the patient community branches; those who were not sure which patient community they typically see were routed into general population focused questions.

The **patient survey** included questions designed to assess the following:

- How do homeless and farmworker patients like to receive care at SMMC?
- What are H/FW patients' levels of trust and understanding of their healthcare plans?
- What is important to H/FW patients when it comes to their healthcare (i.e., what are their health priorities)?
- Patient satisfaction with their care at SMMC

The complete survey is included in the Appendix (starting on page 62; click "*Patient Survey*" to jump to that location).

The survey was administered in person and online, via Qualtrics software, between January and March 2023.

In person: Two SMMC clinics (Mental Health Primary Care at Ron Robinson Senior Care Center at the San Mateo Medical Center and Mental Health Primary Care at Coastside Clinic) serving H/FW patients were given paper versions of the survey in English and Spanish and asked to distribute them to people coming for appointments. Additionally, partner organizations that HCH/FH has contracts and MOUs with administered the survey to their clients.

The online survey was available in Chinese (Taiwan / traditional), English, Spanish, and Tongan. A link for the survey was sent via text message to people on the 2022 Patient Master List, which includes all patients who received services at an SMMC clinic or via Public Health, Policy and Planning Street Medicine, Field Medicine, or Mobile Clinic in the calendar year 2022 and who self-identified as someone experiencing homelessness or being a farmworker or family member of a farmworker. The survey invitation text message was approved by the SMMC Clinical Standards Committee and sent in English and Spanish via the electronic health record system (eCW), using a "campaign" function.

Potential respondents were sent two text messages to prevent people from perceiving the survey link as spam. The first text notified patients that SMMC was conducting a survey, and a second text about 30 minutes later contained the link to the survey.

Eligible patient respondents were at least 18 years old and self-identified as either farmworkers, family members of farmworkers, and/or experiencing homelessness. In addition to self-identifying, for survey purposes, "homeless" also included sleeping last night in any of the following locations: shelter; hotel/motel (paid for by local, state, or federal money); outside (tent, street, park); car, van, unhooked RV, or boat; permanent supportive housing; or couch surfing at someone else's apartment / house.

No personally identifiable information was collected, and individuals could choose to answer or skip questions, or end the survey at any point. Patients who completed the survey received a \$10 gift card of

their choice to Safeway or Target. Those who completed the survey online could also choose whether to receive the gift electronically or via mail.

Future needs assessment efforts should continue identifying how to best obtain patient input via surveys, whether it be optimizing text-message options and/or identifying and asking the most trusted service provider or care team role to administer the survey.

Care Team Survey Respondents

A total of **86 care team members** responded to the survey. The response rate by providers' self-defined roles are described in Exhibit 3.

Exhibit 3. Care team roles, survey respondents and SMMC overall

| | # of Survey Respondents | # of SMMC Providers Overall | Response Rate |
|--|-------------------------|-----------------------------|---------------|
| Licensed professional (includes dietician, physical therapist, therapist, radiology, respiratory therapist, speech-language pathologist) | 11 | 61* | 18% |
| Non-Primary Care Provider (PCP) Physician / Nurse Practitioner (NP) / Physicians' Assistant (PA) | 14 | 361 | 4% |
| Medical Support Assistant (MSA) | 10 | 136 | 7% |
| PCP / Physician / NP / PA | 5 | 114 | 4% |
| Patient Services Assistant (PSA) | 21 | 162 | 13% |
| Registered Nurse (RN) | 13 | 249 | 5% |
| Social Worker (inpatient and outpatient combined) | 12 | 11** | 109% |
| Total | 86 | | |

NOTE:

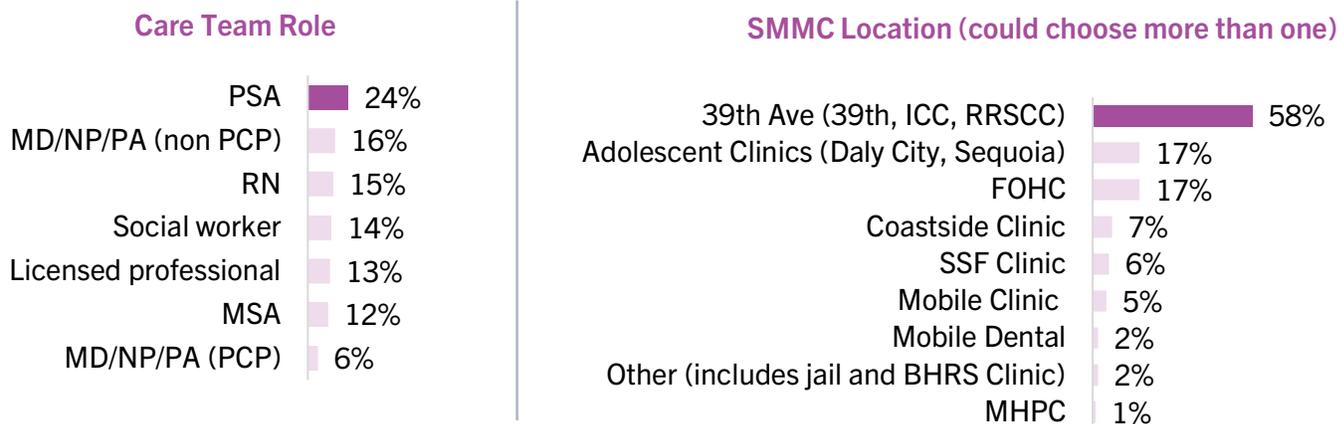
* It was challenging to get the number of licensed professional providers due to this category being created by combining multiple care team roles for the purposes of this report.

** It is possible that someone who works in the social work department but who is not themselves a social worker responded using this category.

Throughout this needs assessment, care team results are presented by role to add important context to the needs and recommendations. As the number of survey respondents for each role is relatively small, however, results should be interpreted with caution.

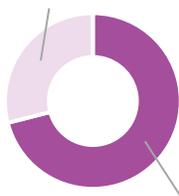
Characteristics of care team respondents are summarized in Exhibit 4.

Exhibit 4. Care team respondent description (n=86)



Inpatient/Outpatient Area(s) Visited

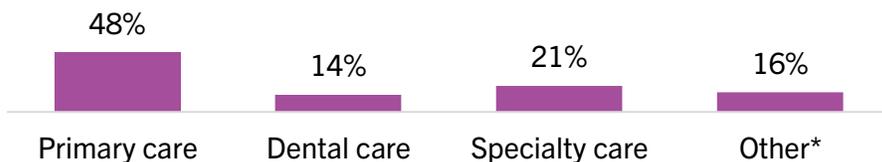
Any inpatient area, 29%



Any outpatient area, 71%

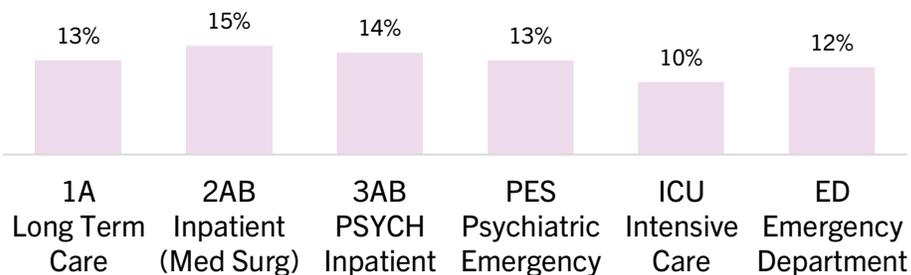


Outpatient Area(s) (could choose more than one)



*includes adult mental health, alcohol and drug counseling, emergency medicine, gynecology and perinatal care, jail, pediatrics, rehabilitation, social work, urgent care, and youth center

Inpatient Area(s) (could choose more than one)



Typical Shift



Days (90%)

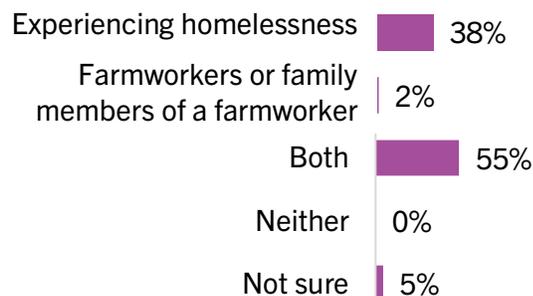


Evenings (7%)



Overnight (3%)

Patient Community Served



Patient Survey Respondents

A total of **183 patients** responded to the survey, including:

- 49 (27%) who identified as farmworkers or the family member of a farmworker
- 114 (62%) who identified as people experiencing homelessness
- 20 (11%) who identified as both people experiencing homelessness and as farmworkers / family of farmworkers

About half of the participants (57%) responded to the paper version of the survey; 43% responded online, representing a 2% online response rate to the surveys that were distributed via text. Details about the method of response, including the SMMC locations for those responding to the paper survey respondents, are summarized in Exhibit 5.

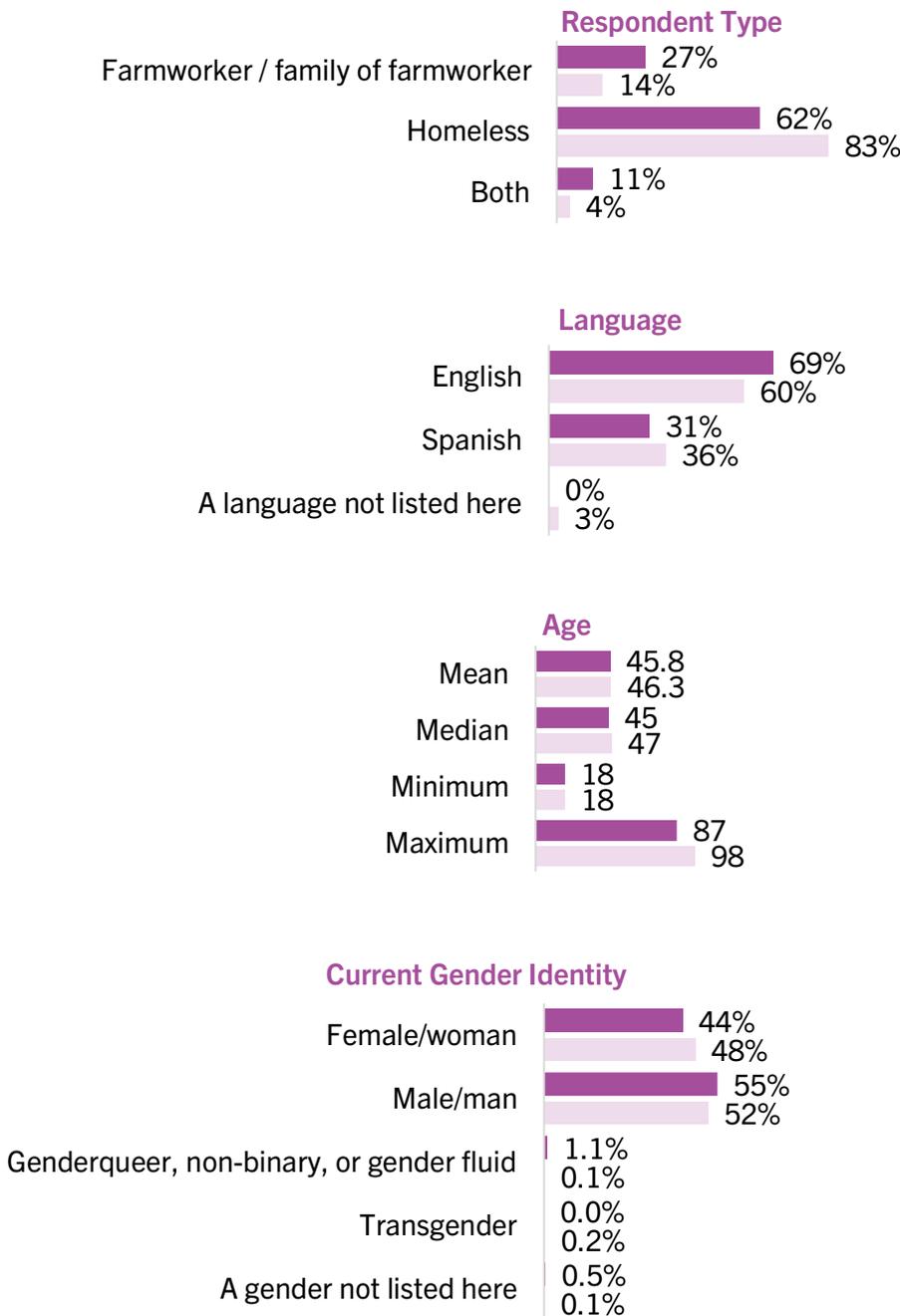
Exhibit 5. Patient Survey Data Collection Source

| | | Farmworker / Family of farmworker (n=49) | Homeless (n=114) | Both (n=20) | Total (n=183) |
|------------------------------|---|---|---------------------|----------------|------------------|
| Paper survey | % by respondent type | 59% | 53% | 75% | 57% |
| Number of respondents | Paper surveys total | 29 | 60 | 15 | 104 |
| | <ul style="list-style-type: none"> • Behavioral Health and Recovery Services, Healthcare for the Homeless and Homeless Engagement and Assessment Linkage teams (BHRS, HCH, and HEAL teams) • Mental Health Primary Care (MHPC), Coastside Clinic • Street Medicine • Life Moves (LM) • MHPC, Ron Robinson • Mobile Dental • Puente | 0 | 13 | 1 | |
| | | 3 | 3 | 3 | |
| | | 1 | 14 | 4 | |
| | | 0 | 22 | 4 | |
| | | 0 | 7 | 1 | |
| | | 1 | 1 | 0 | |
| | | 24 | 0 | 2 | |
| Online survey | % by respondent type | 41% | 47% | 25% | 43% |
| Number of respondents | | 20 | 54 | 5 | 79 |

The 183 patient respondents represents 5% of the 3,355 patients aged 18 and over in the 2022 Patient Master List of those who received services at an SMMC clinic and also self-identified as experiencing homelessness or being a farmworker or family member of a farmworker. Based on the characteristics available in both sources (Exhibit 6), survey respondents were more likely to be farmworkers or family of farmworkers, but otherwise mirrored the patient population well.

Exhibit 6. Patient Survey Respondents Compared to SMMC Clinic Patients

■ Patient Survey Respondents ■ SMMC Clinic Patients (UDS 2022 Master List)



As housing is an important descriptor for this community and key piece of information to contextualize the results, the quality and characteristics of participants' housing is summarized in Exhibit 7. Almost all farmworkers lived in apartments or houses (78%), with fewer than one in five (18%) residing in farmworker housing. Respondents experiencing homelessness and those who were both homeless and farmworkers were more varied in their residence. The highest proportion, about one-third, slept the previous night in a shelter. The other more common living situations were vehicles and living outside.

Most farmworkers described their housing as “good” or “average”, while housing for people experiencing homelessness spanned almost equally from “very good” to “very bad”. The amenities in their living situations were similar by respondent type, except for laundry, which was more common among people experiencing homelessness, and clean bedding, which was more common among farmworkers. Respondents experiencing homelessness had been without housing for an average of 3.5 years.

Exhibit 7. Patient respondent housing

| | Farmworker / Family of farmworker | Homeless | Both |
|--|-----------------------------------|----------|------|
| Living situation (slept last night) | | | |
| Apartment / House | 78% | 4% | 5% |
| Car, van, unhooked RV | 0% | 16% | 25% |
| Couch surfing | 0% | 5% | 0% |
| Farmworker Housing / Dormitory | 18% | 0% | 0% |
| Hotel / Motel | 0% | 11% | 0% |
| Outside (tent, street, park) | 0% | 18% | 20% |
| Permanent Supportive Housing | 0% | 8% | 15% |
| Shelter | 0% | 34% | 35% |
| Treatment Program | 2% | 1% | 0% |
| Other | 2% | 3% | 0% |
| Self-described housing quality | | | |
| Very good | 12% | 13% | 15% |
| Good | 41% | 24% | 20% |
| Average | 45% | 27% | 35% |
| Bad | 2% | 17% | 10% |
| Very bad | 0% | 18% | 20% |
| Amenities at current living situation | | | |
| Clean bed/bedding | 83% | 66% | 77% |
| Clean drinking water | 65% | 66% | 69% |
| Internet/WiFi | 41% | 45% | 31% |
| Laundry (washer & dryer) | 37% | 60% | 54% |
| Shower | 85% | 75% | 77% |
| Toilet | 76% | 79% | 85% |
| None of the above | 2% | 15% | 8% |

With these survey respondents in mind, the next chapters provide an overview of the key assets and opportunities for growth highlighted by need assessment participants.

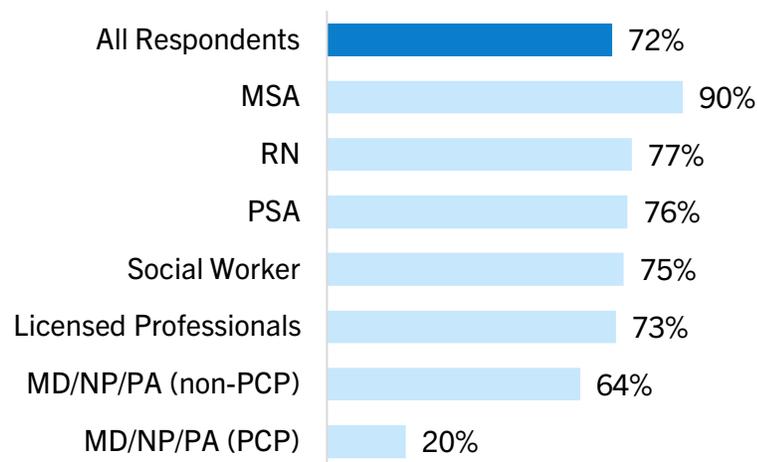
Care Team Results: Assets and Opportunities for Growth

Health Literacy and Communication

In general, most care team members (72%) reported feeling comfortable providing services to their farmworker patients and patients experiencing homelessness (PEH) (Exhibit 8). MSAs had the highest proportion feeling comfort (90%) and clinicians, both PCP (20%) and non-PCP (64%) were least comfortable. Further research is needed to determine how to best support providers (i.e., MDs, NPs, and PA) in serving patients experiencing homelessness and farmworker/farmworker family member patients.

Exhibit 8. Providers comfort level providing services to patients

I feel comfortable providing services to patients



Of note, care team members across the board were comfortable using interpreter services (73%) indicating SMMC’s efforts on this are fruitful, though MSAs reported lower levels of comfort (60%) and could likely benefit from additional training.

Connections to Resources, Structural Supports, and Behavioral Health

The majority of care team respondents (74%) reported knowing how to communicate with other departments to coordinate patient care. Many also provided recommendations on how to improve coordination. One respondent suggested using, “one EMR system across SMMC departments.” Another pointed out that, while, “I mostly review past provider notes and patient documents in eCW and Soarian to

determine previous care provided and care still needed. I sometimes have to piece together the information.” SMMC leadership is working to address SMMC internal communication barriers as part of rolling out a new electronic health record system (EPIC) that is integrated across all San Mateo County Health Divisions and adds care coordination capabilities.

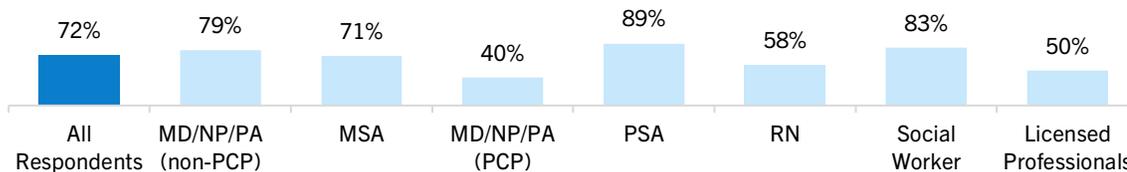
Additionally, while many care team members were aware of community services available for patients (e.g., referral pathways for behavioral health, benefits, and legal assistance), there is still room for increasing care teams’ knowledge (Exhibit 9). Knowledge of how to access food security referrals was ranked highest, which is a testament to SMMC’s work on food security over the past few years. On the other hand, familiarity with employment and legal assistance referrals were the lowest among care team members. While it is not the responsibility of every care team role to refer clients to resources, it is suggested that SMMC include robust community services referral pathways capability into the EPIC implementation to support and empower roles across care teams to make community referrals and address patients’ numerous social determinants of health needs, and, in the interim, for HCH/FH to support clinic teams with information whenever possible.

Exhibit 9. Awareness of Community Resources Pathways

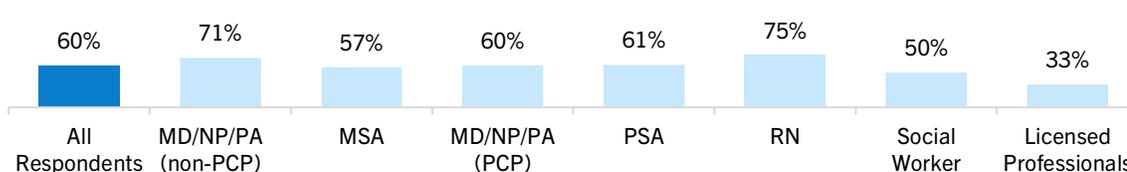
Food Security



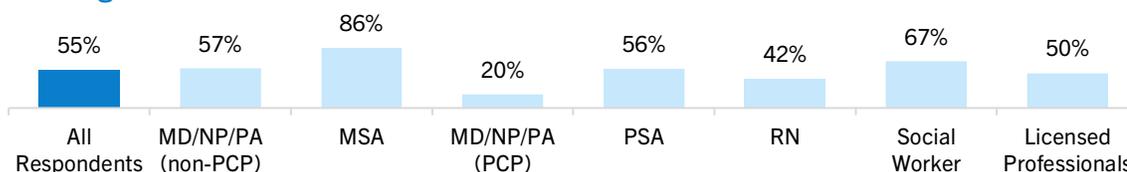
Benefits and insurance



Intimate Partner Violence



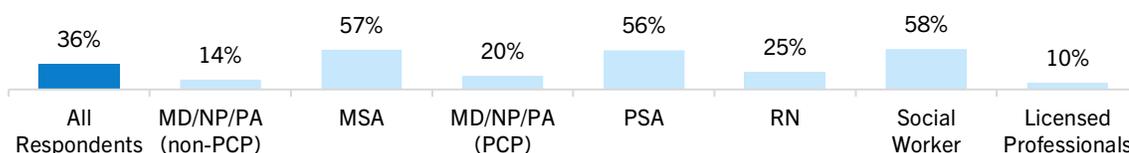
Housing Assistance



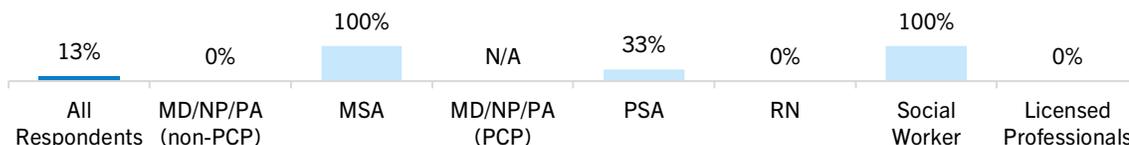
Financial Assistance



Legal Assistance



Employment Assistance*



* Care team members serving unhoused population were not asked about awareness of employment assistance. All of the survey respondents who identified as non-PCP care team members indicated that they served the unhoused patient population.

Care team members were also asked to indicate whether they needed information on referring patients to behavioral health resources (Exhibit 10). Although some care team members seemed to be aware of certain resources, most would benefit from additional knowledge and information sharing with teams.

As is true for other patient referrals, not every care team member is responsible for connecting patients to behavioral care resources. Because patients often form relationships with different members of their care teams, however (e.g., with an MSA vs. a physician), sharing resource information across the team would benefit all patients. There is currently a gap in the literature on the role of the referring person and successful implementation of referral process.

Moving forward, better understanding which care team roles are best positioned to provide referrals and/or ensuring that all roles at SMMC are familiar with available resources may be a good practice for assisting patients' access to care. For care teams providing services to people experiencing homelessness, HCH/FH should consider sharing information about detox treatments. For care teams serving farmworkers, HCH/FH should consider sharing more information about ALAS, El Centro, and integrated resources, as well as detox services.

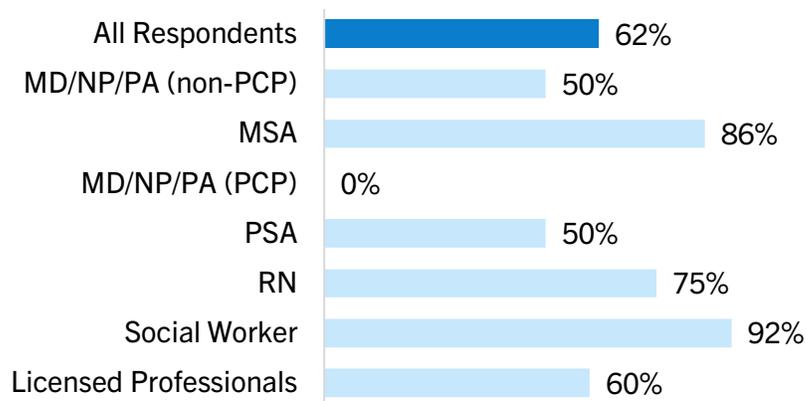
Exhibit 10. Behavioral Health Referral Information Needs

| | MD/NP/PA (non-PCP) (n=14) | MSA (n=7) | PCP, Physician, NP, PA (n=5) | PSA (n=13) | RN (n=12) | Social Worker (n=12) | Licensed Professionals (n=9) | All Respondents (n=78) |
|---|---------------------------------|--------------|---------------------------------------|---------------|--------------|----------------------------|------------------------------------|------------------------------|
| BHRS ACCESS Call Center | 14% | 14% | 40% | 37% | 17% | 8% | 44% | 24% |
| ALAS in Half Moon Bay | 43% | 0% | 20% | 37% | 42% | 58% | 33% | 37% |
| El Centro de Libertad | 43% | 0% | 20% | 42% | 33% | 58% | 33% | 36% |
| Integrated Behavioral Health | 29% | 29% | 20% | 37% | 50% | 17% | 22% | 31% |
| Integrated Medical Assisted Treatment (IMAT) | 29% | 0% | 20% | 47% | 33% | 17% | 22% | 28% |
| Interface | 29% | 0% | 20% | 42% | 42% | 25% | 33% | 31% |
| Palm Avenue Detox and Treatment | 21% | 0% | 60% | 47% | 33% | 75% | 33% | 40% |
| Serenity House | 36% | 0% | 40% | 37% | 17% | 33% | 22% | 28% |
| StarVista Detox Facilities | 36% | 0% | 60% | 37% | 42% | 58% | 44% | 40% |
| Other | 14% | 0% | 20% | 0% | 33% | 0% | 33% | 13% |

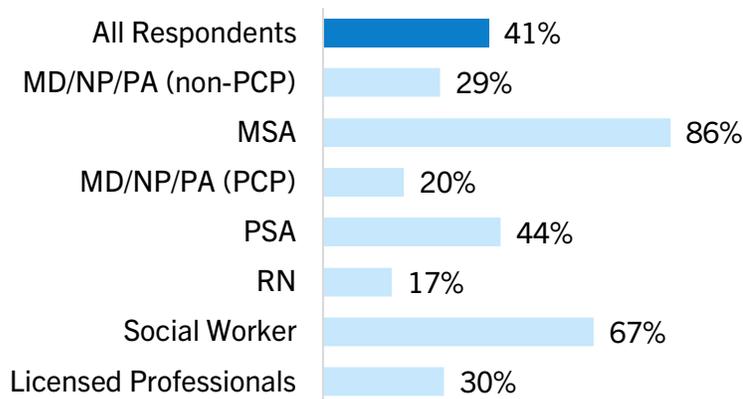
Case management was another connection point that could benefit from increased knowledge sharing. While most care team members (62%) were confident in contacting case managers when necessary, fewer than half (41%) reported knowing how to find out who this person is (0), with MSAs (86%) and social workers (67%) the exception. It is suspected that care teams members likely related this to linking a patient to an SMMC social worker, which resulted in a higher percentage than their confidence in finding out who a patient's community case manager is. It is understandable why teams would have more familiarity or comfort with doing referring to an internal social worker rather than connecting a patient with an external community case manager.

Exhibit 11. Case management services

I feel confident contacting a patient's case manager when necessary



I know how to find out who a patient's community case manager is.



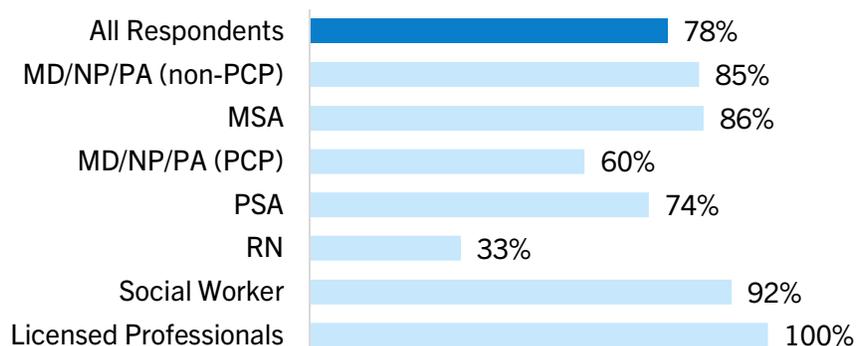
For patients experiencing homelessness and farmworkers, case managers or care coordinators should be considered integral members of the care team, necessary to ensure successful health outcomes. It is, therefore, recommended that SMMC make it feasible and easy for community (i.e., LifeMoves) and county (i.e., Bridges to Wellness) case managers to access EPIC and interface with SMMC's care teams. In the interim, it is recommended that HCH/FH work closely with care teams to help them connect with patients' community case managers whenever possible.

Care Team Satisfaction

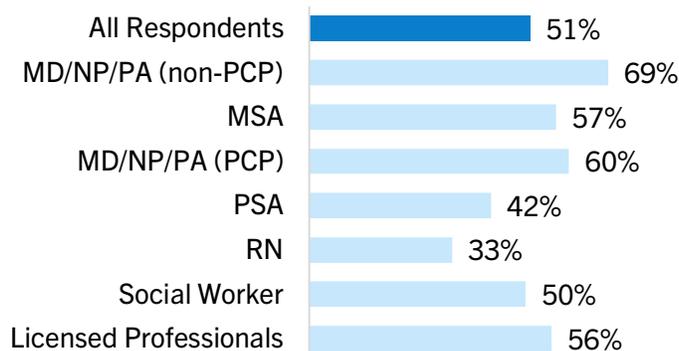
More than three-quarters of care team members (78%) reported feeling valued by their patients for the work that they do (Exhibit 12). At the same time, many did not feel valued by SMMC. Published research has found that, of 27 studies assessing the relationship between healthcare staff wellbeing and patient safety, roughly 60% of studies determined that poor staff wellbeing was associated with decreased patient safety.² While cause and effect cannot be concluded, this suggests that it is critical to include staff wellbeing in the overall efforts toward improving patient experience and satisfaction. It is, therefore, recommended that SMMC continue its numerous efforts to make front line staff feel appreciated. Further, it is recommended that HCH/FH continue to partner with SMMC on opportunities to fund wellness initiatives. It is evident that SMMC is already taking this seriously, as the organization is in the process of hiring a Staff Wellbeing and Engagement Officer.

Exhibit 12. Care team perspectives

I feel valued by my patients for the work I do



I feel valued by San Mateo Medical Center for the work I do.



² Hall, L. et al., 2016. Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review. PLOS ONE. Available [here](#).

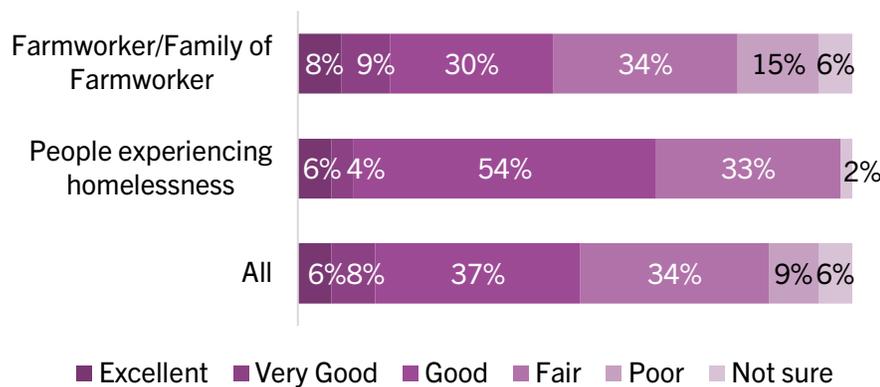
Patient Survey Results: Assets and Opportunities for Growth

Health Status

When asked about their overall health, approximately half of patients (51%) rated their health status positively, i.e., excellent, very good, or good (Exhibit 13). This was more common for patients experiencing homelessness (65%) than farmworker/family of farmworker (46%).

Compared to the overall population of SMMC patients, those receiving care through the HCH/FH program rated their health lower. In a survey of the general SMMC population, 48% rated their health as excellent or very good (SMMC CEO Report - July 2023), compared to 14% of HCH/FH patients. This may suggest that homeless and farmworker patients have more complex health needs and indicate the need to focus on both their access to care, as well as social determinants of health as a potential means to address this difference.

Exhibit 13. Self-rated general health status by patient population



Health Priorities and Classes

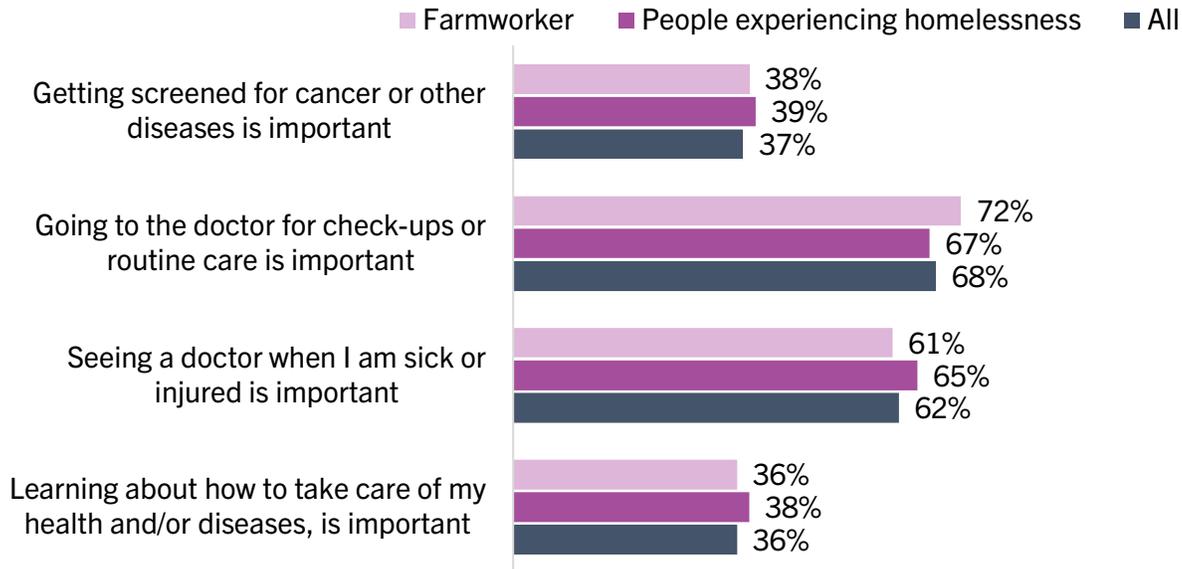
Most respondents reported that going to the doctor for check-ups and routine care (68%) and seeing a doctor when sick or injured (62%) was important to them (Exhibit 14). Getting health screenings (37%) and learning how to take care of their health and/or diseases (36%) was less important. It is interesting to note that both patient populations ranked their health priorities very similarly. **Early health screenings promote**

Patients who are both farmworkers and experiencing homelessness. There was a small group of patient respondents who self-identified as both farmworkers or family members of farmworker and also experiencing homelessness (n=20). Because the number of these respondents was too small to make any substantive conclusions, they were not delineated as their own group. It is worth noting, however, that their responses revealed that this group is extremely vulnerable, often reporting worse outcomes than other respondents. For example, 21% of patients who were both homeless and farmworkers did not have health insurance, compared to 13% of farmworkers and 7% of those experiencing homelessness (Exhibit 20). And 64% reported cutting back or doing without necessities at least occasionally because of the amount they pay for healthcare, compared to 43% of farmworkers and 49% of those experiencing homelessness (Exhibit 30). The complete data for this group is included in the patient results appendix (beginning on page 76).

overall well-being, and it is recommended that SMMC and HCH/FH consider ways to engage their patients to raise awareness about the benefits of preventative care.

Exhibit 14. Self-reported health priorities by patient population

What is important to you when it comes to your health?



Overall, patients who reported valuing preventative care were more likely to also rate their health positively (Exhibit 15). Most respondents (60%) who indicated that getting screened for cancer or other diseases is important, for example, reported having excellent, very good, or good health. HCH/FH and SMMC can consider ways to understand patients’ attitudes and beliefs about preventative care and, potentially, provide educational support to address those attitudes and beliefs.

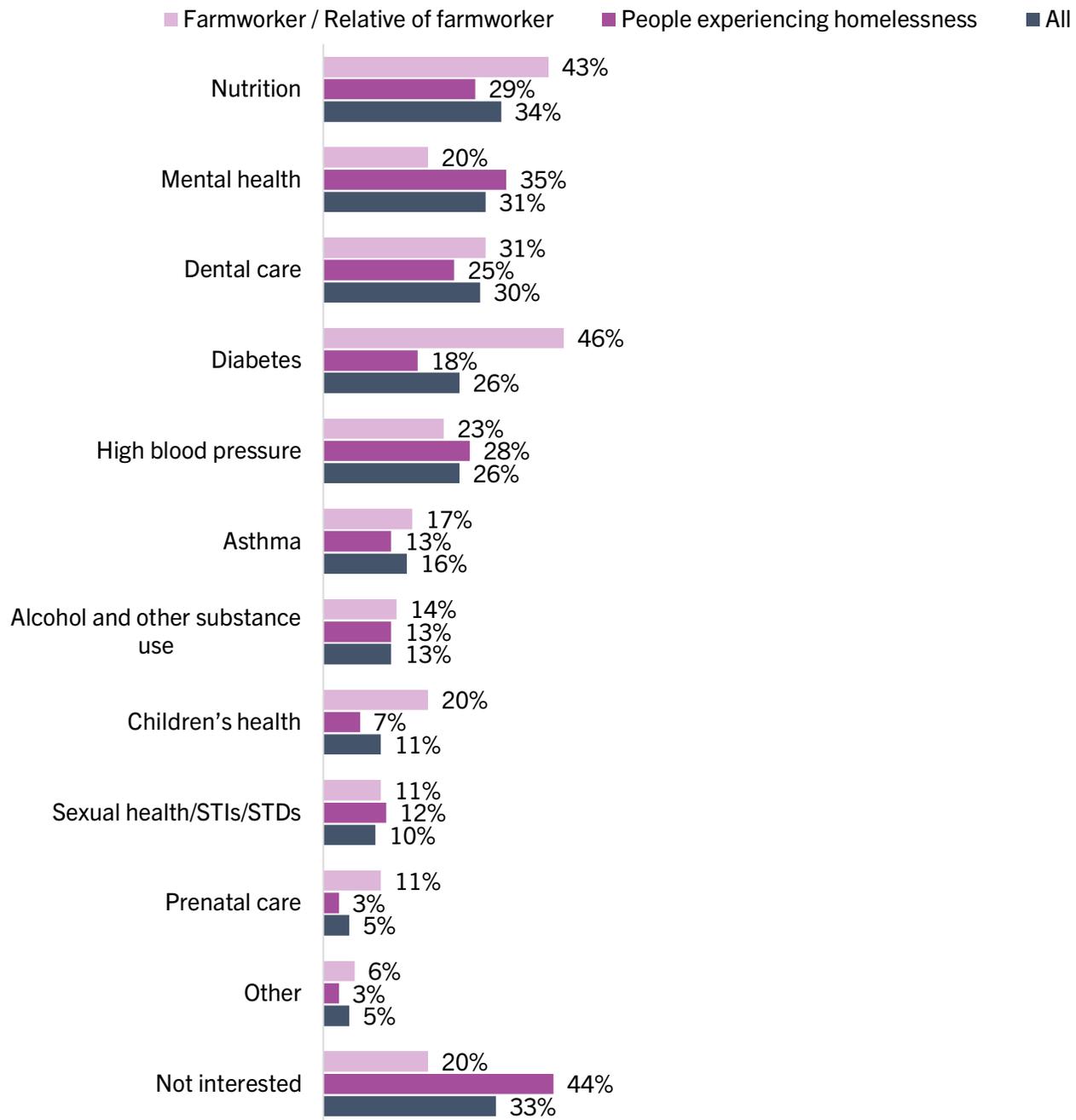
Exhibit 15. Self-reported health priorities by general health status

What is important to you when it comes to your health?



To assess the instructional interest of patients, respondents were provided with a range of potential health class topics and asked to select those they were interested in (Exhibit 16). Nutrition, mental health, and dental care were the most often selected topics for health-related classes. More farmworkers were interested in classes about diabetes and more patients experiencing homelessness were interested in classes about mental health. It is recommended HCH/FH and SMMC take the reported interest in health topics into consideration when thinking about patient-facing education/outreach.

Exhibit 16. Health class topic interest by patient population



Access to Services and Health Status

When patients were asked if they had experienced difficulty accessing a range of healthcare services (Exhibit 17), only 15% reported no difficulties. Dental services were consistently ranked as the service most difficult to access for both farmworkers and people experiencing homelessness. SMMC and County Health officials are both aware of the challenge of accessing dental services, given that it has been a consistent finding across every HCH/FH Needs Assessment. Coupled with the results from the last programmatic Strategic Plan, HCH/FH has dedicated funding to expand its oral health services over the last several years. This expansion includes contracting dental services with Sonrisas in Pescadero/La Honda once a week and providing a monthly Saturday dental clinic to the Coastside Clinic. It is recommended that HCH/FH continue working with SMMC and County Health to identify ways to reduce barriers for both patient populations in accessing oral healthcare in San Mateo County.

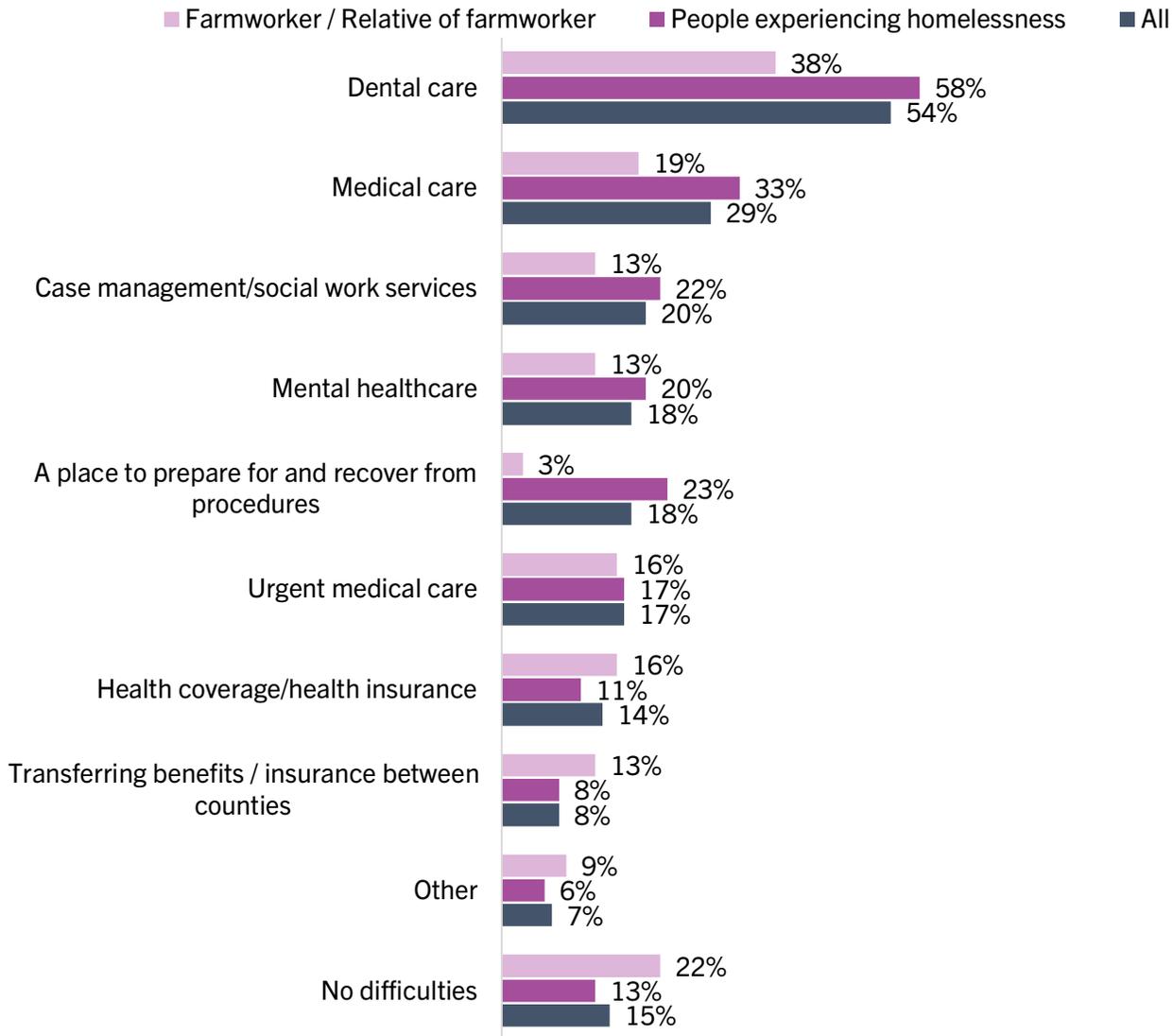
The HCH/FH program often hears about the challenges of patients' behavioral health needs being met. Despite this, a low percentage of respondents (18%) reported difficulty accessing mental healthcare. Future surveys will be needed to better understand SMMC patients' experiences in getting connected with behavioral health services.

Dental Care. A Saturday Dental Clinic was hosted by the HCH/FH program from 2021 until March 2023. A brief experience and satisfaction survey was collected from 19 patients, using a scale from 1 (no) to 4 (yes / definitely).

- More than 50% of patients reported that they definitely felt respected by the dental assistant, and definitely received enough information about their health and treatment from the dental providers.
- More than 60% reported that staff worked together to meet their needs, and felt carefully listened to by the dental providers.
- 79% said they definitely trusted the dental providers with their care.



Exhibit 17. Access to Healthcare and Related Services



Comparing healthcare access difficulties by patients' health status (Exhibit 18), respondents who indicated that their health was fair or poor reported a higher number of services that they had difficulties accessing (2.3 services) than did patients who reported their health as at least good (1.4 services). Moreover, two-thirds of those whose health was at least good (67%) reported no difficulties accessing services compared to one-third of those with fair or poor health. Those with at least good self-rated health, however, identified transferring benefits or insurance between counties as a challenge (58%). The largest difference in healthcare access by self-reported health was in accessing a place to prepare and recover from procedures and accessing case management/social work services. **These findings suggest that addressing social determinants of health can improve self-rated health outcomes.**

Exhibit 18. Access to Healthcare and Related Services



Health Status and Housing Quality Rating

Comparing patients’ health status with the quality of their housing (Exhibit 19), approximately one-third of respondents (32%) rated both their health and their housing as good, very good, or excellent. Similarly, about one-third of respondents (36%) rated their housing as average or below and their health as fair or poor, illustrating the potential relationships between housing and self-rated health.

Exhibit 19. Housing quality by self-reported health status

| Housing Quality Rating | Health Status | | |
|-------------------------------|-------------------------------|------|------|
| | Excellent, Very Good, or Good | Fair | Poor |
| Excellent, Very Good, or Good | 32% | 7% | 3% |
| Average | 13% | 19% | 3% |
| Bad or Very Bad | 9% | 10% | 4% |

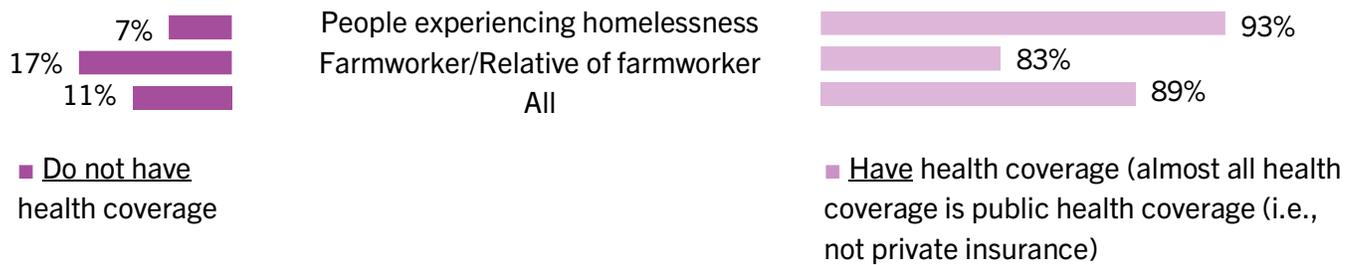
These findings suggest a possible connection between healthcare access and housing with patients’ perceptions of their overall health. This highlights the important role that meeting patients’ social determinants of health needs plays in overall patient health. It is recommended that HCH/FH and SMMC continue their social determinants of health and EPIC work to ensure that prompts, information, and referrals to address social determinants of health are embedded in clinic and HCH/FH workflows.

Health Insurance and Health Cost Burden

Almost all respondents (89%) reported having health insurance (Exhibit 20), which is slightly higher than programmatic data, which indicates that 78% of farmworkers and 80% of patients experiencing homelessness are insured. This may be due to the patient survey being administered to those who were already connected to health services and were, therefore, more likely to be insured.

Even though the majority of survey respondents reported being insured, 43% of farmworkers and 49% of patients experiencing homelessness reported they have had to cut back or do without some necessity such as food or rent in the previous 12 months because of how much they had to pay for care. Therefore, it is recommended that HCH/FH continue to work with the [San Mateo County Health Coverage Unit](#) and other community partners to ensure clients get and remain enrolled in insurance for which they are eligible, as well as closely monitor insurance status of both patient populations.

Exhibit 20. Health Coverage

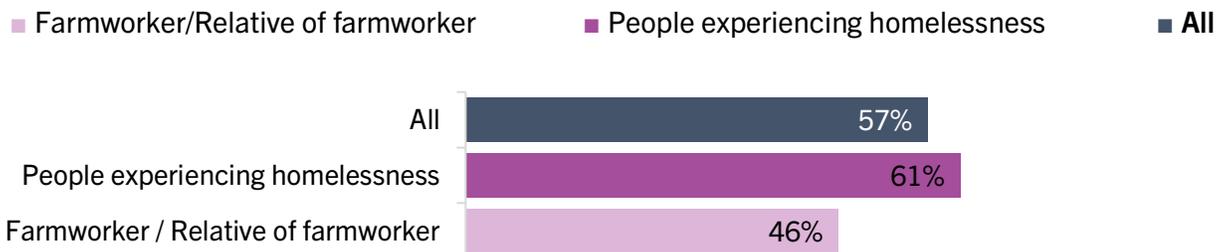


Delayed Medical Care

When respondents were asked if they have delayed medical care (Exhibit 21), more than half (57%) reported delaying care they felt they needed within the past year. People experiencing homelessness were more likely than farmworkers to delay care. This is an unexpected finding, given that SMMC would have potentially expected farmworkers to have delayed care more frequently due to challenges getting to appointments due to work schedules and other barriers experienced by that patient population.

Exhibit 21. Delayed care by patient population

In the last 12 months, have you delayed or not gotten any medical care you felt you needed, such as seeing a doctor, a specialist, or other health professional? (combined “yes frequently” and “yes occasionally” response options)



When asked about reasons for delaying care (Exhibit 22), the most frequent response was worrying about what they might hear about their health (34%). Notably, patients experiencing homelessness indicated “I don’t have time” as a reason for delaying care more frequently (33%) than did farmworkers (13%). These findings align with anecdotal report from shelter providers to HCH/FH stating that many people experiencing homelessness are working several jobs.

To further understand these results, published studies show it is important for trusted providers to gather direct qualitative information from patients, as there are many nuanced experiences that may lead patients to feel reluctant about seeking medical care. Patients who feel lower health self-efficacy or a lack of control over their health or health behaviors, may need providers to present clear choices and meet patient needs by actively listening and validating emotions.³ Depending on a patient’s past healthcare experiences, care teams may also need to individualize their approaches to minimize other psychological barriers.

Exhibit 22. Reasons for Delaying Care, among those who reported delaying within the past year (n=68) *

| Reasons for Delaying Care | Farmworker / Relative of farmworker | | People experiencing homelessness | | All | |
|---|---|-----|--|-----|-----|-----|
| | n | % | n | % | n | % |
| I’m worried what I will hear about my health | 4 | 27% | 13 | 33% | 22 | 34% |
| I don’t have time | 2 | 13% | 13 | 33% | 16 | 25% |
| I can’t leave someone or something unattended that depends on me (child, animal, loved one, etc.) | 3 | 20% | 6 | 15% | 10 | 16% |
| I don’t have insurance | 1 | 7% | 5 | 13% | 7 | 11% |
| I don’t want to get a diagnosis that will affect my ability to work | 4 | 27% | 3 | 8% | 7 | 11% |
| COVID-19 | 4 | 27% | 3 | 8% | 7 | 11% |
| Costs too much | 1 | 7% | 3 | 8% | 4 | 6% |
| Other (including mental health challenges, previous bad experiences, transportation, too ill to travel) | 2 | 13% | 11 | 28% | 16 | 25% |

* As the number of respondents is small, generalizations should be made with caution.

³ Boykin, A., 2022. The Psychology Behind Medical Care Avoidance. Nashville Medical News. Available at: <https://www.nashvillemedicalnews.com/article/4590/the-psychology-behind-medical-care-avoidance>.

Tele-Health

Only about a quarter of respondents (26%) reported no challenges to virtual healthcare appointments (Exhibit 26). Respondents cited bad cell reception (31%), no internet or Wi-Fi (24%), and no phone or need device (20%) as salient challenges. Although only 6% reported having hearing or visual difficulties, this was more often reported by farmworker patients (10%) than those experiencing homelessness (6%).

To address the lack of phone/needed device, the HCH/FH program has a small pilot program providing cell phones to people experiencing homelessness to enable them to better connect with services, including tele-health. HCH/FH will continue examining the efficacy of this pilot.

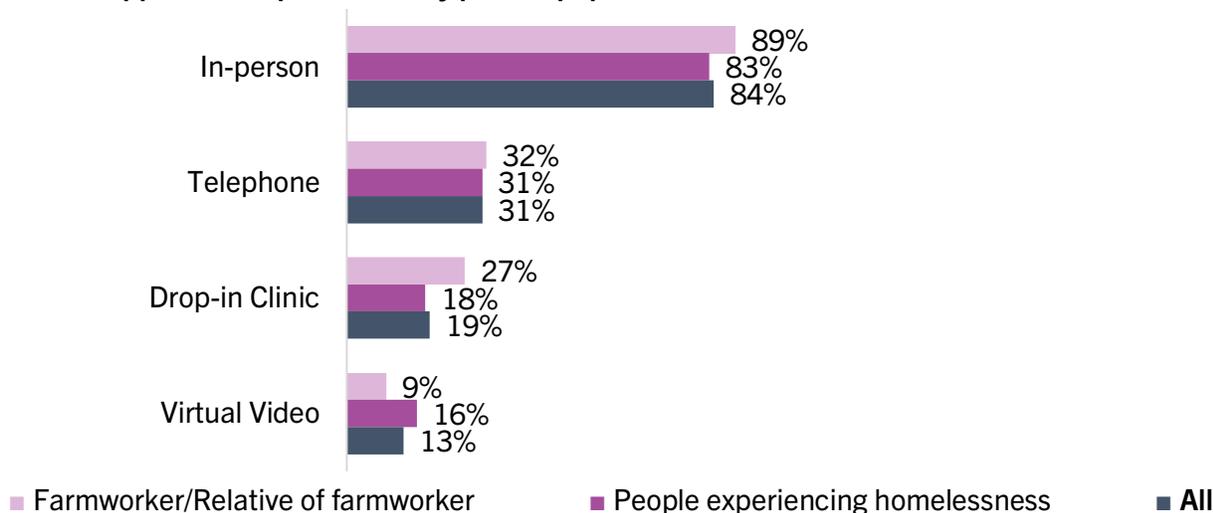
To address bad cell reception, it is recommended that the program conduct additional outreach to better understand how these patients with bad cell reception could be supported. Of the identified barriers, this is the most challenging for HCH/FH to address, as it likely requires broader infrastructural change.

Only about one-quarter of respondents (24%) indicated that “no internet or Wi-Fi” is a challenge of virtual appointment. This is an interesting finding, as in a survey question inquiring about living situation amenities, more than half (57%) indicated they do not have internet/Wi-Fi in their place of residence. One hypothesis to address this discrepancy is that, perhaps, individuals are using Wi-Fi in places other than their residence to conduct virtual appointments (e.g., library, place of work, or coffee shop). It is recommended that HCH/FH investigate this further in future surveys to better understand where patients might engage with virtual appointments outside of their place of residence to help identify potential projects partners (e.g., equity express bus, library room, etc.).

Appointment Preference

Most respondents (84%) reported that they preferred in-person appointments; this was similar across patient population (Exhibit 23). Virtual video appointments were the least preferred (13%).

Exhibit 23. Appointment preference by patient population

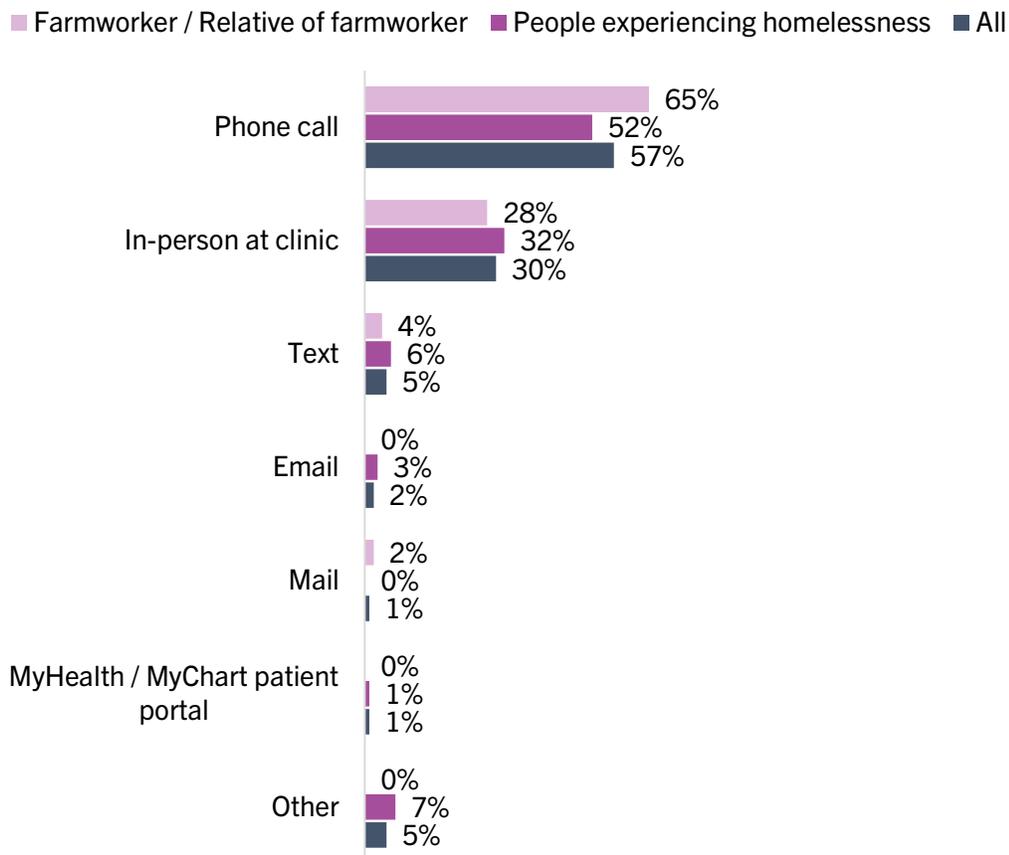


Even though virtual appointments were not popular, there is an industry-wide push to make tele-health more accessible to vulnerable populations. HCH/FH and SMMC should continue to better understand how to provide virtual visits to those individuals who reported interest. For example, among the 13% of individuals who preferred virtual appointments, only 30% indicated that they have internet/Wi-Fi in their current living situation and 24% reported “no internet or Wi-Fi” as a challenge for virtual appointments. HCH/FH and SMMC should focus on acknowledging that not all visits are suited for virtual visits and help educate respondents about the type of visits that could be successful virtually. Future surveys should better delineate between internet/Wi-Fi and cell phone plan data availability and use for virtual visits.

Communication Preference

When asked about their preferred methods of communication with their healthcare providers (Exhibit 24), most respondents (57%) shared that phone calls are easiest, followed by in person communication (30%). Very few respondents preferred email or mail.

Exhibit 24. Communication preference with healthcare team, by population



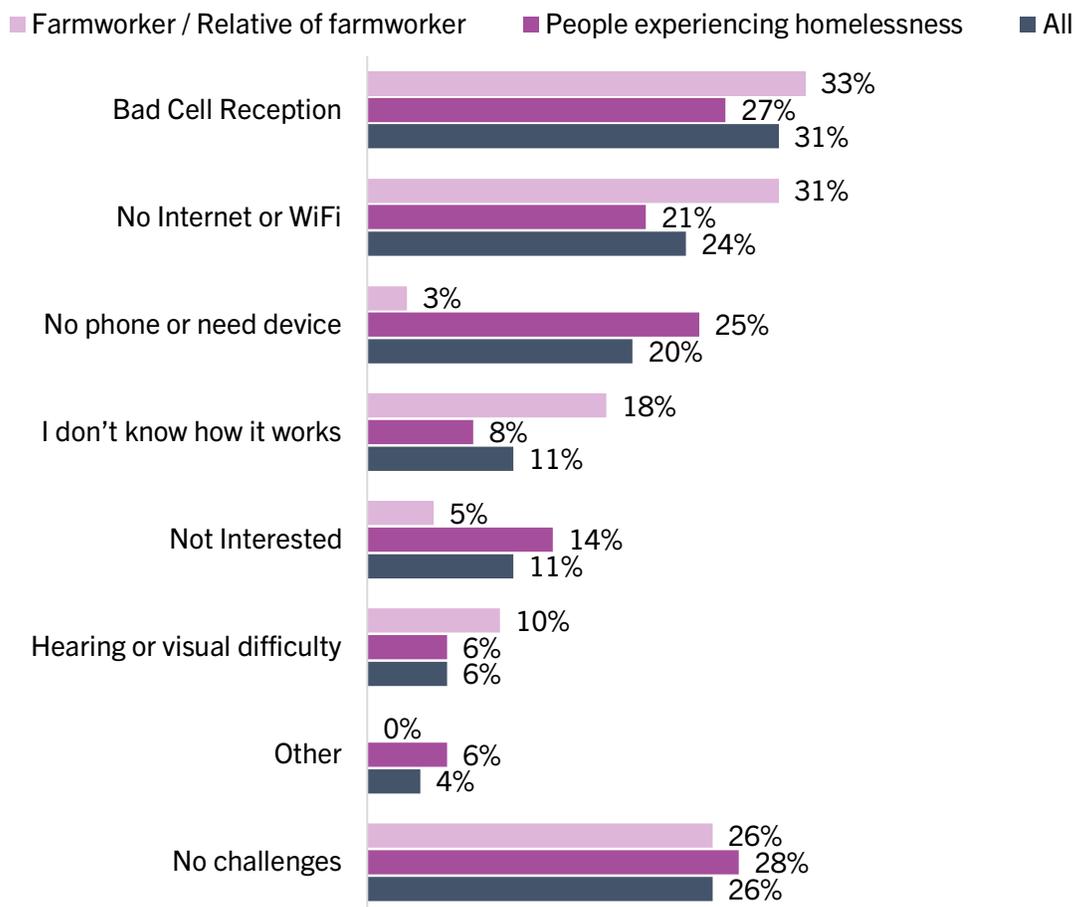
Communication Preference and Virtual Appointment Challenges

When comparing communication preferences by the challenges respondents reported with virtual appointments (Exhibit 25), most respondents who preferred to communicate via email also reported not having a phone/device (75%), while more than a third (38%) who preferred receiving text messages reported bad reception or no internet. It is, therefore, recommended that HCH/FH and SMMC continue asking about patients' ability to connect with care teams in their preferred manner and understanding what they can do to fill technology gaps where they exist.

Exhibit 25. Communication preference by virtual appointment challenge

| Communication Preference | Virtual Appointment Challenges | | | | | | |
|--------------------------|--------------------------------|--------------------|------------------|------------------------------|---------------------------|----------------|-------|
| | No phone or device | Bad cell reception | No internet/WiFi | Hearing or visual difficulty | I don't know how it works | Not interested | Other |
| Phone call | 16% | 31% | 26% | 7% | 13% | 4% | 7% |
| In-person at clinic | 25% | 30% | 25% | 5% | 11% | 20% | 2% |
| Text | 13% | 38% | 38% | 0% | 0% | 38% | 0% |
| Email | 75% | 25% | 0% | 0% | 0% | 0% | 0% |

Exhibit 26. Virtual appointment challenges by patient population



Aligned Care Team and Patient Results: Assets and Opportunities for Growth

The surveys of both care team members and patients that form the basis of the needs assessment are an opportunity to ascertain alignment between those providing and those receiving care. Directly comparing patient and provider responses highlights areas that are working well for both key participants in the HCH/FH partnership as well as specific and actionable recommendations for addressing needs.

Health Literacy and Communication

There is good alignment with the care team's confidence in communicating with patients and patients feeling like the communication has been clear (Exhibit 27). Care team members are confident in their communications and patients feel that they have received clear explanations from their providers. However, while patients also feel like they have enough information to take care of their health and generally do not have trouble reading clinic provided materials, the care team is not always confident that patients have understood their own next steps to support their health.

SMMC's efforts toward improving the literacy accessibility of clinic forms and materials are evident in most patients reporting that they do not have trouble reading such materials. However, there is room for additional literacy support and accessibility options for the small group of patients who reported having trouble reading forms or materials.



Exhibit 27. Health literacy and communication

| | Farmworkers | People experiencing homelessness |
|---|-------------|----------------------------------|
| <u>Care team</u> | | |
| I am confident in my ability to communicate health and resource information in a way patients understand. | 72% | 77% |
| I am confident that my patients understand what they need to do regarding their health when they leave the clinic or are discharged. | 29% | 45% |

| | Farmworkers | People experiencing homelessness |
|--|-------------|----------------------------------|
| <u>Patient</u> | | |
| Provider explains your health conditions in a way that is clear? (% often / always) | 81% | 78% |
| My clinic gives me enough information to take care of my health. (% strongly / agree) | 79% | 69% |
| Have trouble reading clinic materials (% often / always) | 15% | 20% |
| By the end of my visit, my doctor and I agree about what we should do for my healthcare. (% strongly / agree) | 79% | 72% |



Connections to Resources and Structural Supports

There was also alignment with the resources that care teams reported being aware of and patients’ needs (Exhibit 28). For example, of the referral pathways that care teams were asked to identify (Exhibit 9), those for benefits and insurance ranked as highest. This is aligned with most patients having insurance and indicating that they have not had trouble accessing coverage or transferring it between counties, which is often cited as a major barrier by nonprofits serving clients. Furthermore, few patients reported that “not having insurance” or “costs too much” was a reason that they delayed care (Exhibit 22).

Exhibit 28. Connection to health insurance resources

| | Farmworker | People experiencing homelessness |
|---|------------|----------------------------------|
| Care Team | | |
| Referral pathways exist: Benefits and Insurance | 60% | 75% |
| Patients | | |
| Health insurance (n=167) | | |
| • Insured | 82% | 91% |
| • Uninsured | 18% | 9% |
| Experienced difficulty accessing (n=147) | | |
| • Health coverage / insurance | 18% | 13% |
| • Transferring benefits between counties | 8% | 7% |

When comparing care team and patient responses about community resources, the previous recommendation about helping care teams make community referrals to support patients' social determinants of health is further supported. Almost half of patients reported having to cut back on necessities due to the amount they pay for healthcare, while many care team members were unaware of pathways linking patients with financial, food, and other community assistance (Exhibit 29 and Exhibit 30). While the number of care team respondents serving farmworkers was smaller than those serving patients experiencing homelessness, farmworker-serving care team members consistently reported being less aware of referral pathways than those caring for people experiencing homelessness. It is recommended that HCH/FH partner with SMMC's Community Engagement team to provide education to SMMC care team members serving farmworkers about available resources in San Mateo County.

Exhibit 29. Connection to community resources: Care Team

Referral pathways exist:

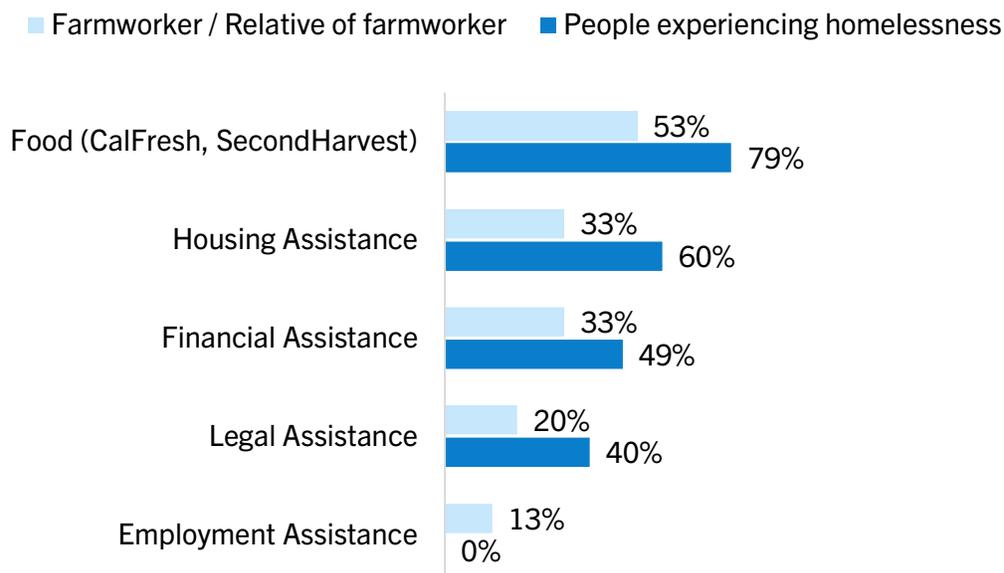
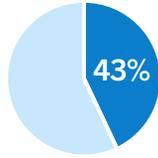
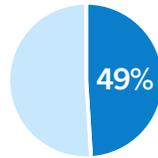


Exhibit 30. Connection to community resources: Patient

In the last 12 months, because of the amount you had to pay for care, have you cut back or done without some necessity, such as food, rent, or other basics? (% occasionally or frequently)



Farmworkers

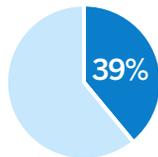


People experiencing homelessness

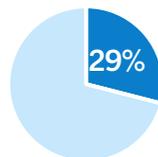
Comparing care team awareness of and patients' use of behavioral health services uncovered additional opportunities for growth. While care team members reported having low confidence in their ability to educate patients about SMMC's behavioral health resources, few patients indicated that they experienced difficulty accessing mental healthcare (Exhibit 31 and Exhibit 32). However, as shared above (Exhibit 16), about a third of patients (31%) were interested in classes about mental health, and this was the top interest for people experiencing homelessness (35%). It is, therefore, recommended that HCH/FH and SMMC continue supporting care teams with training and knowledge sharing about the behavioral health resources available in San Mateo County. For future surveys, it is recommended that HCH/FH consider ways to better understand patients' mental healthcare needs and educational interests.

Exhibit 31. Connection to behavioral health resources: Care Team

When a patient asks for help, I feel confident I can educate them on behavioral health and available behavioral health services (% agree).



Care team serving farmworkers



Care team serving people experiencing homelessness

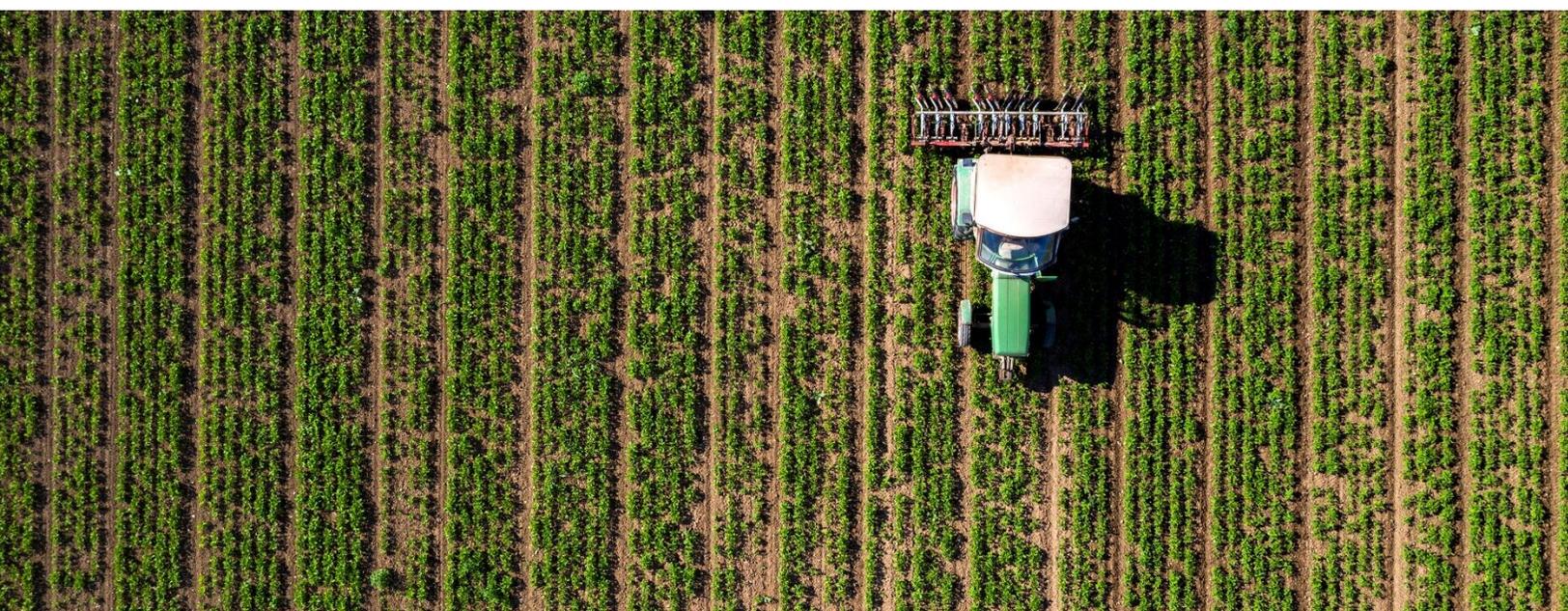
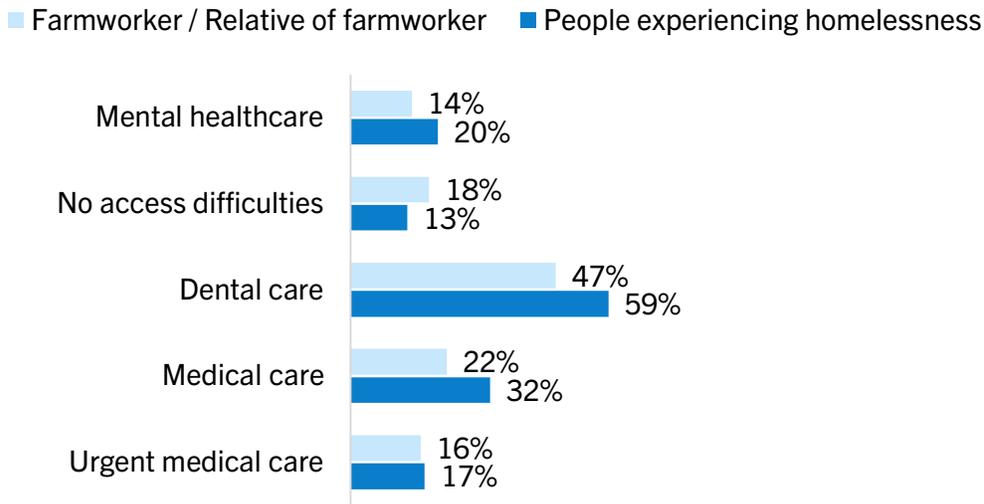


Exhibit 32. Connection to behavioral health resources: Patient

Patient experienced difficulty accessing (check all that apply)

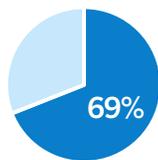


Care Team Satisfaction

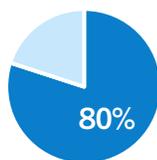
Improving care team satisfaction is one of the needs assessment priority areas. Overall, care team members do feel valued by their patients, especially those who provide care for people experiencing homelessness (Exhibit 33 and Exhibit 34). It is a testament to the dedication that SMMC employees feel toward their patients that patients reported positive experiences with their SMMC care team, including comfort, trust, understanding, and fairness. As there is always room for improvement to ensure that everyone feels welcome and understood, SMMC should continue to engage patients to provide feedback, and HCH/FH will continue evaluating patient grievances.

Exhibit 33. Care team satisfaction: Care Team

I feel valued by my patients for the work I do (% strongly / agree)



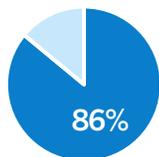
Farmworkers



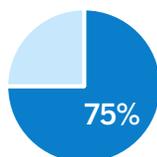
People experiencing homelessness

Exhibit 34. Care team satisfaction: Patient

How comfortable do you feel talking with your healthcare provider about your medical condition(s) and needs? (% very / comfortable)

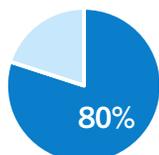


Farmworkers

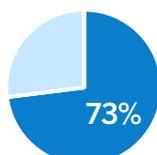


People experiencing homelessness

I trust my healthcare team to do what's best for my health. (% strongly/agree)

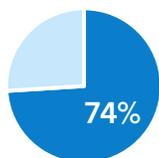


Farmworkers

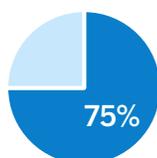


People experiencing homelessness

My healthcare team takes the time to understand and review my symptoms. (% strongly/agree)

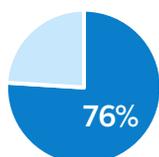


Farmworkers

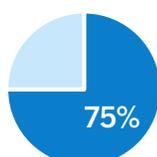


People experiencing homelessness

When you go to SMMC, do you feel you receive fair treatment by staff? (% yes)



Farmworkers



People experiencing homelessness



Closing Comments

While the recommendations cited above are the essence of the report, we would be remiss in not highlighting what stood out as already working well; it is important to celebrate and acknowledge the work SMMC is currently doing as it considers improvement opportunities. Likewise, these needs assessment findings lead us to consider possibilities for future studies and analyses as we strive to continue developing and delivering healthcare for the homeless and farmworker communities of San Mateo County, to support them in living their best possible lives. This section provides that overall synopsis.

What is working well

- SMMC staff feel appreciated by patients.
- SMMC's efforts around interpreter services and food security are evident in the care team's comfort in using interpreters and referring patients to food resources and can be used as a model for future initiatives.
- Patients feeling welcome and heard by clinic teams.
- HCH/FH expanded much needed oral health services, including a monthly Saturday dental clinic at Coastside Clinic.
- Patients are receiving healthcare information in a way that works for them.

Recommendations

Supporting Staff

1. SMMC should continue its numerous efforts to make front line staff feel appreciated
2. HCH/FH should continue partnering with SMMC on opportunities to fund wellness initiatives for care team members.

Community Resources and Referrals

3. SMMC should continue its work to include robust community services referral capability via the Social Determinants of Health and other improvement councils as well as through EPIC implementation (Integr8). These efforts should support and empower roles across care teams to make community referrals that address patients' numerous social determinants of health needs, due to their integral importance in patients' health outcomes and care teams' satisfaction.

- In the interim, HCH/FH can support Improvement Councils and clinic teams with information whenever possible, including partnering with the SMMC Community Engagement Team on how to best inform and link care teams to available community resources and create bi-directional communication and problem-solving.
4. SMMC and HCH/FH should continue supporting care teams with training and knowledge-sharing about existing behavioral health resources available in San Mateo County.
 5. SMMC should continue its plan to roll out a case management EPIC system to make it feasible and easy for community (i.e., LifeMoves) and county (i.e., Bridges to Wellness) case managers to access EPIC and interface with SMMC's care teams.
 - In the interim, it is recommended that HCH/FH work closely with care teams to help them connect with patients' community case managers.

Health Coverage

6. HCH/FH should continue to closely monitor the insurance status of both patient populations and to work with the Health Coverage Unit and community partners to ensure clients get and remain signed up for insurance.

Patient Education

7. HCH/FH and SMMC can consider ways to better understand patients' attitudes and beliefs about preventative care and provide education on its importance, including potential future cost savings.
8. HCH/FH and SMMC should take into account patients' reported interest in health classes when thinking about patient-facing education and outreach.

Access to Care

9. HCH/FH should continue working with SMMC and County Health to reduce barriers to oral healthcare in San Mateo County for both populations.
10. HCH/FH and SMMC should continue asking about patients' ability to connect with care teams in their preferred manner, working together to reduce barriers to clinic access (e.g., transportation, scheduling visits, wait times, hours of operation flexibility), and understanding what clinic teams can do to fill technology gaps where they exist.

Future Surveys Topics

- **Care Teams Attitudes and Beliefs:** Due to large differences in comfort levels between MD/NP/PA providers and the rest of the care team, a follow up survey could be developed to better understand beliefs and attitudes about providing healthcare to the target patient population among care teams at the clinics where the vast majority of the target population visits occur: Coastside Clinic, Fair Oaks, Innovative Care Clinic, Ron Robinson, and Specialty Clinics at 39th Ave. Particular care should be given to ensuring good representation from MD/NP/PA roles.
- **Patients Access to Behavioral Healthcare:** Future data collection is needed to better understand SMMC patients' experience connecting to behavioral health services.
- **Tele-Health:** Future surveys could be created to better understand the barriers to video visits in versus out of the home as well as why patients prefer an in-person visit, and what they envision an in-person visit looking like to them. This could also be used as an educational tool to inform patients about the difference between what can be provided in person versus via phone or video.

The HCH/FH team sincerely thanks all the partners who assisted in the development of this report. Though the effort of administering surveys, analyzing the data, and writing the report is now complete, the real work and opportunity has just begun. The HCH/FH team invites your input on the results of this report, both regarding partnering on the recommendations as well as input into planning the next Needs Assessment.

Please join us in the work, by attending a Board Meeting or becoming a Board Member. How to do this as well as more information about the program can be found here: <https://www.smchealth.org/smmc-hchfh-board>.

We look forward to hearing from you.



Appendix 1. Surveys Instruments

Care Team Survey



COUNTY OF SAN MATEO

2022/23 SMMC Care Team Survey by Healthcare for Homeless and Farmworker Health Program

About the Survey

Thank you for your participation in the 2022-23 HCH/FH Needs Assessment!

The Healthcare for Homeless and Farmworker Health (HCH/FH) Program is conducting a needs assessment to understand the care experience of SMMC homeless and farmworker patients and staff to improve service delivery, reduce barriers, and improve patient/provider satisfaction. The federal government agency Health Resources and Services Administration (HRSA) provides SMMC with Federally Qualified Health Center (FQHC) status, which means expanded Medicaid reimbursement as well as additional funding to serve homeless and farmworker patients, who have unique challenges accessing care. HCH/FH, the program managing HRSA funding and compliance for SMMC, is required to perform a needs assessment at least once every 3 years for the purposes of informing and improving the delivery of health center services.

The following survey is intended to assess SMMC direct service staff's confidence, skills, perceptions, satisfaction, and beliefs in serving patients experiencing homelessness and farmworker patients. We appreciate your continued dedication to serve populations in need.

For any questions about the survey or how to support patients experiencing homelessness and farmworkers, please email Danielle Hull, Clinical Services Coordinator, at dhull@smcgov.org.

* 1. Do you most often provide inpatient or outpatient care?

Inpatient (includes Emergency Department and PES)

Outpatient

* 2. What outpatient care area are you associated with? (Select all that apply)

Primary Care Dental Care

Specialty Care

Other (please specify)

2022/23 SMMC Care Team Survey by Healthcare for Homeless and Farmworker Health Program

* 3. What inpatient care area are you associated with? (Select all that apply)

- 1A
- 2AB
- 3AB
- PES
- ICU
- Emergency Department
- Other (please specify)

2022/23 SMMC Care Team Survey by Healthcare for Homeless and Farmworker Health Program

* 4. Which best describes your role in the care team?

- Dietician
- MD/NP/PA (Non PCP)
- MSA
- PCP/Physician/NP/PA
- Pharmacist
- Physical Therapist
- PSA
- Psychiatrist
- RN
- Social Worker
- Other (please specify)

* 5. What shift do you typically work?

- Days
- Evenings
- Overnight

* 6. What SMMC location do you work at? (Select all that apply)

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> 39th Ave | <input type="checkbox"/> FOHC |
| <input type="checkbox"/> Coastside Clinic | <input type="checkbox"/> MHPC |
| <input type="checkbox"/> Daly City Clinic | <input type="checkbox"/> RRSCC |
| <input type="checkbox"/> ICC | <input type="checkbox"/> SSF Clinic |
| <input type="checkbox"/> Other (please specify) | |

* 7. Do you provide services for patients who are:

- Experiencing homelessness Neither
- Farmworkers or family members of a farmworker Not sure
- Both

* 8. For the following question, if your birthday falls between January through June, please select "One". If your birthday falls between July through December, please select "Two".

- One - January through June
- Two - July through December

Program

Patients Experiencing Homelessness

* 9. I know I have provided services to a patient experiencing homelessness in the last 6 months.

Definitely Yes
 Probably Yes
 Might or Might Not
 Probably Not
 Definitely Not

* 10. Please answer the following about health literacy and communication:

Extremely Confident
 Fairly Confident
 Somewhat Confident
 Not So Confident
 Not At All Confident
 Not Applicable

I am confident that my patients experiencing homelessness understand what they need to do regarding their health when they leave the clinic or are discharged.

I am confident in my ability to communicate health information and/or resource information to my patients experiencing homelessness in a way that they understand.

I am confident my patients experiencing homelessness are taking their medicines as prescribed.

When I use interpreter services, I feel confident that the interpreter is accurately relaying information to my patient.

* 11. I feel comfortable accessing interpreter services (CLI/Voyce) when needed.

- Totally Comfortable Very Comfortable More or Less Comfortable
 Not Very Comfortable Not Comfortable At All I don't use interpreter services

* 12. Would it be helpful to learn more about how to tailor medications for patients experiencing homelessness based on their lifestyle, living situation, health literacy, and mental acuity?

- Extremely helpful Very helpful Somewhat helpful Not so helpful
 Not at all helpful

* 13. I am confident in my ability to address the complex needs that patients experiencing homelessness have.

- Extremely confident Very confident Somewhat confident Not so confident
 Not at all confident

* 14. How comfortable do you feel providing services to a patient experiencing homelessness?

- Totally comfortable Very comfortable More or less comfortable
 Slightly uncomfortable Not comfortable at all

15. What would help to make you feel more comfortable?

2022/23 SMMC Care Team Survey by Healthcare for Homeless and Farmworker Health Program

Connections to resources and structural supports (PEH)

* 16. The referral pathways to connect patients experiencing homelessness with the following resources exist:

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|--------------------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Benefits and Insurance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Financial Assistance | | | | | |
| Food (CalFresh, SecondHarvest) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Housing Assistance | | | | | |
| Intimate Partner Violence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Legal Assistance | | | | | |

* 17. Is there a resource not listed above that you frequently refer patients to?

- No
- Yes (please specify)

* 18. I feel confident contacting a patient's case manager when necessary.

- Extremely confident Very confident Somewhat confident Not so confident
- Not at all confident

* 19. I know how to find out who a patient's community case manager is.

- Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
- Not applicable

* 20. I know how to communicate with other departments at SMMC to coordinate patient care.

- Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

21. When a patient is referred to my department, there is clear communication of previous care provided and care still needed.

- Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

22. Which communication pathways between departments could be improved?

2022/23 SMMC Care Team Survey by Healthcare for Homeless and Farmworker Health Program

General population

* 23. Please answer the following about health literacy and communication:

Extremely Confident Fairly Confident Somewhat Confident Not So Confident Not At All Confident Not Applicable

I am confident that my patients understand what they need to do regarding their health when they leave the clinic or are discharged.

I am confident in my ability to communicate health information and/or resource information to my patients in a way that they understand.

I am confident my patients are taking their medicines as prescribed.

When I use interpreter services, I feel confident that the interpreter is accurately relaying information to my patient.

* 24. I feel comfortable accessing interpreter services (CLI/Voyce) when needed.

- Totally Comfortable Very Comfortable More or Less Comfortable
 Not Very Comfortable Not Comfortable At All I don't use interpreter services

2022/23 SMMC Care Team Survey by Healthcare for Homeless and Farmworker Health Program

Connections to resources and structural supports (General Population)

* 25. The referral pathways to connect patients with the following resources exist:

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|--------------------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Benefits and Insurance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Employment Assistance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Financial Assistance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Food (CalFresh, SecondHarvest) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Housing Assistance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Intimate Partner Violence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Legal Assistance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 26. Is there a resource not listed above that you frequently refer patients to?

- No
- Yes (please specify)

* 27. I feel confident contacting a patient's case manager when necessary.

- Extremely confident Very confident Somewhat confident Not so confident
- Not at all confident

* 28. I know how to find out who a patient's community case manager is.

- Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
- Not applicable

* 29. I know how to communicate with other departments at SMMC to coordinate patient care.

- Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

* * 30. When a patient is referred to my department, there is clear communication of previous care provided and care still needed.

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

31. Which communication pathways between departments could be improved?

2022/23 SMMC Care Team Survey by Healthcare for Homeless and Farmworker Health Program

Farmworker patients and their family members

* 32. I know I have provided services to farmworker patients and/or their family members in the last 6 months.

- Definitely Yes
 Probably Yes
 Might or Might Not
 Probably Not
 Definitely Not

* 33. Please answer the following about health literacy and communication:

Extremely Confident
 Fairly Confident
 Somewhat Confident
 Not So Confident
 Not At All Confident
 Not Applicable

I am confident that my farmworker patients and their family members understand what they need to do regarding their health when they leave the clinic or are discharged.

-

I am confident in my ability to communicate health information and/or resource information to my farmworker patients and their family members in a way that they understand.

-

I am confident my farmworker patients and their family members are taking their medicines as prescribed.

-

When I use interpreter services, I feel confident that the interpreter is accurately relaying information to my patient.

-

* 34. I feel comfortable accessing interpreter services (CLI/Voyce) when needed.

- Totally Comfortable Very Comfortable More or Less Comfortable
 Not Very Comfortable Not Comfortable At All I don't use interpreter services

* 35. Would it be helpful to learn more about how to tailor medications for farmworker patients based on their lifestyle, living situation, health literacy, and mental acuity?

- Extremely helpful Very helpful Somewhat helpful Not so helpful
 Not at all helpful Not applicable

* 36. I am confident in my ability to address the complex needs that farmworker patients have.

- Extremely confident Very confident Somewhat confident Not so confident
 Not at all confident

* 37. How comfortable do you feel providing services to farmworker patients?

- Totally comfortable Very comfortable More or less comfortable
 Slightly uncomfortable Not comfortable at all

38. What would help to make you feel more comfortable?

2022/23 SMMC Care Team Survey by Healthcare for Homeless and Farmworker Health Program

Connections to resources and structural supports (Farmworkers)

* 39. The referral pathways to connect farmworker patients and their family members with the following resources exist:

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|--------------------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Benefits and Insurance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Employment Assistance | | | | | |
| Financial Assistance | | | | | <input type="radio"/> |
| Food (CalFresh, SecondHarvest) | | | | | |
| Housing Assistance | | | | | <input type="radio"/> |
| Intimate Partner Violence | | | | | |
| Legal Assistance | | | | | <input type="radio"/> |

* 40. Is there a resource not listed above that you frequently refer patients to?

- No
- Yes (please specify)

* 41. I feel confident contacting a patient's case manager when necessary.

- Extremely confident Very confident Somewhat confident Not so confident
- Not at all confident

* 42. I know how to find out who a patient's community case manager is.

- Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

* 43. I know how to communicate with other departments at SMMC to coordinate patient care.

- Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

* 44. When a patient is referred to my department, there is clear communication of previous care provided and care still needed.

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

45. What communication pathways between departments could be improved?

2022/23 SMMC Care Team Survey by Healthcare for Homeless and Farmworker Health Program

Behavioral Health

* 46. I feel comfortable providing services to a patient with a serious mental illness.

- Totally comfortable
 Very comfortable
 More or less comfortable
 Not very comfortable
 Not comfortable at all

* 47. I need more information on how to refer patients to the following behavioral health resources:

- | | |
|--|--|
| <input type="checkbox"/> ACCESS Call Center | <input type="checkbox"/> Integrated Medication Assisted Treatment (IMAT) |
| <input type="checkbox"/> Interface | <input type="checkbox"/> Serenity House |
| <input type="checkbox"/> Integrated Behavioral Health | <input type="checkbox"/> StarVista Detox Facilities |
| <input type="checkbox"/> ALAS in Half Moon Bay | <input type="checkbox"/> Palm Avenue Detox and |
| <input type="checkbox"/> Treatment El Centro de Libertad | |
| <input type="checkbox"/> Other (please specify) | |

- None of the above

* 48. When a patient asks for help, I feel confident I can educate them on behavioral health and available behavioral health services.

- Extremely confident
 Very confident
 Somewhat confident
 Not so confident
 Not at all confident
 Not applicable

* 49. I have the skills to de-escalate a heightened or tense situation with a patient.

- Strongly agree
 Agree
 Neutral
 Disagree
 Strongly disagree

* 50. My department would benefit from more training on how to de-escalate a heightened or tense situation with a patient.

- Strongly agree
 Agree
 Neutral
 Disagree
 Strongly disagree

* 51. How confident do you feel in assessing substance use in a patient?

- Extremely confident Very confident Somewhat confident Not so confident
 Not at all confident Not applicable

* 52. How confident do you feel in assessing alcohol use or dependence in a patient? Extremely confident

- Somewhat confident Not so confident Not at all confident Very confident
 Not applicable Not

2022/23 SMMC Care Team Survey by Healthcare for Homeless and Farmworker Health Program

Care Team Satisfaction

* 53. I receive information about the quality of services I deliver.

Yes

No

* 54. When I receive information about the quality of services, it is useful to my day-to-day work.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

* 55. I have opportunities to provide input on decisions and changes that impact my work.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

* 56. I feel valued by my patients for the work I do.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

* 57. I feel valued by San Mateo Medical Center for the work I do.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

58. What would help improve your satisfaction in providing services and make you feel valued in your work?

Patient Survey

2022 Health Survey

Healthcare for Homeless & Farmworker Health (HCH/FH) Program

Thank you for participating in this survey! Your participation in this survey is entirely voluntary. We will ask about how you are experiencing healthcare and your preferences in receiving healthcare services at the San Mateo Medical Center. The collected information will improve San Mateo County and San Mateo Medical Center services. Your responses are confidential and will not be linked to you. You do not have to answer any questions you do not feel comfortable answering, and you can stop your participation at any time. In addition, your decision to participate in the survey will not affect your healthcare services with us.

This survey should take about 15 minutes to complete. You will get either a \$10 Target or a \$10 Safeway gift card after you finish the survey. If you have questions about the survey, please ask Meron Asfaw from the HCH/FH Program at (650) 573-2966. You can also email SMMC_HCH_FH_Program@smcgov.org. If you have questions about your rights as a research subject, you may contact Solutions IRB at (855) 226-4472. You can also email participants@solutionsirb.com.

By doing this survey, you agree to answer questions about your healthcare experience.

1. What is your age? _____

2. Which of the following best describes your current gender identity? Check all that apply.

- Female/woman Male/man Genderqueer, gender non-binary, or gender fluid
- Transgender A gender not listed here

3. Where did you sleep last night?

- Apartment/House Shelter Hotel/motel
- Farmworker Housing/Dormitory Outside (tent, street, park) Car, van, unhooked RV, boat
- Permanent Supportive Housing Treatment Program
- Other:

4. If you are experiencing homelessness, how long have you been homeless for?

_____ Day(s), month(s), year(s) (circle one)

5. Does your current living situation have the following amenities? Check all that apply.

- Laundry (Washer & Dryer) Shower Toilet
 Internet/WiFi Clean drinking water Clean bed/bedding

6. How would you describe the quality of your housing?

- Very good Good Average Bad Very bad

7. Are you a farmworker or a family member of a farmworker? Mark all that apply.

- Yes, farmworker Yes, family of farmworker No

8. Would you say that in general your health is:

- Excellent Very good Good Fair Poor Not sure

9. What is important to you when it comes to your health? Check all that apply.

- Getting screened for cancer or other diseases Going to the doctor for check-ups or routine care Seeing a doctor when I am sick or injured

 Learning about how to take care of my health and/or diseases, such as nutritious foods, diabetes, high blood pressure, etc. I don't know/not sure Other:

10. What is your health insurance?

- Medi-Cal Medicare ACE Private insurance

 Not eligible for insurance No insurance Out of County insured Other

11. In the last 12 months, because of the amount you had to pay for care, have you cut back or done without some necessity, such as food, rent, or other basics?

- Yes, frequently Yes, occasionally No

12. When you need to talk to your doctor or clinic, what is the easiest way for you to connect with them?

- Phone call Text Email

24. If you answered uncomfortable or very uncomfortable for question 23, what could San Mateo Medical Center do to make you feel more comfortable?

For the following statements, please mark the level of agreement by putting an "X."

| | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
|---|----------------|-------|---------|----------|-------------------|
| 25. My healthcare team takes the time to understand and review my symptoms | | | | | |
| 26. I don't want to go to healthcare clinics because I am concerned about how I might be treated. | | | | | |
| 27. I trust my healthcare team to do what's best for my health. | | | | | |
| 28. By the end of my visit, my doctor and I agree about what we should do for my healthcare. | | | | | |
| 29. My healthcare provider gives me advice on how to take care of my health that is realistic for my lifestyle. | | | | | |
| 30. My clinic gives me enough information to take care of my health. | | | | | |
| 31. My healthcare team does not judge me for my lifestyle and health decisions. | | | | | |

32. If you have used interpreter services at clinic, was the interpreter easy to understand?

Yes, very easy

Sometimes easy

No, not easy

I don't use interpreter services [skip to question 35]

33. Did you feel confident that the interpreter was correctly translating the conversation between you and your healthcare provider?

- Completely confident
 Fairly confident
 Somewhat confident
 Slightly confident
 Not confident at all

34. Have you ever felt bothered by the amount of time you needed to wait for an interpreter?

- To a great extent
 Somewhat
 Very little
 Not at all

35. Does your healthcare provider explain your health conditions to you in a way that is clear?

- Always
 Often
 Sometimes
 Rarely
 Never

36. Do you have trouble reading forms or materials given to you by your clinic?

- Always
 Often
 Sometimes
 Rarely
 Never

37. In general, how open is your healthcare provider to discussing home remedies, alternative treatments (acupuncture, essential oils, etc.) or self-treatment with you?

- Very open
 Fairly open
 Somewhat open
 Not at all open
 I don't know

38. In the last 12 months, have you delayed or not gotten any medical care you felt you needed, such as seeing a doctor, a specialist, or other health professional?

- Yes, frequently
 Yes, occasionally
 No

39. What are some reasons you might postpone an appointment or delay getting healthcare? Check all that apply.

- I'm worried what I will hear about my health
 I don't have time
 Costs too much
 I can't leave someone or something unattended that depends on me (child, animal, loved one, etc.)
- I don't have insurance
 I don't want to get a diagnosis that will affect my ability to work
 COVID-19
 Other:

40. Would you be interested in health classes on any of the below topics? Check all that apply.

- Diabetes
 High blood pressure
 Asthma
 Children's health
 Alcohol and other substance use
 Sexual health/STIs/STDs
- Nutrition
 Dental care
 Prenatal care
 Mental health
 Not interested
 Other:

Appendix 2. Detailed Results

Care Team Detailed Results

| | Role on Care Team | | | | | | | Total (n=86) |
|--|------------------------------|---------------|------------------------------|---------------|--------------|-------------------------|----------------------------------|-----------------|
| | MD/NP/PA (non-PCP) (n=14) | MSA (n=10) | PCP, Physician, NP, PA (n=5) | PSA (n=21) | RN (n=13) | Social Worker (n=12) | Licensed Professionals (n=11) | |
| Health Literacy and Communication | | | | | | | | |
| I am confident that my patients understand what they need to do regarding their health when they leave the clinic or are discharged. | 57% | 56% | 50% | 50% | 8% | 50% | 27% | 42% |
| I am confident in my ability to communicate health information and/or resource information to my patients in a way that they understand. | 79% | 100% | 50% | 75% | 54% | 83% | 82% | 76% |
| I am confident my patients are taking their medicines as prescribed. | 14% | 50% | 25% | 24% | 0% | 0% | 10% | 17% |
| When I use interpreter services, I feel confident that the interpreter is accurately relaying information to my patient. | 71% | 67% | 75% | 58% | 69% | 58% | 64% | 65% |
| I feel comfortable accessing interpreter services (CLI/Voyce) when needed. | 64% | 60% | 80% | 76% | 77% | 75% | 82% | 73% |
| It would be helpful to learn more about how to tailor medications for patients based on their lifestyle, living situation, | 57% | 50% | 60% | 65% | 77% | 83% | 67% | 66% |

| | Role on Care Team | | | | | | | Total (n=86) |
|---|------------------------------|---------------|------------------------------------|---------------|--------------|----------------------------|-------------------------------------|-----------------|
| | MD/NP/PA (non-PCP) (n=14) | MSA (n=10) | PCP, Physician, NP, PA (n=5) | PSA (n=21) | RN (n=13) | Social Worker (n=12) | Licensed Professionals (n=11) | |
| health literacy, and mental acuity | | | | | | | | |
| I am confident in my ability to address the complex needs that patients have. | 57% | 60% | 20% | 48% | 15% | 50% | 27% | 42% |
| I feel comfortable providing services to patients | 64% | 90% | 20% | 76% | 77% | 75% | 73% | 72% |
| Connections to resources and structural supports | | | | | | | | |
| Referral pathways exist: Benefits and Insurance. | 79% | 71% | 40% | 89% | 58% | 83% | 50% | 72% |
| Referral pathways exist: Employment Assistance. | 0% | 100% | | 33% | 0% | 100% | 0% | 13% |
| Referral pathways exist: Financial Assistance. | 29% | 57% | 20% | 78% | 33% | 50% | 30% | 46% |
| Referral pathways exist: Food (CalFresh, SecondHarvest). | 79% | 71% | 80% | 78% | 50% | 92% | 70% | 74% |
| Referral pathways exist: Housing Assistance. | 57% | 86% | 20% | 56% | 42% | 67% | 50% | 55% |
| Referral pathways exist: Intimate Partner Violence. | 71% | 57% | 60% | 61% | 75% | 50% | 33% | 60% |
| Referral pathways exist: Legal Assistance. | 14% | 57% | 20% | 56% | 25% | 58% | 10% | 36% |
| I feel confident contacting a patient's case manager when necessary. | 50% | 86% | 0% | 50% | 75% | 92% | 60% | 62% |
| I know how to find out who a patient's community case manager is. | 29% | 86% | 20% | 44% | 17% | 67% | 30% | 41% |
| I know how to communicate with other departments at SMMC | 71% | 100% | 40% | 67% | 83% | 83% | 70% | 74% |

| | Role on Care Team | | | | | | | Total (n=86) |
|--|------------------------------|---------------|------------------------------------|---------------|--------------|----------------------------|-------------------------------------|-----------------|
| | MD/NP/PA (non-PCP) (n=14) | MSA (n=10) | PCP, Physician, NP, PA (n=5) | PSA (n=21) | RN (n=13) | Social Worker (n=12) | Licensed Professionals (n=11) | |
| to coordinate patient care. | | | | | | | | |
| When a patient is referred to my department, there is clear communication of previous care provided and care still needed. | 29% | 86% | 20% | 56% | 25% | 58% | 60% | 47% |
| Behavioral Health | | | | | | | | |
| I feel comfortable providing services to a patient with a serious mental illness. | 50% | 57% | 40% | 47% | 58% | 67% | 33% | 51% |
| Behavioral Health Services Referral Information Needed: ACCESS Call Center | 14% | 14% | 40% | 37% | 17% | 8% | 44% | 24% |
| Behavioral Health Services Referral Information Needed: Interface | 29% | 0% | 20% | 42% | 42% | 25% | 33% | 31% |
| Behavioral Health Services Referral Information Needed: Integrated Behavioral Health | 29% | 29% | 20% | 37% | 50% | 17% | 22% | 31% |
| Behavioral Health Services Referral Information Needed: ALAS in Half Moon Bay | 43% | 0% | 20% | 37% | 42% | 58% | 33% | 37% |
| Behavioral Health Services Referral Information Needed: El Centro de Libertad | 43% | 0% | 20% | 42% | 33% | 58% | 33% | 36% |
| Behavioral Health Services Referral Information Needed: Integrated Medical Assisted Treatment (IMAT) | 29% | 0% | 20% | 47% | 33% | 17% | 22% | 28% |

| | Role on Care Team | | | | | | | Total (n=86) |
|--|------------------------------|---------------|------------------------------------|---------------|--------------|----------------------------|-------------------------------------|-----------------|
| | MD/NP/PA (non-PCP) (n=14) | MSA (n=10) | PCP, Physician, NP, PA (n=5) | PSA (n=21) | RN (n=13) | Social Worker (n=12) | Licensed Professionals (n=11) | |
| Behavioral Health Services Referral Information Needed: Serenity House | 36% | 0% | 40% | 37% | 17% | 33% | 22% | 28% |
| Behavioral Health Services Referral Information Needed: StarVista Detox Facilities | 36% | 0% | 60% | 37% | 42% | 58% | 44% | 40% |
| Behavioral Health Services Referral Information Needed: Palm Avenue Detox and Treatment | 21% | 0% | 60% | 47% | 33% | 75% | 33% | 40% |
| Behavioral Health Services Referral Information Needed: Other | 14% | 0% | 20% | 0% | 33% | 0% | 33% | 13% |
| When a patient asks for help, I feel confident I can educate them on behavioral health and available behavioral health services. | 14% | 67% | 20% | 28% | 55% | 75% | 11% | 37% |
| I have the skills to de-escalate a heightened or tense situation with a patient. | 79% | 57% | 80% | 58% | 83% | 83% | 44% | 69% |
| My department would benefit from more training on how to de-escalate a heightened or tense situation with a patient. | 64% | 57% | 60% | 84% | 67% | 75% | 100% | 74% |
| I feel confident in assessing substance use in a patient | 79% | 60% | 60% | 21% | 58% | 42% | 14% | 48% |
| I feel confident in assessing alcohol use or dependence in a patient | 79% | 83% | 80% | 21% | 67% | 58% | 29% | 57% |

Care Team Satisfaction

| | Role on Care Team | | | | | | | Total (n=86) |
|---|---------------------------|------------|------------------------------|------------|-----------|----------------------|-------------------------------|-----------------|
| | MD/NP/PA (non-PCP) (n=14) | MSA (n=10) | PCP, Physician, NP, PA (n=5) | PSA (n=21) | RN (n=13) | Social Worker (n=12) | Licensed Professionals (n=11) | |
| I receive information about the quality of services I deliver. | 64% | 71% | 60% | 63% | 67% | 42% | 78% | 59% |
| When I receive information about the quality of services, it is useful to my day-to-day work. | 22% | 100% | 33% | 75% | 60% | 100% | 57% | 63% |
| I have opportunities to provide input on decisions and changes that impact my work. | 38% | 57% | 80% | 58% | 33% | 75% | 67% | 56% |
| I feel valued by my patients for the work I do. | 85% | 86% | 60% | 74% | 33% | 92% | 100% | 78% |
| I feel valued by San Mateo Medical Center for the work I do. | 69% | 57% | 60% | 42% | 33% | 50% | 56% | 51% |

Open Ended Question Themes

Question 22. Which communication pathways between departments could be improved?

- Unify EMR Systems/platforms or improve communication between systems

“One EMR system: Currently, ED has a system, inpatient Soarian, outpatient ECW, and LTC Matrixcare”

“Working in mental health, Avatar is used with county mental health clinics. the other FSPs (Telecare/Caminar/Edgewood) are not on the same system. we cannot view their notes. bridges to wellness notes may be available in Avatar.”

- Improve communication with the following departments/areas:
 - ED referrals
 - ED to Dental
 - ED to Rehab

- ED to Social services
- Mental health

“We have always requested a direct phone call by a referring provider, for patients sent to the ER, but it feels like this only happens about half of the time.”

- Improve communication with outside service providers/resources:

- Child Protective Services
- Homeless shelters/housing
- LabCorp
- Substance use treatment facilities
- Transportation

- Improve care coordination by:

- Having a standard workflow
- Having access to medication list
- Identifying patients’ case manager, PCP
- Improve communication around discharge planning

“Every primary care clinic has different work flows; this creates accessibility barriers.”

“I mostly review past provider notes and patient documents in eCW and Soarian to determine previous care provided and care still needed. I sometimes have to piece together the information.”

“We lack a case management system that could assist us with identifying current plan/community support system/case manager.”

- Increase communication in general

“Needs to be more communication.”

Question 58. What would help improve your satisfaction in providing services and make you feel valued in your work?

- Increase staffing
 - Adequate staffing-to do front line work
 - Staff to collect outcomes after discharge
 - Staff to work on bigger picture issues
 - Staff to work on direct services/social work (inpatient and outpatient)

“Increasing staffing for direct service, social work (inpatient/outpatient). These departments are small and manage high-volume caseloads.”

- Recognize/acknowledge providers contributions
 - Rewards
 - Verbal and written recognition

“By recognizing our hard work daily and not occasionally.”

- Provide more resources for patients to increase satisfaction, reduce burnout

“Prompt and effective response when providers ask for help, better access in caring for patients. Huge area of burnout when you feel helpless and people are not listening or not trying to make things better.”

- Provide opportunities for professional development
 - Reimbursement for professional licensure renewal, state licensure, and professional certification
 - Reimbursement or stipends for continuing education

- Provide real time feedback and share it in a way that it is meaningful

- Provide opportunities to provide input on decisions/incorporate feedback

“Providers should be included in a real way in decisions regarding clinic processes, our opinions should be asked for, respected and valued. Currently, there is a strong motivation not to speak up when there is an issue because, when we do, we are treated as though we are the problem as opposed to the problematic processes/systems that are in place. There seems to be a strong negative feedback anytime an attempt is made to improve anything so people just don’t bother or avoid speaking up.”

- Provide competitive salary

“I would like competitive pay including fair raises and benefits”

- Permanent employment for flex staff

Patient Detailed Results

| | | Respondent type | | | Total |
|--|----------|-----------------------------------|----------|--------|--------|
| | | Farmworker / family of farmworker | Homeless | Both | |
| 8. Would you say that in general your health is | | | | | |
| Excellent | number | 3 | 8 | 0 | 11 |
| | column % | 6.3% | 7.7% | 0.0% | 6.4% |
| Very good | number | 2 | 9 | 2 | 13 |
| | column % | 4.2% | 8.7% | 10.0% | 7.6% |
| Good | number | 26 | 31 | 7 | 64 |
| | column % | 54.2% | 29.8% | 35.0% | 37.2% |
| Fair | number | 16 | 35 | 7 | 58 |
| | column % | 33.3% | 33.7% | 35.0% | 33.7% |
| Poor | number | 0 | 15 | 1 | 16 |
| | column % | 0.0% | 14.4% | 5.0% | 9.3% |
| Not sure | number | 1 | 6 | 3 | 10 |
| | column % | 2.1% | 5.8% | 15.0% | 5.8% |
| Total | number | 48 | 104 | 20 | 172 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |
| 9. When it comes to my health, _____ is important (check all that apply) | | | | | |
| Getting screened for cancer or other diseases is important | number | 18 | 41 | 4 | 63 |
| | column % | 38.3% | 39.4% | 22.2% | 37.3% |
| Going to the doctor for check-ups or routine care is important | number | 34 | 70 | 10 | 114 |
| | column % | 72.3% | 67.3% | 55.6% | 67.5% |
| Seeing a doctor when I am sick or injured is important | number | 29 | 68 | 7 | 104 |
| | column % | 61.7% | 65.4% | 38.9% | 61.5% |
| Learning about how to take care of my health and/or diseases, such as nutritious foods, diabetes, high blood pressure, etc. Is important | number | 17 | 40 | 3 | 60 |
| | column % | 36.2% | 38.5% | 16.7% | 35.5% |
| I don't know/not sure of what is important | number | 2 | 10 | 4 | 16 |
| | column % | 4.3% | 9.6% | 22.2% | 9.5% |
| Other things are important | number | 2 | 3 | 1 | 6 |
| | column % | 4.3% | 2.9% | 5.6% | 3.6% |
| None of the above is important | number | 0 | 0 | 0 | 0 |
| | column % | 0.0% | 0.0% | 0.0% | 0.0% |
| Total | number | 47 | 104 | 18 | 169 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |
| 10. Health insurance (check all that apply) | | | | | |
| Medi-Cal | number | 23 | 85 | 9 | 117 |
| | column % | 50.0% | 83.3% | 47.4% | 70.1% |
| Medicare | number | 1 | 11 | 1 | 13 |

| | | Respondent type | | | Total |
|----------------------------|----------|-----------------------------------|----------|--------|--------|
| | | Farmworker / family of farmworker | Homeless | Both | |
| ACE | column % | 2.2% | 10.8% | 5.3% | 7.8% |
| | number | 13 | 5 | 3 | 21 |
| Private insurance | column % | 28.3% | 4.9% | 15.8% | 12.6% |
| | number | 2 | 3 | 1 | 6 |
| Not eligible for insurance | column % | 4.3% | 2.9% | 5.3% | 3.6% |
| | number | 2 | 0 | 0 | 2 |
| No insurance | column % | 4.3% | 0.0% | 0.0% | 1.2% |
| | number | 6 | 7 | 4 | 17 |
| Out of County insured | column % | 13.0% | 6.9% | 21.1% | 10.2% |
| | number | 1 | 2 | 0 | 3 |
| Other: | column % | 2.2% | 2.0% | 0.0% | 1.8% |
| | number | 0 | 0 | 1 | 1 |
| Total | column % | 0.0% | 0.0% | 5.3% | 0.6% |
| | number | 46 | 102 | 19 | 167 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

11. In the last 12 months, because of the amount you had to pay for care, have you cut back or done without some necessity, such as food, rent, or other basics?

| | | | | | |
|-------------------|----------|--------|--------|--------|--------|
| Yes, frequently | number | 3 | 20 | 3 | 26 |
| | column % | 6.8% | 19.6% | 21.4% | 16.3% |
| Yes, occasionally | number | 13 | 28 | 6 | 47 |
| | column % | 29.5% | 27.5% | 42.9% | 29.4% |
| No | number | 28 | 54 | 5 | 87 |
| | column % | 63.6% | 52.9% | 35.7% | 54.4% |
| Total | number | 44 | 102 | 14 | 160 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

12. When you need to talk to your doctor or clinic, what is the easiest way for you to connect with them?

| | | | | | |
|---|----------|--------|--------|--------|--------|
| Phone call | number | 30 | 52 | 13 | 95 |
| | column % | 65.2% | 51.5% | 68.4% | 57.2% |
| Text | number | 2 | 6 | 0 | 8 |
| | column % | 4.3% | 5.9% | 0.0% | 4.8% |
| Email | number | 0 | 3 | 1 | 4 |
| | column % | 0.0% | 3.0% | 5.3% | 2.4% |
| In-person at clinic | number | 13 | 32 | 4 | 49 |
| | column % | 28.3% | 31.7% | 21.1% | 29.5% |
| Mail (home, P.O. box, trusted location) | number | 1 | 0 | 0 | 1 |
| | column % | 2.2% | 0.0% | 0.0% | 0.6% |
| MyHealth / MyChart patient portal | number | 0 | 1 | 0 | 1 |
| | column % | 0.0% | 1.0% | 0.0% | 0.6% |
| Other: | number | 0 | 7 | 1 | 8 |
| | column % | 0.0% | 6.9% | 5.3% | 4.8% |
| Total | number | 46 | 101 | 19 | 166 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

13. In the past 12 months, how often did you check your mail?

| | | Respondent type | | | Total |
|--------------------------------------|----------|-----------------------------------|----------|--------|--------|
| | | Farmworker / family of farmworker | Homeless | Both | |
| At least once a week | number | 38 | 54 | 10 | 102 |
| | column % | 86.4% | 53.5% | 55.6% | 62.6% |
| Once a month | number | 2 | 17 | 1 | 20 |
| | column % | 4.5% | 16.8% | 5.6% | 12.3% |
| Every few months | number | 0 | 12 | 3 | 15 |
| | column % | 0.0% | 11.9% | 16.7% | 9.2% |
| Once a year | number | 0 | 4 | 0 | 4 |
| | column % | 0.0% | 4.0% | 0.0% | 2.5% |
| I don't have a place to receive mail | number | 4 | 14 | 4 | 22 |
| | column % | 9.1% | 13.9% | 22.2% | 13.5% |
| Total | number | 44 | 101 | 18 | 163 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

14. Healthcare appointments preference (check all that apply)

| | | | | | |
|-----------------------|----------|--------|--------|--------|--------|
| In-person appointment | number | 39 | 85 | 16 | 140 |
| | column % | 88.6% | 82.5% | 84.2% | 84.3% |
| Telephone | number | 14 | 32 | 6 | 52 |
| | column % | 31.8% | 31.1% | 31.6% | 31.3% |
| Virtual video | number | 4 | 16 | 2 | 22 |
| | column % | 9.1% | 15.5% | 10.5% | 13.3% |
| Drop-in clinic | number | 12 | 18 | 2 | 32 |
| | column % | 27.3% | 17.5% | 10.5% | 19.3% |
| Other: | number | 0 | 0 | 1 | 1 |
| | column % | 0.0% | 0.0% | 5.3% | 0.6% |
| None of the above | number | 0 | 4 | 0 | 4 |
| | column % | 0.0% | 3.9% | 0.0% | 2.4% |
| Total | number | 44 | 103 | 19 | 166 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

15. Challenges experienced when having telephone or virtual video visits (check all that apply)

| | | | | | |
|------------------------------|----------|-------|-------|-------|-------|
| No phone or need device | number | 1 | 25 | 5 | 31 |
| | column % | 2.6% | 24.8% | 26.3% | 19.5% |
| Bad cell reception | number | 13 | 27 | 9 | 49 |
| | column % | 33.3% | 26.7% | 47.4% | 30.8% |
| No internet or WiFi | number | 12 | 21 | 5 | 38 |
| | column % | 30.8% | 20.8% | 26.3% | 23.9% |
| Hearing or visual difficulty | number | 4 | 6 | 0 | 10 |
| | column % | 10.3% | 5.9% | 0.0% | 6.3% |
| I don't know how it works | number | 7 | 8 | 3 | 18 |
| | column % | 17.9% | 7.9% | 15.8% | 11.3% |
| Not interested | number | 2 | 14 | 2 | 18 |
| | column % | 5.1% | 13.9% | 10.5% | 11.3% |
| Other: | number | 0 | 6 | 1 | 7 |
| | column % | 0.0% | 5.9% | 5.3% | 4.4% |
| No challenges | number | 10 | 28 | 3 | 41 |
| | column % | 25.6% | 27.7% | 15.8% | 25.8% |
| Total | number | 39 | 101 | 19 | 159 |

| | | Respondent type | | | Total |
|--|----------|--------------------------------------|----------|--------|--------|
| | | Farmworker / family of farmworker | Homeless | Both | |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |
| 16. In general, how comfortable do you feel answering the phone when your clinic or doctor calls? | | | | | |
| Very comfortable | number | 15 | 42 | 5 | 62 |
| | column % | 36.6% | 40.8% | 29.4% | 38.5% |
| Comfortable | number | 14 | 30 | 8 | 52 |
| | column % | 34.1% | 29.1% | 47.1% | 32.3% |
| Neutral | number | 11 | 22 | 3 | 36 |
| | column % | 26.8% | 21.4% | 17.6% | 22.4% |
| Uncomfortable | number | 1 | 3 | 1 | 5 |
| | column % | 2.4% | 2.9% | 5.9% | 3.1% |
| Very uncomfortable | number | 0 | 6 | 0 | 6 |
| | column % | 0.0% | 5.8% | 0.0% | 3.7% |
| Total | number | 41 | 103 | 17 | 161 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |
| 18. Patient has experienced difficulty accessing (check all that apply) | | | | | |
| Medical care | number | 6 | 32 | 5 | 43 |
| | column % | 18.8% | 32.7% | 29.4% | 29.3% |
| Mental healthcare | number | 4 | 20 | 3 | 27 |
| | column % | 12.5% | 20.4% | 17.6% | 18.4% |
| Health coverage/health insurance | number | 5 | 11 | 4 | 20 |
| | column % | 15.6% | 11.2% | 23.5% | 13.6% |
| Urgent medical care | number | 5 | 17 | 3 | 25 |
| | column % | 15.6% | 17.3% | 17.6% | 17.0% |
| Transferring benefits/insurance between counties | number | 4 | 8 | 0 | 12 |
| | column % | 12.5% | 8.2% | 0.0% | 8.2% |
| Dental care | number | 12 | 57 | 11 | 80 |
| | column % | 37.5% | 58.2% | 64.7% | 54.4% |
| Case management/social work services | number | 4 | 22 | 3 | 29 |
| | column % | 12.5% | 22.4% | 17.6% | 19.7% |
| A place to prepare for and recover from procedures | number | 1 | 23 | 3 | 27 |
| | column % | 3.1% | 23.5% | 17.6% | 18.4% |
| Other: | number | 3 | 6 | 2 | 11 |
| | column % | 9.4% | 6.1% | 11.8% | 7.5% |
| No difficulties | number | 7 | 13 | 2 | 22 |
| | column % | 21.9% | 13.3% | 11.8% | 15.0% |
| Total | number | 32 | 98 | 17 | 147 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |
| 19. Challenges for getting medication (check all that apply) | | | | | |
| No challenges | number | 23 | 43 | 5 | 71 |
| | column % | 58% | 44% | 36% | 46.7% |
| Transportation or distance to the pharmacy | number | 5 | 23 | 4 | 32 |

| | | Respondent type | | | Total |
|--|----------|-----------------------------------|----------|--------|--------|
| | | Farmworker / family of farmworker | Homeless | Both | |
| Cost of medication | column % | 13% | 23% | 29% | 21.1% |
| | number | 5 | 14 | 3 | 22 |
| Pharmacy business hours | column % | 12.5% | 14.3% | 21.4% | 14.5% |
| | number | 1 | 8 | 2 | 11 |
| Getting prescription refills | column % | 2.5% | 8.2% | 14.3% | 7.2% |
| | number | 7 | 18 | 2 | 27 |
| Replacing lost or stolen medication | column % | 17.5% | 18.4% | 14.3% | 17.8% |
| | number | 0 | 8 | 1 | 9 |
| Paying for medication not covered by insurance | column % | 0.0% | 8.2% | 7.1% | 5.9% |
| | number | 5 | 21 | 2 | 28 |
| Other: | column % | 13% | 21% | 14% | 18% |
| | number | 0 | 6 | 0 | 6 |
| Total | column % | 0.0% | 6.1% | 0.0% | 3.9% |
| | number | 40 | 98 | 14 | 152 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

20. Challenges for TAKING medications as prescribed by health provider (check all that apply)

| | | | | | |
|---|----------|--------|--------|--------|--------|
| No challenges | number | 28 | 58 | 9 | 95 |
| | column % | 68.3% | 59.2% | 60.0% | 61.7% |
| I don't have food to eat with the medication | number | 2 | 14 | 0 | 16 |
| | column % | 5% | 14% | 0% | 10.4% |
| I don't understand how the medication helps me or what it's for | number | 5 | 4 | 0 | 9 |
| | column % | 12.2% | 4.1% | 0.0% | 5.8% |
| I'm not sure when to take my medication | number | 4 | 6 | 1 | 11 |
| | column % | 9.8% | 6.1% | 6.7% | 7.1% |
| My medication makes me feel sick or ill | number | 0 | 8 | 0 | 8 |
| | column % | 0.0% | 8.2% | 0.0% | 5.2% |
| I'm scared or nervous to take my medication | number | 4 | 10 | 0 | 14 |
| | column % | 9.8% | 10.2% | 0.0% | 9.1% |
| I have trouble remembering to take my medication | number | 4 | 18 | 3 | 25 |
| | column % | 10% | 18% | 20% | 16% |
| Other: | number | 0 | 4 | 3 | 7 |
| | column % | 0.0% | 4.1% | 20.0% | 4.5% |
| Total | number | 41 | 98 | 15 | 154 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

22. When you go to San Mateo Medical Center Clinics (SMMC), do you feel you receive fair treatment by staff?

| | | | | | |
|-----|----------|-----|-----|-----|-----|
| Yes | number | 30 | 52 | 7 | 89 |
| | column % | 77% | 75% | 70% | 75% |

| | | Respondent type | | | Total |
|------------|----------|-----------------------------------|----------|--------|--------|
| | | Farmworker / family of farmworker | Homeless | Both | |
| No | number | 0 | 2 | 0 | 2 |
| | column % | 0.0% | 2.9% | 0.0% | 2% |
| Sometimes | number | 9 | 11 | 3 | 23 |
| | column % | 23.1% | 15.9% | 30.0% | 19% |
| Not at all | number | 0 | 4 | 0 | 4 |
| | column % | 0.0% | 5.8% | 0.0% | 3% |
| Total | number | 39 | 69 | 10 | 118 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

23. How comfortable do you feel talking with your healthcare provider about your medical condition(s) and needs?

| | | | | | |
|--------------------|----------|--------|--------|--------|--------|
| Very comfortable | number | 13 | 31 | 3 | 47 |
| | column % | 33% | 45% | 27% | 39% |
| Comfortable | number | 22 | 21 | 5 | 48 |
| | column % | 56% | 30% | 45% | 40% |
| Neutral | number | 4 | 13 | 2 | 19 |
| | column % | 10% | 19% | 18% | 16% |
| Uncomfortable | number | 0 | 3 | 1 | 4 |
| | column % | 0% | 4% | 9% | 3% |
| Very uncomfortable | number | 0 | 1 | 0 | 1 |
| | column % | 0% | 1% | 0% | 1% |
| Total | number | 39 | 69 | 11 | 119 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

25. My healthcare team takes the time to understand and review my symptoms.

| | | | | | |
|-------------------|----------|--------|--------|--------|--------|
| Strongly agree | number | 14 | 25 | 4 | 43 |
| | column % | 50% | 37% | 36% | 40% |
| Agree | number | 6 | 25 | 5 | 36 |
| | column % | 21% | 37% | 45% | 34% |
| Neutral | number | 7 | 12 | 2 | 21 |
| | column % | 25% | 18% | 18% | 20% |
| Disagree | number | 1 | 3 | 0 | 4 |
| | column % | 4% | 4% | 0% | 4% |
| Strongly disagree | number | 0 | 3 | 0 | 3 |
| | column % | 0% | 4% | 0% | 3% |
| Total | number | 28 | 68 | 11 | 107 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

26. I don't want to go to healthcare clinics because I am concerned about how I might be treated.

| | | | | | |
|-------------------|----------|-----|-----|-----|-----|
| Strongly agree | number | 3 | 7 | 0 | 10 |
| | column % | 12% | 10% | 0% | 10% |
| Agree | number | 1 | 10 | 4 | 15 |
| | column % | 4% | 15% | 36% | 14% |
| Neutral | number | 7 | 19 | 3 | 29 |
| | column % | 28% | 28% | 27% | 28% |
| Disagree | number | 9 | 17 | 4 | 30 |
| | column % | 36% | 25% | 36% | 29% |
| Strongly disagree | number | 5 | 15 | 0 | 20 |
| | column % | 20% | 22% | 0% | 19% |

| | | Respondent type | | | Total |
|--|----------|--------------------------------------|----------|--------|--------|
| | | Farmworker / family of farmworker | Homeless | Both | |
| Total | number | 25 | 68 | 11 | 104 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |
| 27. I trust my healthcare team to do what's best for my health. | | | | | |
| Strongly agree | number | 12 | 25 | 4 | 41 |
| | column % | 50% | 37% | 36% | 40% |
| Agree | number | 8 | 25 | 4 | 37 |
| | column % | 33% | 37% | 36% | 36% |
| Neutral | number | 3 | 11 | 3 | 17 |
| | column % | 12.5% | 16.2% | 27.3% | 16.5% |
| Disagree | number | 1 | 4 | 0 | 5 |
| | column % | 4.2% | 5.9% | 0.0% | 4.9% |
| Strongly disagree | number | 0 | 3 | 0 | 3 |
| | column % | 0.0% | 4.4% | 0.0% | 2.9% |
| Total | number | 24 | 68 | 11 | 103 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |
| 28. By the end of my visit, my doctor and I agree about what we should do for my healthcare. | | | | | |
| Strongly agree | number | 14 | 24 | 2 | 40 |
| | column % | 60.9% | 35.3% | 18.2% | 39.2% |
| Agree | number | 7 | 27 | 4 | 38 |
| | column % | 30.4% | 39.7% | 36.4% | 37.3% |
| Neutral | number | 1 | 10 | 4 | 15 |
| | column % | 4.3% | 14.7% | 36.4% | 14.7% |
| Disagree | number | 1 | 4 | 1 | 6 |
| | column % | 4.3% | 5.9% | 9.1% | 5.9% |
| Strongly disagree | number | 0 | 3 | 0 | 3 |
| | column % | 0.0% | 4.4% | 0.0% | 2.9% |
| Total | number | 23 | 68 | 11 | 102 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |
| 29. My healthcare provider gives me advice on how to take care of my health that is realistic for my lifestyle. | | | | | |
| Strongly agree | number | 13 | 26 | 4 | 43 |
| | column % | 54.2% | 38.2% | 36.4% | 41.7% |
| Agree | number | 8 | 23 | 4 | 35 |
| | column % | 33.3% | 33.8% | 36.4% | 34.0% |
| Neutral | number | 3 | 11 | 2 | 16 |
| | column % | 12.5% | 16.2% | 18.2% | 15.5% |
| Disagree | number | 0 | 4 | 1 | 5 |
| | column % | 0.0% | 5.9% | 9.1% | 4.9% |
| Strongly disagree | number | 0 | 4 | 0 | 4 |
| | column % | 0.0% | 5.9% | 0.0% | 3.9% |
| Total | number | 24 | 68 | 11 | 103 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |
| 30. My clinic gives me enough information to take care of my health. | | | | | |
| Strongly agree | number | 14 | 24 | 2 | 40 |
| | column % | 58.3% | 35.3% | 20.0% | 39.2% |
| Agree | number | 6 | 23 | 5 | 34 |

| | | Respondent type | | | Total |
|-------------------|----------|-----------------------------------|----------|--------|--------|
| | | Farmworker / family of farmworker | Homeless | Both | |
| Neutral | column % | 25.0% | 33.8% | 50.0% | 33.3% |
| | number | 3 | 15 | 3 | 21 |
| Disagree | column % | 12.5% | 22.1% | 30.0% | 20.6% |
| | number | 1 | 3 | 0 | 4 |
| Strongly disagree | column % | 4.2% | 4.4% | 0.0% | 3.9% |
| | number | 0 | 3 | 0 | 3 |
| Total | column % | 0.0% | 4.4% | 0.0% | 2.9% |
| | number | 24 | 68 | 10 | 102 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

31. My healthcare team does not judge me for my lifestyle and health decisions.

| | | | | | |
|-------------------|----------|--------|--------|--------|--------|
| Strongly agree | number | 11 | 26 | 3 | 40 |
| | column % | 46% | 38% | 27% | 39% |
| Agree | number | 7 | 21 | 6 | 34 |
| | column % | 29% | 31% | 55% | 33% |
| Neutral | number | 3 | 14 | 1 | 18 |
| | column % | 12.5% | 20.6% | 9.1% | 17.5% |
| Disagree | number | 3 | 4 | 1 | 8 |
| | column % | 12.5% | 5.9% | 9.1% | 7.8% |
| Strongly disagree | number | 0 | 3 | 0 | 3 |
| | column % | 0.0% | 4.4% | 0.0% | 2.9% |
| Total | number | 24 | 68 | 11 | 103 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

32. If you have used interpreter services at the clinic, was the interpreter easy to understand?

| | | | | | |
|------------------------------------|----------|--------|--------|--------|--------|
| 1 Yes, very easy | number | 26 | 8 | 2 | 36 |
| | column % | 66.7% | 11.9% | 16.7% | 30.5% |
| 2 Yes, somewhat easy | number | 5 | 5 | 2 | 12 |
| | column % | 12.8% | 7.5% | 16.7% | 10.2% |
| 3 No, not easy | number | 1 | 2 | 0 | 3 |
| | column % | 2.6% | 3.0% | 0.0% | 2.5% |
| 4 I don't use interpreter services | number | 7 | 52 | 8 | 67 |
| | column % | 17.9% | 77.6% | 66.7% | 56.8% |
| Total | number | 39 | 67 | 12 | 118 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

33. Did you feel confident that the interpreter was correctly translating the conversation between you and your healthcare provider?

| | | | | | |
|----------------------|----------|--------|--------|--------|--------|
| Completely confident | number | 19 | 4 | 1 | 24 |
| | column % | 61.3% | 26.7% | 25.0% | 48.0% |
| Fairly confident | number | 5 | 4 | 2 | 11 |
| | column % | 16.1% | 26.7% | 50.0% | 22.0% |
| Somewhat confident | number | 6 | 5 | 1 | 12 |
| | column % | 19.4% | 33.3% | 25.0% | 24.0% |
| Slightly confident | number | 1 | 2 | 0 | 3 |
| | column % | 3.2% | 13.3% | 0.0% | 6.0% |
| Total | number | 31 | 15 | 4 | 50 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

34. Have you ever felt bothered by the amount of time you needed to wait for an interpreter?

| | | Respondent type | | | Total |
|---|----------|--------------------------------------|----------|--------|--------|
| | | Farmworker / family of farmworker | Homeless | Both | |
| To a great extent | number | 3 | 1 | 0 | 4 |
| | column % | 10.0% | 6.7% | 0.0% | 8.2% |
| Somewhat | number | 2 | 2 | 1 | 5 |
| | column % | 6.7% | 13.3% | 25.0% | 10.2% |
| Very little | number | 14 | 4 | 0 | 18 |
| | column % | 46.7% | 26.7% | 0.0% | 36.7% |
| Not at all | number | 11 | 8 | 3 | 22 |
| | column % | 36.7% | 53.3% | 75.0% | 44.9% |
| Total | number | 30 | 15 | 4 | 49 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |
| 35. Does your healthcare provider explain your health conditions to you in a way that is clear? | | | | | |
| Always | number | 27 | 37 | 4 | 68 |
| | column % | 65.9% | 53.6% | 33.3% | 55.7% |
| Often | number | 7 | 17 | 5 | 29 |
| | column % | 17.1% | 24.6% | 41.7% | 23.8% |
| Sometimes | number | 7 | 10 | 3 | 20 |
| | column % | 17.1% | 14.5% | 25.0% | 16.4% |
| Rarely | number | 0 | 4 | 0 | 4 |
| | column % | 0.0% | 5.8% | 0.0% | 3.3% |
| Never | number | 0 | 1 | 0 | 1 |
| | column % | 0.0% | 1.4% | 0.0% | 0.8% |
| Total | number | 41 | 69 | 12 | 122 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |
| 36. Do you have trouble reading forms or materials given to you by your clinic? | | | | | |
| Always | number | 4 | 7 | 2 | 13 |
| | column % | 9.8% | 10.3% | 16.7% | 10.7% |
| Often | number | 1 | 6 | 1 | 8 |
| | column % | 2.4% | 8.8% | 8.3% | 6.6% |
| Sometimes | number | 12 | 13 | 3 | 28 |
| | column % | 29.3% | 19.1% | 25.0% | 23.1% |
| Rarely | number | 10 | 18 | 4 | 32 |
| | column % | 24.4% | 26.5% | 33.3% | 26.4% |
| Never | number | 14 | 24 | 2 | 40 |
| | column % | 34.1% | 35.3% | 16.7% | 33.1% |
| Total | number | 41 | 68 | 12 | 121 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |
| 37. In general, how open is your healthcare provider to discussing home remedies, alternative treatments (acupuncture, essential oils, etc.) or self-treatment with you? | | | | | |
| Very open | number | 9 | 17 | 3 | 29 |
| | column % | 24.3% | 24.6% | 25.0% | 24.6% |
| Fairly open | number | 4 | 13 | 0 | 17 |
| | column % | 10.8% | 18.8% | 0.0% | 14.4% |
| Somewhat open | number | 7 | 15 | 3 | 25 |
| | column % | 18.9% | 21.7% | 25.0% | 21.2% |
| Not at all open | number | 4 | 9 | 2 | 15 |
| | column % | 10.8% | 13.0% | 16.7% | 12.7% |

| | | Respondent type | | | Total |
|--------------|----------|-----------------------------------|----------|--------|--------|
| | | Farmworker / family of farmworker | Homeless | Both | |
| I don't know | number | 13 | 15 | 4 | 32 |
| | column % | 35.1% | 21.7% | 33.3% | 27.1% |
| Total | number | 37 | 69 | 12 | 118 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

38. In the last 12 months, have you delayed or not gotten any medical care you felt you needed, such as seeing a doctor, a specialist, or other health professional?

| | | | | | |
|-------------------|----------|--------|--------|--------|--------|
| Yes, frequently | number | 2 | 15 | 4 | 21 |
| | column % | 5.1% | 21.7% | 36.4% | 17.6% |
| Yes, occasionally | number | 16 | 27 | 4 | 47 |
| | column % | 41.0% | 39.1% | 36.4% | 39.5% |
| No | number | 21 | 27 | 3 | 51 |
| | column % | 54% | 39% | 27% | 43% |
| Total | number | 39 | 69 | 11 | 119 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

39. Reasons for postponing an appointment or delaying getting healthcare (check all that apply)

| | | | | | |
|---|----------|--------|--------|--------|--------|
| I'm worried what I will hear about my health | number | 4 | 13 | 5 | 22 |
| | column % | 27% | 33% | 55.6% | 34.4% |
| I don't have time | number | 2 | 13 | 1 | 16 |
| | column % | 13.3% | 33% | 11.1% | 25.0% |
| Costs too much | number | 1 | 3 | 0 | 4 |
| | column % | 6.7% | 7.5% | 0.0% | 6.3% |
| I can't leave someone or something unattended that depends on me (child, animal, loved one, etc.) | number | 3 | 6 | 1 | 10 |
| | column % | 20.0% | 15.0% | 11.1% | 15.6% |
| I don't have insurance | number | 1 | 5 | 1 | 7 |
| | column % | 6.7% | 12.5% | 11.1% | 10.9% |
| I don't want to get a diagnosis that will affect my ability to work | number | 4 | 3 | 0 | 7 |
| | column % | 27% | 7.5% | 0.0% | 10.9% |
| COVID-19 | number | 4 | 3 | 0 | 7 |
| | column % | 27% | 7.5% | 0.0% | 10.9% |
| Other: | number | 2 | 11 | 3 | 16 |
| | column % | 13.3% | 27.5% | 33.3% | 25.0% |
| Total | number | 15 | 40 | 9 | 64 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |

40. Health classes topics (check all that apply)

| | | | | | |
|---------------------|----------|-------|-------|-------|-------|
| Diabetes | number | 16 | 12 | 2 | 30 |
| | column % | 46% | 17.6% | 16.7% | 26.1% |
| High blood pressure | number | 8 | 19 | 3 | 30 |
| | column % | 22.9% | 27.9% | 25.0% | 26.1% |
| Asthma | number | 6 | 9 | 3 | 18 |
| | column % | 17.1% | 13.2% | 25.0% | 15.7% |
| Children's health | number | 7 | 5 | 1 | 13 |

| | | Respondent type | | | Total |
|----------------------------------|----------|--------------------------------------|----------|--------|--------|
| | | Farmworker / family of farmworker | Homeless | Both | |
| Alcohol and other substance use | column % | 20.0% | 7.4% | 8.3% | 11.3% |
| | number | 5 | 9 | 1 | 15 |
| Sexual health/STIs/STDs | column % | 14.3% | 13.2% | 8.3% | 13.0% |
| | number | 4 | 8 | 0 | 12 |
| Nutrition | column % | 11.4% | 11.8% | 0.0% | 10.4% |
| | number | 15 | 20 | 4 | 39 |
| Dental care | column % | 43% | 29.4% | 33.3% | 33.9% |
| | number | 11 | 17 | 6 | 34 |
| Prenatal care | column % | 31.4% | 25.0% | 50.0% | 29.6% |
| | number | 4 | 2 | 0 | 6 |
| Mental health | column % | 11.4% | 2.9% | 0.0% | 5.2% |
| | number | 7 | 24 | 5 | 36 |
| Other | column % | 20.0% | 35.3% | 41.7% | 31.3% |
| | number | 2 | 2 | 2 | 6 |
| Not interested in health classes | column % | 5.7% | 2.9% | 16.7% | 5.2% |
| | number | 7 | 30 | 1 | 38 |
| Total | column % | 20% | 44% | 8% | 33% |
| | number | 35 | 68 | 12 | 115 |
| | column % | 100.0% | 100.0% | 100.0% | 100.0% |