Addressing Accessibility Concerns at the South County Health Center

Urban Studies 164: Sustainable Cities

Juan Reynoso, Mina Alaghband, Will Troppe

Table of Contents

I. Acknowledgements

We would like to give a special thank you to the following partners who made this project possible:

- Jonathan Mesinger, PhD, *San Mateo Medical Center Clinics Manager*
- Priscilla Padilla-Romero, MPH, MPP, *Fair Oaks Clinic Study Coordinator*
- Linda Franco, *Clinic Manager at Willow Clinic*
- The Stanford Geospatial Center
- Deland Chan, MCP, *Lecturer and Program Manager for Service Learning in the Program on Urban Studies*
- Dylan Clayton, *Urban Studies 164 Teaching Assistant*

II. Executive Summary

The San Mateo Medical Center is consolidating three of its existing clinics serving southern San Mateo County low-income communities into one brand-new facility in the unincorporated district of North Fair Oaks. While the move carries numerous benefits including an expanded list of patient services, it raises accessibility concerns for patients who lack time and money and now need to travel farther to receive treatment. Addressing accessibility concerns is critical to the clinic's longevity, as patients have other health care options that may become more convenient rather than travel long distances to access the new clinic. Additionally, the site of the new clinic leads to several concerns regarding the intersection with Middlefield Road and visibility from the street. Solving accessibility problems is critical to the success of the new facility.

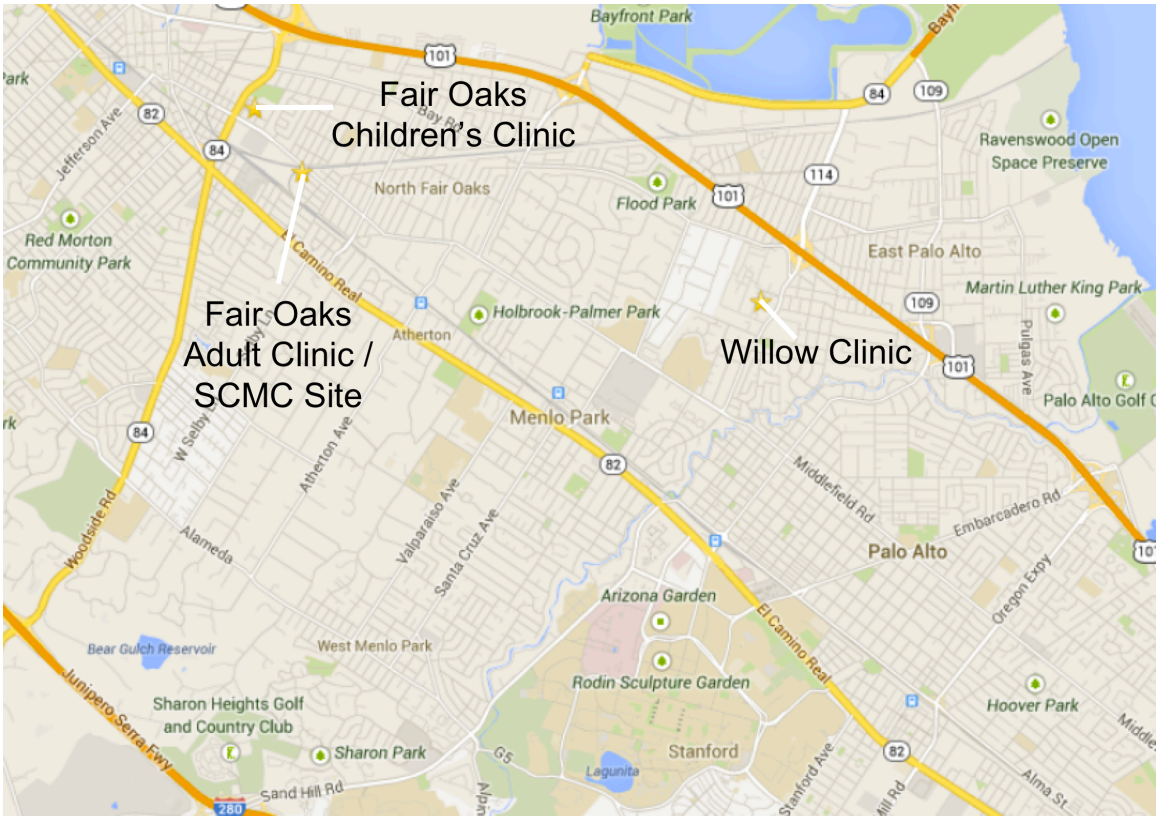
A combination of analyses of patient address data using ArcGIS and in-person workshops with clinic employees yielded many opportunities for insight and potential solutions. ArcGIS enabled us to help the clinic understand the walking and driving range from the new facility outwards, and the proportion of patients who live within these ranges. In-person workshops with clinic employees permitted us to speak directly to people who interact daily with patients. They have their own accessibility concerns from their personal experiences and were able to share this and potential solutions with us.

We determined a list of priorities as construction continues and the South County Health Center approaches its opening ceremony in the Fall of 2013. Some accessibility improvements are relatively easy and inexpensive, while others are more difficult and costly. Urgency is also a factor in our recommendations; for example, some changes must be made before construction begins on the parking lot at the new clinic this summer. We are delivering these findings to clinic staff and supervisors with implementation recommendations.

III. Project Purpose

The San Mateo Medical Center (SMMC), a division of the San Mateo County Health System, currently operates three clinics in southern San Mateo County. These clinics include the Fair Oaks Clinic, the Fair Oaks Children's Clinic, and the Willow Clinic (see Figure 1). Patients are diverse, but primarily monolingual Spanish-speaking families and seniors eligible for Medicare, Med-Cal, and ACE. The SMMC is preparing to consolidate the three clinics into the South County Health Center (SCHC) opening in Fall 2013, forming the largest county-operated clinic. The new SCHC will be located at the site of the current Fair Oaks Clinic.

Figure 1: Locations of the three southern San Mateo County clinics.

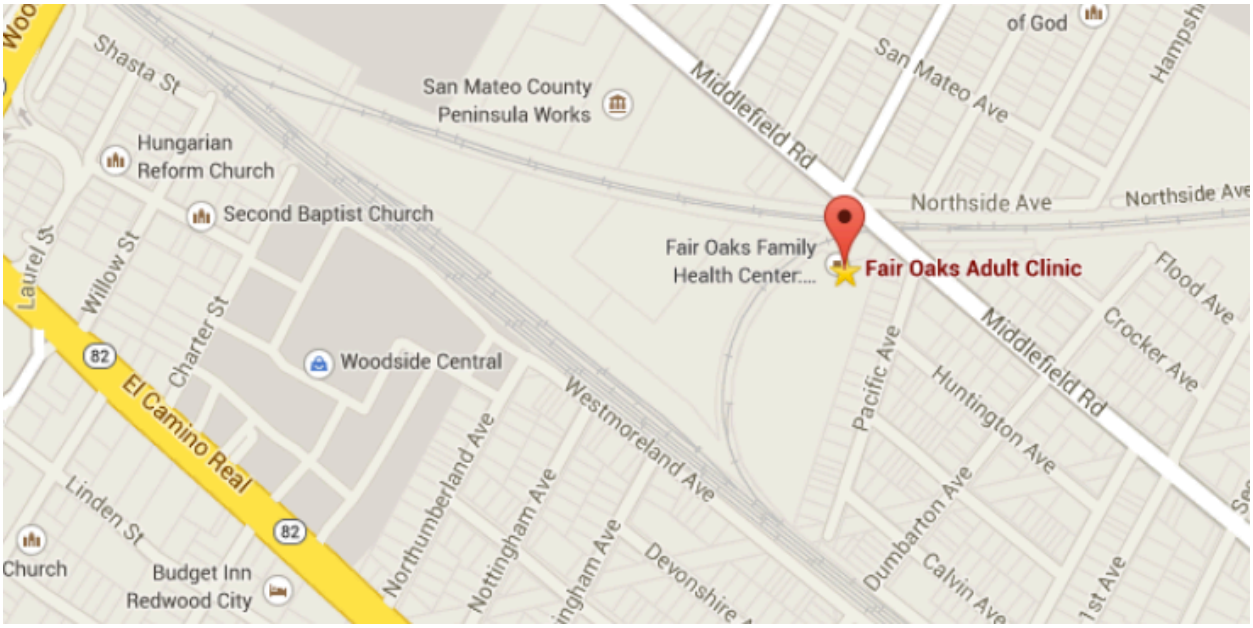


On January 1, 2014, the Patient Protection and Affordable Care Act (PPACA) will go into full effect. Specifically, a provision that mandates that all American citizens acquire some form of health insurance will go into effect. As a result, people who previously were uninsured and who tended to receive medical care at low-cost community health centers (such as the San Mateo Medical Center) will have the opportunity to receive their care at private health

organizations (such as Kaiser Permanente). In other words, the PPACA will introduce patient retainment challenges for SMMC.

Furthermore, the consolidation of three smaller clinics into the central South County Medical Center poses additional patient retention challenges. Currently, 7,000 patients attend the Willow Clinic, which serves individuals from the southern San Mateo County communities of East Palo Alto and Menlo Park. Since the Willow Clinic is located roughly five miles from the SCHC site, distance could potentially become an obstacle to health care access for low-income patients. The SMMC is concerned that this lack of physical access to the new health center will deter patients from continuing to receive care from their organization and will instead visit other local community health centers (such as Ravenswood Family Health Center and the Belle Haven Clinic).

Figure 2: SCHC location and surroundings.



Access to the SCHC is further impeded by the built environment surrounding the site. It is located at the intersection of the high-traffic Middlefield Road and the inactive Southern Pacific Railroad Dumbarton Spur line. As a result, pedestrians, bicyclists, and parents with strollers find it difficult to navigate around the health center. Moreover, despite its proximity to the Caltrain tracks, the closest station is over a mile away. There is only a single bus line (the SamTrans 296) that directly connects North Fair Oaks to the southern San Mateo communities of

East Palo Alto and Menlo Park. The SMMC is concerned that these infrastructural challenges may prevent existing patients from transferring, new patients from joining, and complicate staff commutes. Therefore, there is a significant need to advocate for improvements in the built environment around the health center in order to allow the healthy and sustainable choice of walking, biking, and public transit to become the easy choice. This need to create a more livable community is further reiterated by the North Fair Oaks Community Plan, which "Require(s) that new development projects improve access to and accommodations for public transit" (San Mateo County, p.56).

This project serves an important purpose for the SMMC as it seeks to help them maintain their patient population for the long-term economic sustainability of the health center. Given the previously mentioned concerns, our research questions are:

- What are low-cost strategies and practices promoting walking, biking, and transit that could be implemented at the new SCHC site?
- What are employees' thoughts and opinions toward how to encourage people to bike/walk/take public transportation to the clinic?
- How are employees and patients spatially clustered in relation to the SCHC?
- How can we employ GIS (Geographical Information Systems) to synthesize and present useful information to the clinic?

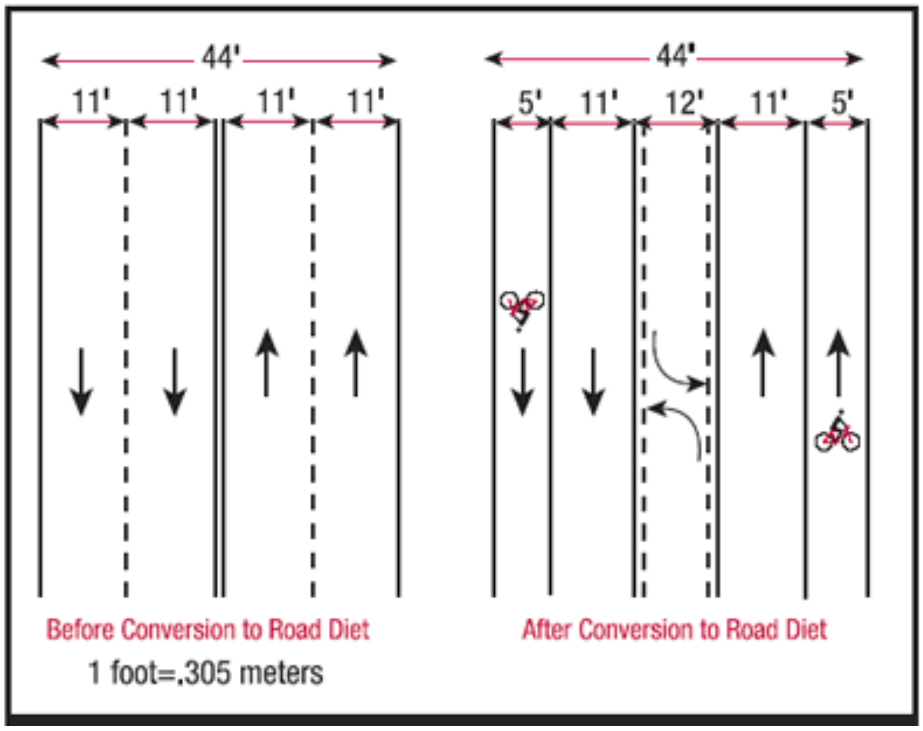
IV. Literature Review

Middlefield Road

As previously mentioned, the future SCHC is located off of the major commercial corridor of Middlefield Road. Currently, Middlefield Road is an undivided four-lane roadway that gives preference to automobiles rather than to pedestrians and bicyclists (San Mateo County, 2011). The lack of pedestrian and bicycle safety at the heath center's intersection with Middlefield Road is a serious concern, especially given the presence of the at-grade Dumbarton Spur railroad crossing. The Bay Area Regional Health Inequities Initiative has documented that unsafe streets leads to stress, injuries and fatalities, and inactivity (BARHII, 2013).

To address similar unsafe street concerns, previous studies and projects have implemented road diet measures (Huang et al., 2002).A road diet is a roadway reconfiguration "whereby the number of travel lanes is reduced to reallocate the effective roadway width" to provide for streetscape improvements (San Mateo County, 2011). For example, an undivided four-lane roadway could be converted into three lanes made up of two through lanes and a center two-way left turn lane (see Figure 3). The extra space could be used for bike lanes, widened sidewalks, or crosswalk curb extensions (San Mateo County, 2011). All of these road diet improvements would decrease the potential for accidents and improve safety for pedestrians and bicyclists around the future health center site (California Department of Health Services, 2013). In fact, one study of California and Washington road diet sites found that after implementation of a road diet, there was a 6% decline in crash rate (Huang et al., 2002).

Figure 3 (FHWA, 2004): A visual representation of the road diet concept.



Another current and best practice to improve street safety is a pedestrian crossing. These crossings are typically located at mid-block and function in breaking up long blocks into shorter segments for pedestrians (California Department of Health Services, 2013). A few infrastructural features that could be incorporated as part of a crossing include 10-foot wide crosswalks, clear markings, advanced warning signage, and flashing beacons (FHWA, 2013). These measures would help alert drivers of where they can expect pedestrians to cross, and thus slow down their speed. Moreover, as a part of these crossings, the Federal Highway Administration has also reported that raised islands in the middle of the road (or pedestrian refuge areas) have significantly reduced pedestrian injuries and fatalities nationwide. Overall, to promote walking to the SCHC and reduce the risk of injury, it would be productive to integrate these road diet and pedestrian crossing strategies into the project's final recommendations.

Health Center Parking Lot

Although all of the aforementioned Middlefield Road improvements will serve to improve pedestrian and bicyclist safety and to promote active lifestyles, street improvements typically involve a greater number of stakeholders. As seen by the experience of the San Francisco Chinatown Broadway Street Design project, street improvement projects require working with various city and county agencies and community stakeholders over an extended

period of time (SF Planning Department, 2013). Given that the health center is slated to open this fall (2013), it is also important to examine parking lot planning interventions, which are more feasible and relatively inexpensive.

Currently, the future SCHC is scheduled to include 170 parking spaces between the building and the street (Figure 4). This is directly in contrast with many of the tenets of new urbanism, which advocates for street-side buildings that promote walkable communities (Tumlin, J & Pfeiffer, A., 2012). Therefore, to contribute to the North Fair Oaks Community Plan's goal of creating a walkable and healthy neighborhood, the parking lot must be designed in such a way that it will invite pedestrians into the health center and promote walking in the North Fair Oaks community. This is further underscored by the fact that the SCHC sits in the middle of a potential transit hub and an economic opportunity area for the community. Since people experience parking lots as the actual entrances to buildings (Ben-Joseph, E., 2012), it is essential that health centers include parking lot as part of their overall health delivery to patients. In other words, health centers should seek to provide a healthy and active living experience as soon a patient enters the parking lot.

Figure 4 (DES, 2013): A blueprint of the future South County Health Center site. The majority of the parking will be concentrated in the front of the building.

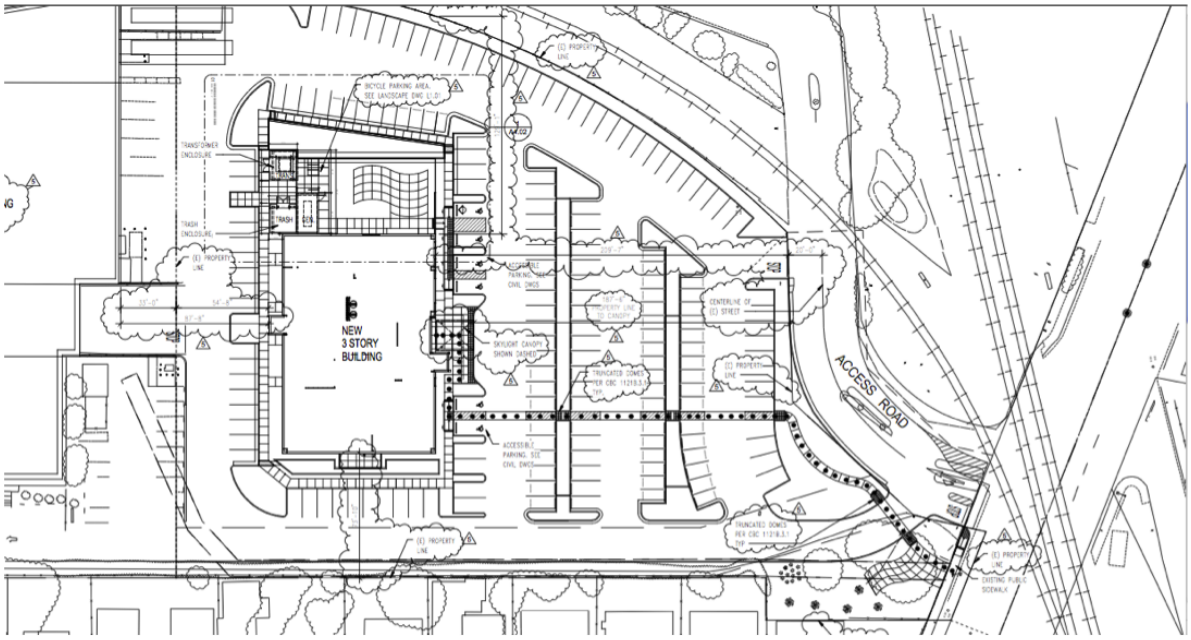
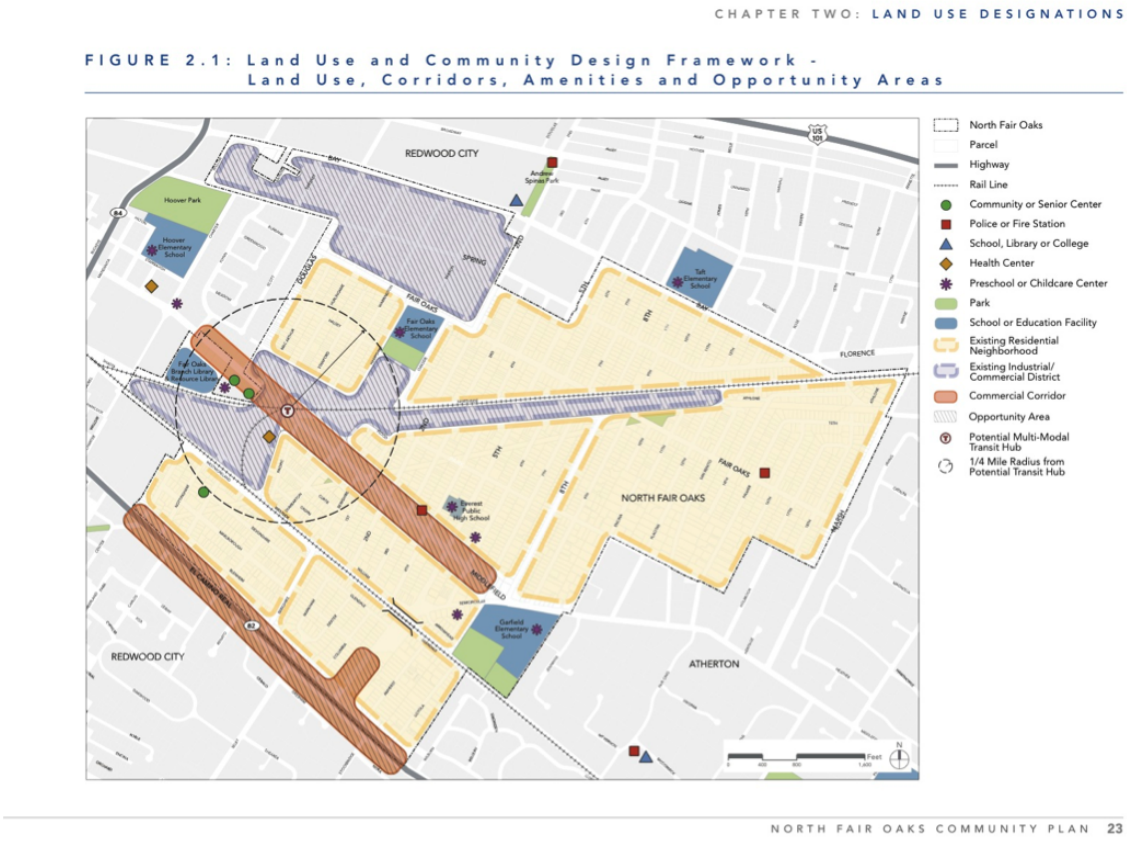


Figure 5 (San Mateo County, 2011): A land use map of North Fair Oaks that demonstrates the health center's proximity to the major corridor and opportunity area of the community.



For example, this goal could be achieved by increasing the parking lot's green and attractive landscaping to the point that it nearly doubles as a park (Ben-Joseph, E., 2012). Not only will this strategy incentivize employees and patients to engage in outdoors recreation and meditation and limit street and parking lot noise, it will also serve as a social gathering place to promote community social cohesion. By transforming the lot into a frequented public space, it will increase parking lot safety (Ben-Joseph, E., 2012). As occurs in downtown Redwood City, shared spaces automatically reduce vehicle speeds and improve pedestrian safety (Ben-Joseph, E., 2012). Health centers that implement sustainable and active living parking lots will cause patients to not simply visit their health care provider, but also to allow them to participate in a full health and active living experience.

V. Methodology

For the diagnostic of the problems facing the SCHC we used two methodologies: mapping analytics and in-person focus groups. The former served to assess the problems and the latter focused on what the most effective solutions could be, with a focus on patient groups most at risk of leaving.

GIS data and planned analytics

First, we assessed the accessibility difficulties by assessing patient distribution around the clinics. We did this to understand how far away patients lived and how prohibitive the joining of the three clinics would be. This objective data allowed us to see:

1. Whether current patients are making the commute from far away. If many were already traveling large distances for service, it makes sense that new and transfer patients may also find the same routes to come to the Middlefield road site.
2. Whether there is a large population within walking distance of the existing Willow Clinic. If these patients were indeed walking to the old clinic, are there other public transportation options close by? Would they be able to secure alternate transportation to the new facility? Our hypothesis was that those patients who were in walking distance from the Willow location and who only had complex or expensive ways to get to the new site were at highest risk of attrition.
3. What the spread of patients looked like. One of our initial ideas to increase ease of transportation had been a shuttle. This was also an idea that was brought up by our community partners and in our focus groups. We hypothesized that if patients were tightly clustered and close to main roads this would reduce the cost of such a service and make it more feasible.

To process the data, we began with a list of patient addresses for the three clinics and imported it into ESRI's ArcGIS 10.1 software. A geo-coding of the over 17,000 patient addresses occurred, with a success rate of over 99% (see Figure). Thereafter, a "network dataset" was created within a GIS "geodatabase" that included road distances, speed limits, and travel times. Only then was the data ready for the spatial analysis. This diagnostic was accomplished by utilizing the Network Analyst-Service Area function of ArcGIS 10.1. The resulting maps (see Figures 8 and 9) represent the distance that an average person can walk and drive outward from the SCHC in 5mins, 10mins, 15mins, and 20mins.

We chose to use lots of visuals and focus on maps as many patients have limited literacy and the maps while used for analysis could also be used in pamphlets to guide popular frequency languages. Part of the methodology will be geared towards materials that the clinic can produce at scale in the run-up to the opening of the new clinic to increase awareness of the new site and provide transportation guidance to get there.

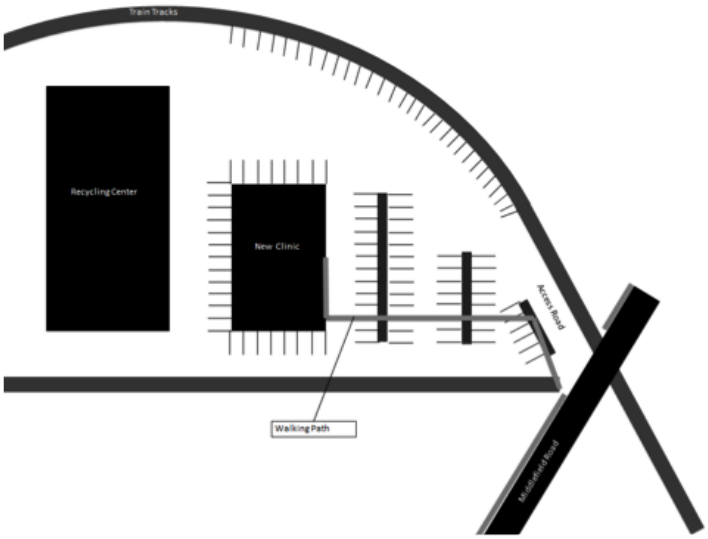
Focus Groups and Interviews

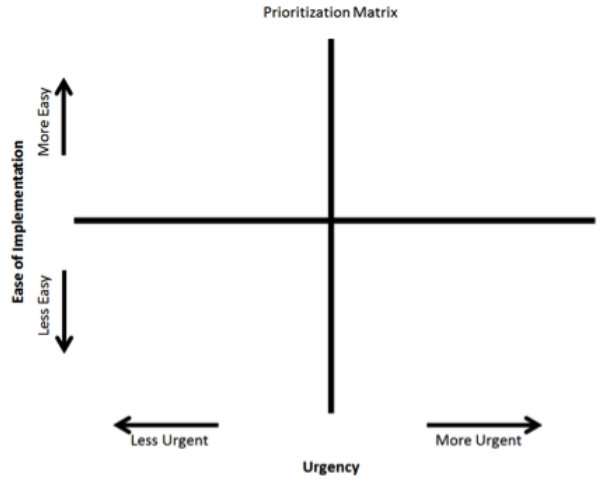
We used in-depth interviews with the community partners and focus groups with employees of the two clinics to understand their accessibility concerns and brainstorm potential solutions. The goal of this was to capture the knowledge of the employees who had been working at the clinic for up to thirty years, to make them feel like they were a part of the process, and to understand the priorities of their concerns. We also hoped to get patient insights through the employees as the time and implementation constraints meant that coordinating a statistically significant and unbiased survey wasn't possible. We believed that as many of the employees interact daily with patients in their native languages and form deep relationships, they would be able to address needs and concerns of all stakeholders.

Specifically, for the focus groups, we ran one ideation session (a group process for generating ideas) at both major clinics. At the San Mateo Health Centre we ran a workshop with questions around their biggest current problems, biggest concerns for the new building, and best ideas for the new clinic. The ideation methodology we used involved forming and relating ideas with post-it notes. The process we used was:

1. Introduce ourselves and the project. Write up agenda on whiteboard to set expectations. We asked, “How did everyone get to work today?” as an icebreaker and jumping off point and asked about their concerns and aspirations for the new clinic.
2. Diagnostic section in which we ask them questions to determine the biggest pain points and patient comments and concerns about getting to and from the clinic. This involved a brief open conversation before splitting into two problem solving groups.
3. Ideation. We brainstormed solutions directly on the maps with post-its and markers in two groups. Everyone was encouraged to input ideas, however small or outrageous. As people added ideas to the large maps we had printed out, these led to iterations and more idea generation in similar areas. For example the post-it note “signs” led to seven specific ideas for signage that could be helpful.
4. Prioritization of solutions. This involved plotting the roughly 30 post-its each group had written down on a 2x2 matrix with ease on one axis and urgency on the other. This would leave us with a subset of ideas to follow-up (such as ways to organize the parking areas), some great ideas if more resources became available (such as a shuttle service), and some nice-to-have options if they could be achieved cheaply enough (such as landscaping).

Figure 6: Materials used for Fair Oaks Clinic workshop





At the Willow Clinic the methodology was similar but the questions we asked were different, since those employees don't travel to the site daily. Accordingly, we focused less on their insights regarding their current experiences and more on their major concerns and how they planned to get to the new clinic. We tailored the process to have more of a diagnostic section. During the ideation process we had larger maps with both clinics and the surrounding area and asked how employees planned to get to the new clinic once it opened, how we could best get patients from Willow to San Mateo, and what materials their patients would need to ease their transition.

VI. Results and Recommendations

Fair Oaks Clinic Workshop

During our initial workshop at the SMMC we brainstormed ideas for the new clinic that would improve accessibility. We organized them into four categories based on their ease and impact. Many of the ideas were concentrated on how to best use the parking area in front of and around the new site. Specifically, there were some relatively easy to implement and high impact ideas that arose from the workshop:

1. Having a ***stroller and walking path*** around the perimeter of the SCHC, which could be delineated as simply as with a dotted white line. This path would be a safe way for people to walk into the clinic site, a clear line for which cars could look out, a way in which employees could safely stroll around the property to get fresh air, and if a small sign was added at the end stating how long the "track" was, a way to highlight the need for exercise and encourage activity. The extension of this would be a running path for the area with a few options of routes that employees or patients could take to get some exercise, for example during lunch breaks.
2. Clarify ***staff versus patient parking*** around the clinic. Staff should park further from the clinic and patients closer. There would either be specific patient designated zones or during induction the areas assigned to patients would be made clear to employees.
3. Catering to specific uses in the parking area and ***designating space more proactively***. Specifically, there were many requests for ambulance pathway with an access area to the building for emergencies, a drop off zone in front of the clinic (babies/old), and an area in which taxis could wait for patients inside the clinic.
4. ***Managing speed*** with signs for 10-15mph, pedestrian signs, and speed bumps leading up to the recycling center
5. Some ***security*** ideas such as having an active security guard and escort, especially at night. The security guard could be posted outside during hours of less light and escort concerned patients to the main road or their vehicles. Adequate lighting everywhere in the parking lot and in front of the clinic was also deemed as somewhat expensive but crucial given prior experiences with cars being vandalized.

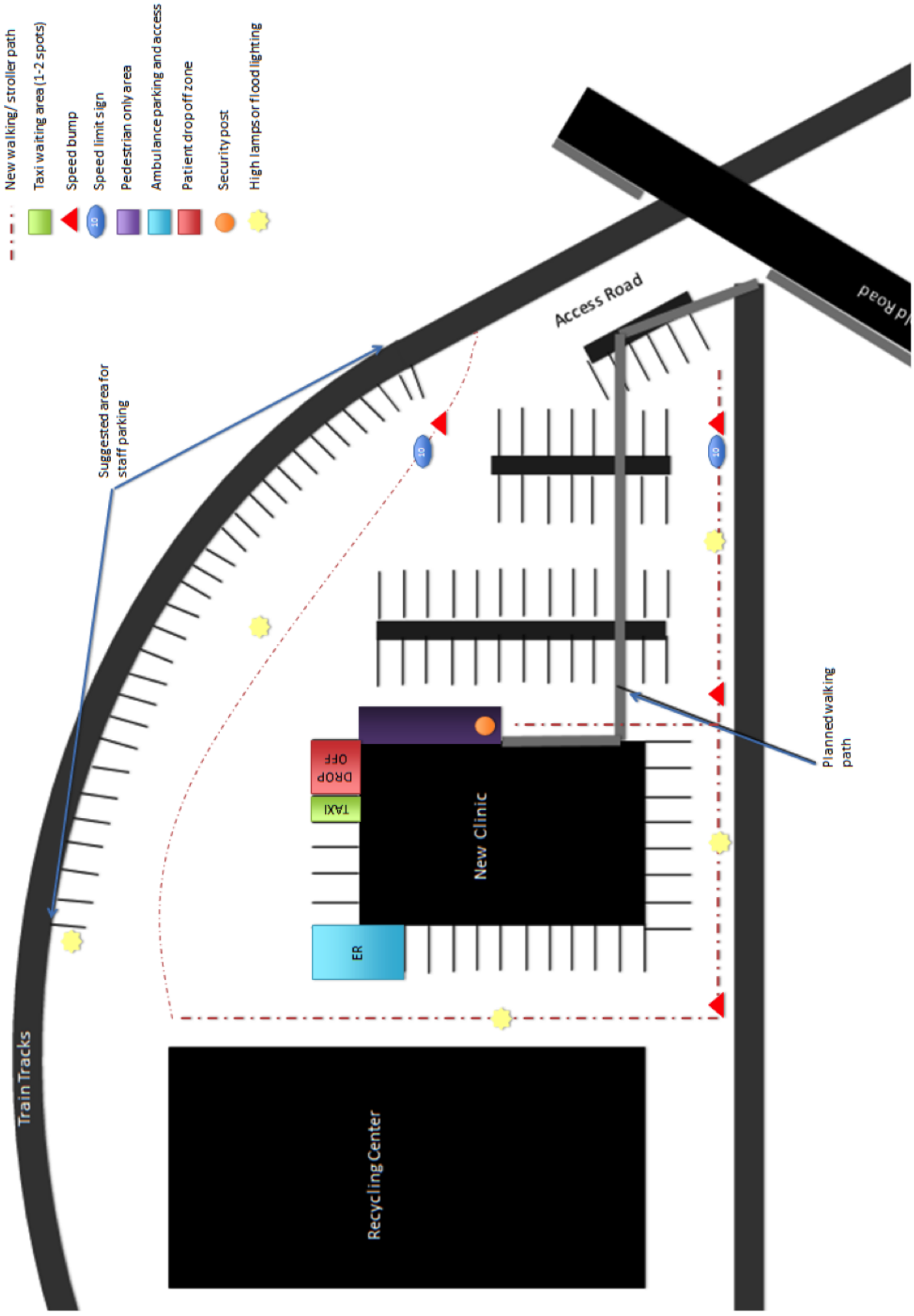
6. Constructing community space such as ***tables and benches*** outside of the clinic.

The specific solutions we determined involved actively planning the space in front of and around the clinic with the above uses in mind. See appendix for proposed outline.

We focused on this area within the clinic as there are no additional stakeholders involved in the decision making. Without government permitting, these changes can be affected quickly, and for the most part, cost effectively. The most expensive item is the lighting which could cost up to $100,000 per light according to internet research from a Study conducted by the San Diego mayors office, available online at http://www.sandiego.gov/mayor/pdf/streetlight11019.pdf A cheaper alternative for the clinic would be flood lighting attached to the clinic which would be motion sensitive during partial light and on during the dark hours of clinic operation. In order to provide a consistent level of lighting throughout the parking lot, light fixtures that sit below tree canopies at about 15 feet in height are recommended.

Given that landscaping is one of the most cost-effective investments to increasing pedestrian quality, it is recommended that the SCHC focus on expanding the greenery of its parking lot. A lush parking lot results in a welcoming public realm and one that is often visited. By transforming the lot into a frequented public space, it will increase people's perception of the parking lot's safety (Ben-Joseph, E., 2012). Given that safety and community cohesion were central concerns for clinic employees, it is essential that the new SCHC expand its green landscaping and thus create a welcoming public space.

The ambulance entrance shown in the below diagram would be contingent on the new site having access in the rear for ER patients. Because physicians desired an ambulance entrance, we have included it in the plan. We believe that it would not take too much additional parking area space for this feature and reduce the likelihood of accidents in the front of the clinic.


New walking/ stroller path
Taxi waiting area (1-2 spots)
Speed bump
Speed limit sign
Pedestrian only area
Ambulance parking and access
Patient drop off zone
Security post
High lamps or flood lighting
Access Road
Suggested area for staff parking
Planned walking path
New Clinic
DROP OFF
TAXI
ER
Recycling Center
Train Tracks

Willow Clinic Workshop

Our workshop at the Willow Clinic made it clear that we also needed a marketing and awareness campaign. One participant said, "Many of the patients don't even know we are moving to a new clinic," and another chimed in, "I've been showing my patients a photo I printed out of the new clinic." Their feedback clearly demonstrated a need for materials and a communication plan to reach the patients and the community.

The first part of this plan is a pamphlet with the pertinent information and features, such as:

1. An image of the new clinic so that they recognize it when passing it and are compelled to visit a beautiful new facility.
2. Pertinent information about the move. Current clinicians will be moving to the new facility, which will include pediatrics and other specialist departments but not emergency services.
3. A transportation map option with walking, bus, driving, and cycling routes from the Willow Clinic and East Palo Alto. This will be a simple map with limited text to increase approachability.
4. Be in English and Spanish in the first cut, Samoan and Tongan in the second, and Urdu and Hindi third.
5. Details on where the patients can find more information, including at their clinic, online, or by phone. Receptionists would need to be prepared for these calls with simple directions to the clinic and explanation of all services offered. We recommend running a thirty minute to one hour workshop with the receptionists detailing the different questions that new patients could ask.

The information should also be shared in as many locations as possible such as:

1. Physical pamphlets distributed at the clinic reception, in new patient packs, at churches, supermarkets, community centers. As a secondary push, laundromats, schools, and other clinics would increase reach but may be administratively hard to accomplish.
2. Radio reminders on local Spanish language stations. Adding the item to local news could increase awareness as well. Any community broadcasting should also be targeted.

3. Text message campaign would send a free (to receive) SMS to all patients whose cell phone numbers are available. This would include new address and a welcome note to the new clinic with a reminder that their specific doctor will now meet them there. While more time-consuming and potentially costly most of the patients do not use email.

The final aspect of the communication plan involves the management of the new clinic communicating the parking and security plan for the new site to the Willow clinic employees. This was a near universal concern in our workshop.

GIS Analysis

Foremost, the GIS analyses demonstrate that patients of the three southern SMMC clinics come from all over. Although the majority of patients live in the North Fair Oaks and Redwood City communities, they also come from throughout San Mateo County, especially East Palo Alto where 23% of all patients live. In other words, patients are not simply from the immediate area around the future clinic (see Figure 7).Each of the dots in the previously mentioned map represents the home address of a patient who goes to one of the current three South County clinics.

The Network Analyst-Service Area function of ArcMap 10.1 revealed quite contrasting service ranges for driving to the SCHC versus walking. The Service Area maps (see Figures 8 and 9) contain red-shaded polygons, which represent the distances that an average person can walk and drive outward from the SCHC in 5mins, 10mins, 15mins, and 20mins. As Figure 8 demonstrates, the driving range under ideal conditions covers a large portion of the county. In fact, about 96% of patients fall within the 15minutes driving range generated by GIS (see Table 1). On the other hand, the walking range from the SCHC is much more limited. As Figure 9 demonstrates, the 20-minute walking range fails to cover the entirety of North Fair Oaks and surely fails to reach East Palo Alto. The GIS analyses revealed that only 20% of patients are within a 20 min walk of the new site (see Table 2). In other words, only a small fraction of patients can reasonably walk to the future SCHC.

Figure 7: Geographic distribution of current Fair Oaks Clinic, Fair Oaks Children's Clinic, and Willow Clinic patients.

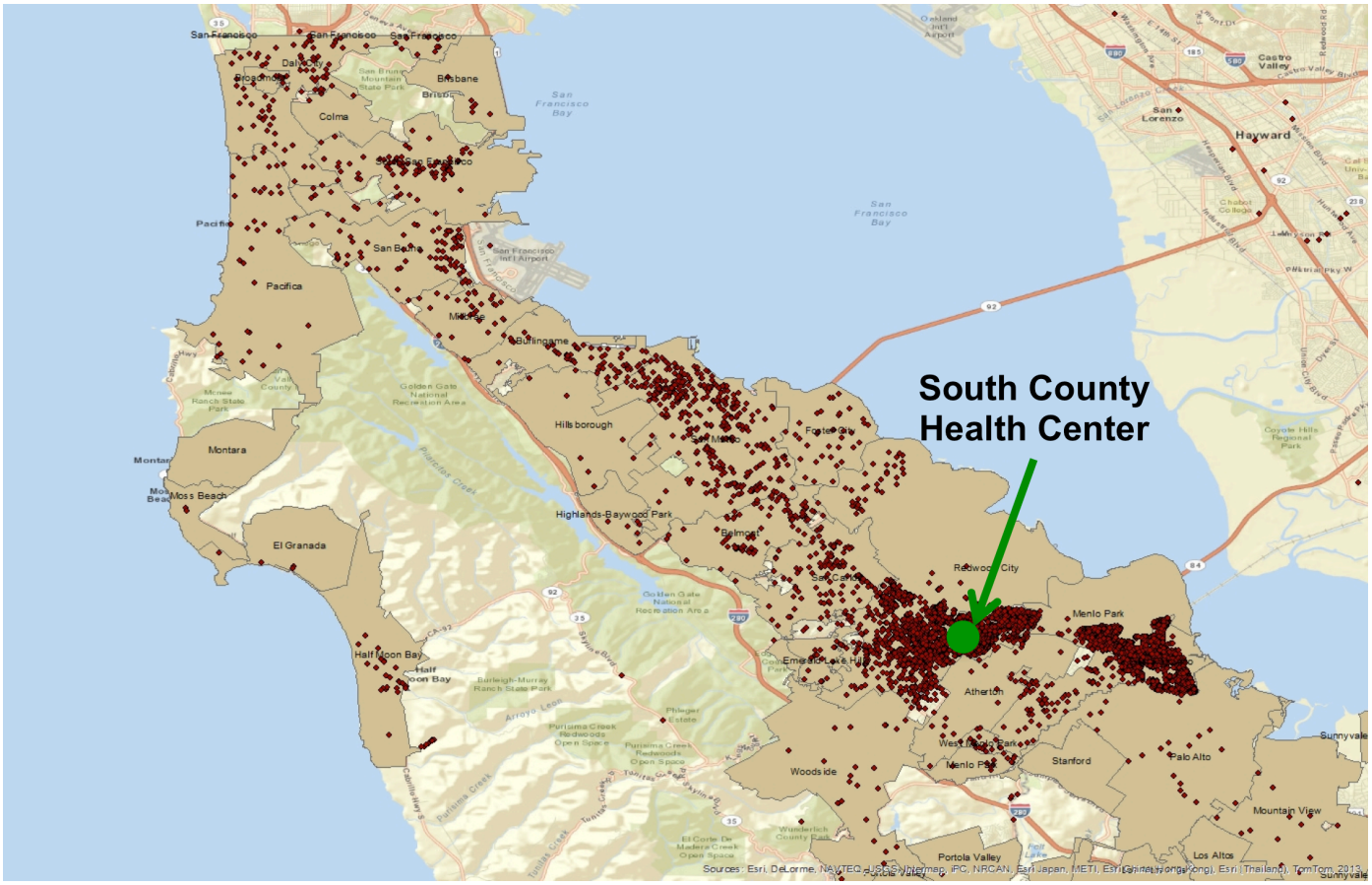


Figure 8: Driving range around the future South County Health Center. From innermost polygon outward, the red-shaded polygons represent the driving range 5mins, 10mins, 15mins, and 20mins from the SCHC under ideal conditions.

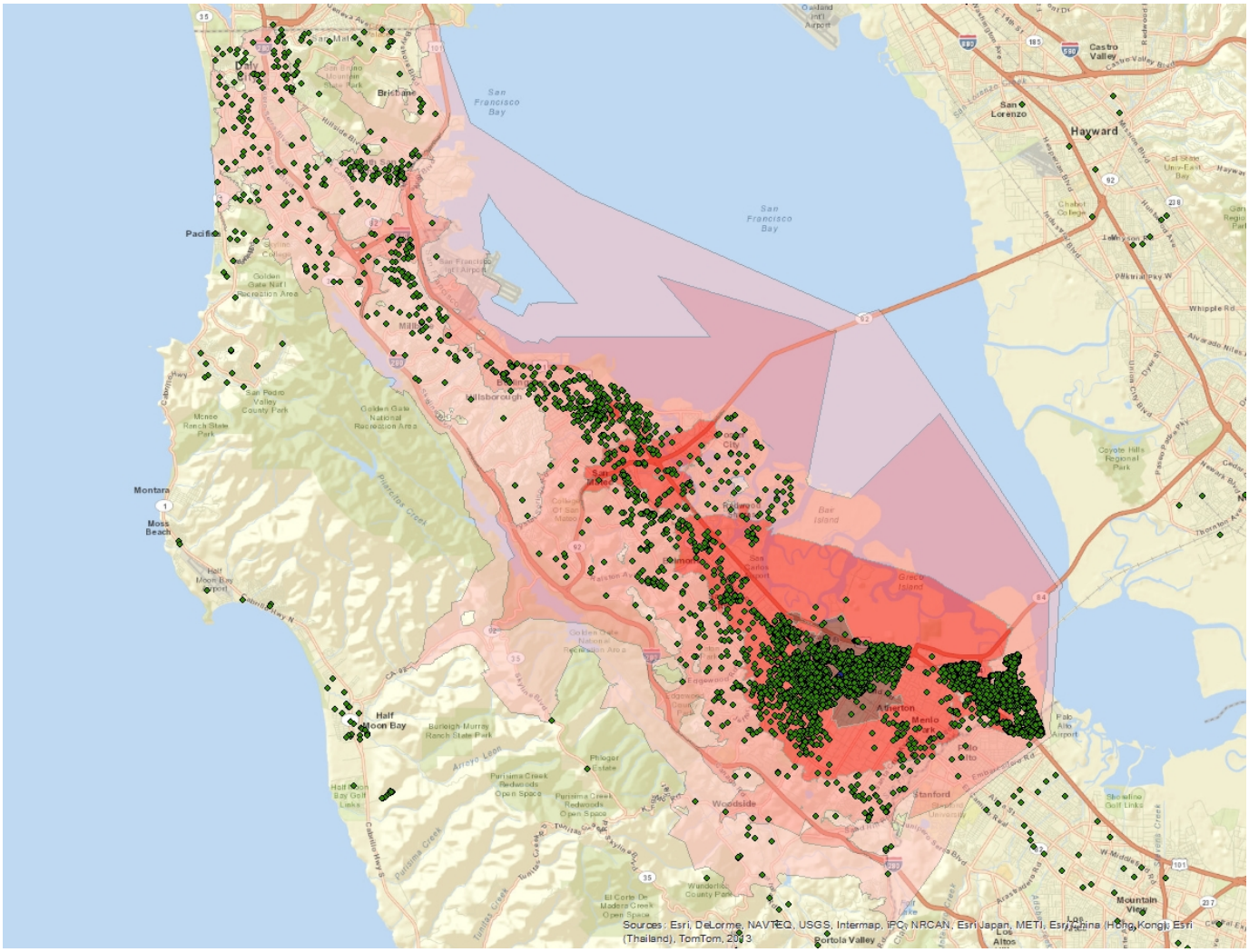


Figure 8: Walking range around the future South County Health Center. From innermost polygon outward, the red-shaded polygons represent the walking range 5mins, 10mins, 15mins, and 20mins from the SCHC.

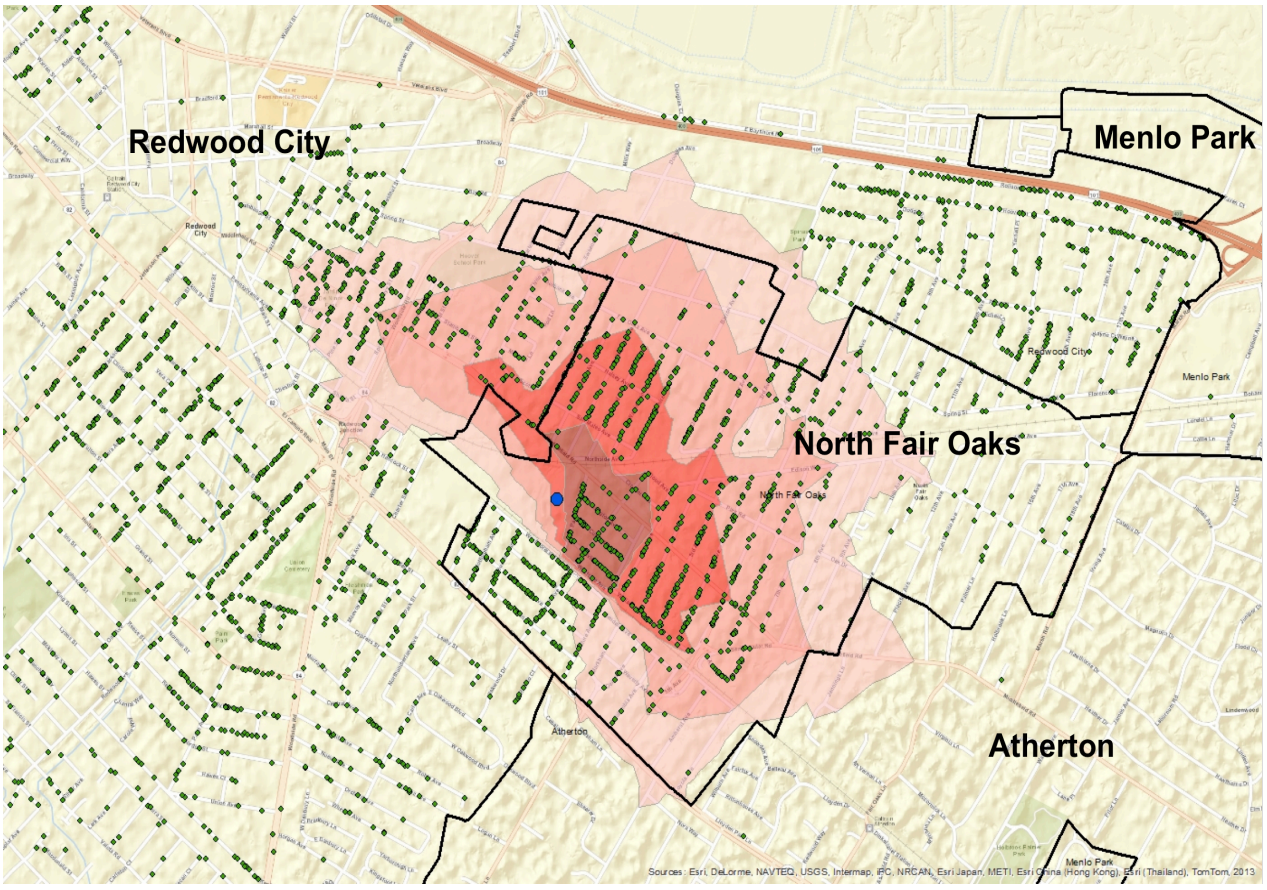


Table 1: Driving distance from SCHC. About 96% of South County clinic patients live within a 15 minute drive of the new South County Health Center

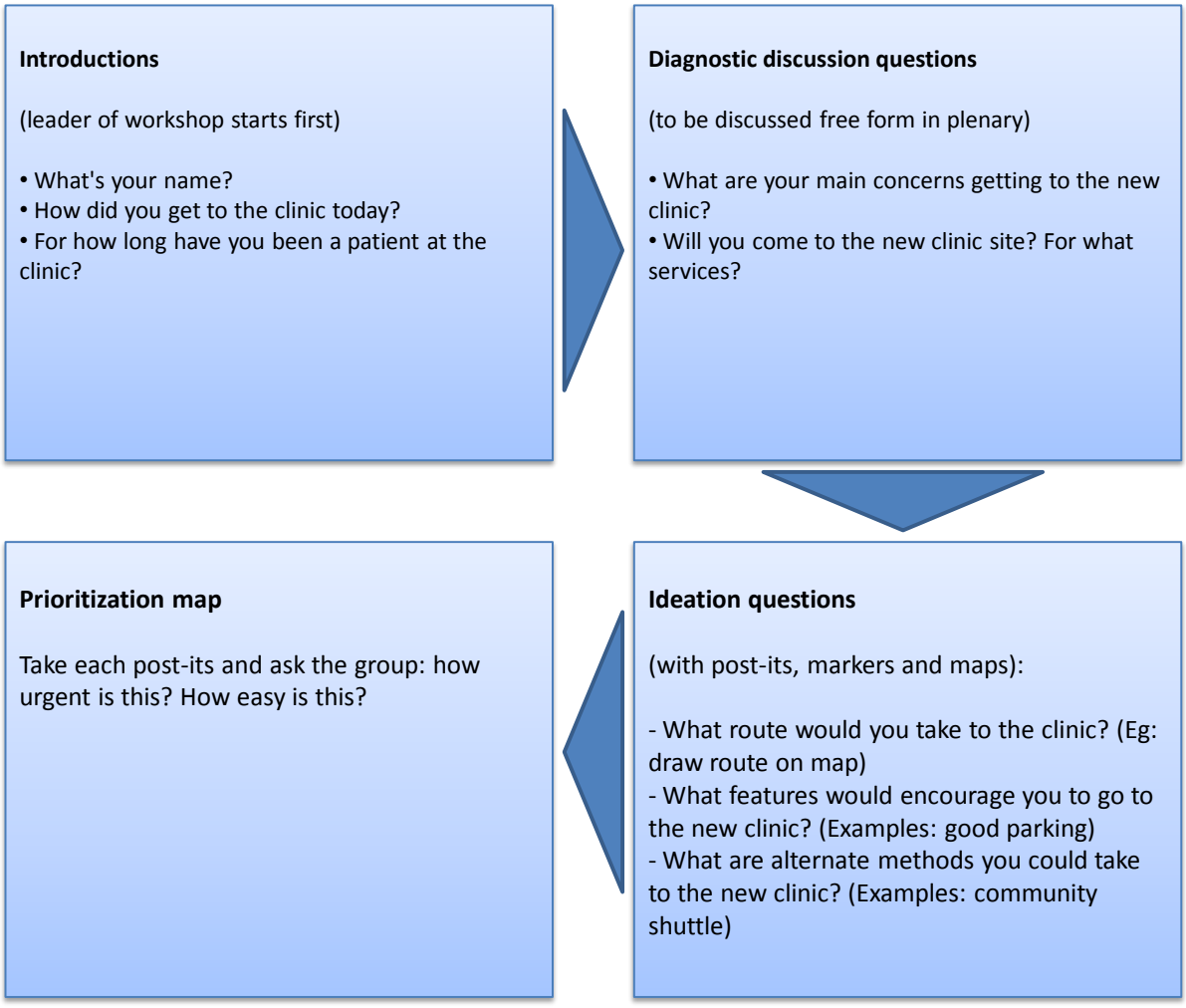
Driving	Number of Patients	Percent of Total Patients
0-5 mins	8,059	47%
5-10 mins	4,945	29%
10-15 mins	3,366	20%
15-20 mins	318	2%
Total 0-20 mins	**16,688**	**98%**

Table 2: Walking distance from SCHC. About 20% of South County clinic patients live within a 20 minute walk of the new South County Health Center

Walking	Number of Patients	Percent of Total Patients
0-5 mins	400	2%
5-10 mins	1,055	6%
10-15 mins	964	6%
15-20 mins	1,038	6%
Total 0-20 mins	**3,457**	**20%**

Next Steps

1. Conduct patient workshops at the current clinics to raise awareness and understand patient needs. The format could be much the same as the other workshops but with a series of different questions. The suggested methodology for the clinic is in the exhibit below with the posters and materials that the team will leave at the clinic.



2. Work with local councils and officials to increase public transit options, cross walk and pedestrian safety in the immediate vicinity, and ultimately development and safety in the areas.

3. Launch awareness campaign by printing and sharing pamphlets; creating partnerships with local churches, businesses and community centers to spread the word (and materials); adding information to new patient files; putting up clear posters and signs at the Willow Clinic and Children's Clinic; writing scripts for receptionists and holding workshops on how to explain and guide people to the new site; increase patient awareness of community shuttles, shared transport options, and taxi benefits for some patients on local health plans.

VI. Appendix

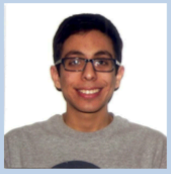
Team Members

Mina Alaghband
650-690-5444
minaa@stanford.edu

About: Mina is a 2nd year MBA student in the joint business and E-IPER program for sustainable resource management.

Experience: Mina worked at McKinsey & Company as a management consultant focusing on large scale infrastructure projects in the energy, power and tech spaces. Mina also started and an agriculture business and co-founded a big-data/ GIS company. She currently works with Tugboat Ventures while studying. She has experience running extensive surveys and consumer analytics.

Tentative role: patient and employee organizer (survey/interview)



Juan Reynoso
760-807-8868
reynosoj@stanford.edu

About: Juan is a junior majoring in Human Biology with a concentration in the Social Determinants of Health.

Experience: He has participated in various community health and service-learning programs at Stanford and has partnered with non-profit organizations such as: MayView Community Health Center, Latinas Contra Cancer, and the Day Worker Center of Mountain View. Juan currently interns at the Stanford Prevention Research Center, has intermediate GIS experience, and is bilingual in English and Spanish.

Tentative role: Community partner liason

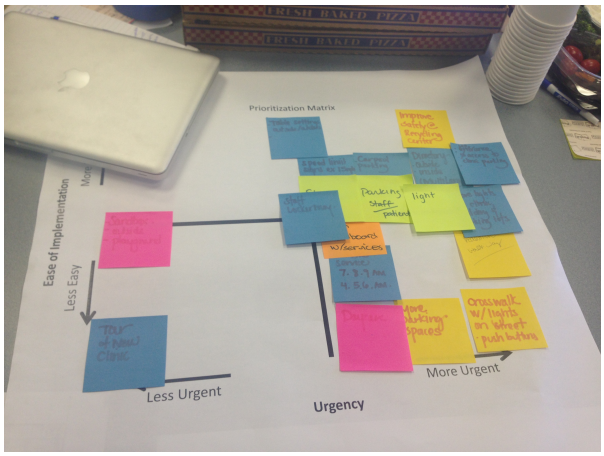
Will Troppe
703-587-1220
wtroppe@stanford.edu

About: Will is a junior majoring in Atmosphere/Energy Engineering in Stanford's Department of Civil and Environmental Engineering.

Experience: Will worked at Argonne National Laboratory conducting lifecycle analyses of utility-scale geothermal systems and in Chile for their government's Center for Renewable Energy. Since last summer he has worked with Regenerative Network, a group of cutting-edge green building product manufacturers and service providers. He is fluent in English and proficient in Spanish.

Tentative role: CFO

Workshop Photographs



Brochure Suggestions

We suggest the inclusion of artist renderings of the new facility in the brochure so patients can begin to get excited about receiving their health care in a brand new facility and so they can recognize the facility from the exterior when it is completed. We suggest the inclusion of phone numbers for the new clinic so patients can call if they have any questions about accessing the new site or what types of services are offered. We suggest listing services offered on the pamphlet. Finally, we suggest a map or several maps detailing transit directions from Willow Clinic to the new SCHC site via automobile, bicycle, and, most importantly, public transportation. Public transportation details should include timetable and route information. The pamphlet should be translated from English into all languages necessary, certainly including Spanish.

The Ideation Process

The ideation process is a way of harnessing ideas in a room, getting collective creativity to find solutions to problems, and to get a group engaged in a specific problem. The method was pioneered at Stanford's design school and is used as part of the process of coming up with an exhaustive list of solutions. The overall method we used is explained in the body of the essay but tips for running a successful workshop are contained below and focus on (1) encouraging all ideas, (2) building on ideas brought in to the circle, (3) making it a visual and participatory process.

Some other rules & tips

Stay focused on topic

- Turn it around to something that relates

One conversation at a time

- Let everyone get their idea out
- Bring side discussions onto the table

Headline it

- Get the essence and move on
- Maintain flow

Be visual

- Bring the right brain into play

And, for best results….

Explicitly agree

- "Let's brainstorm!"
- "Yeah!"

Facilitate

- "What else….?"

Record

- Capture the ideas

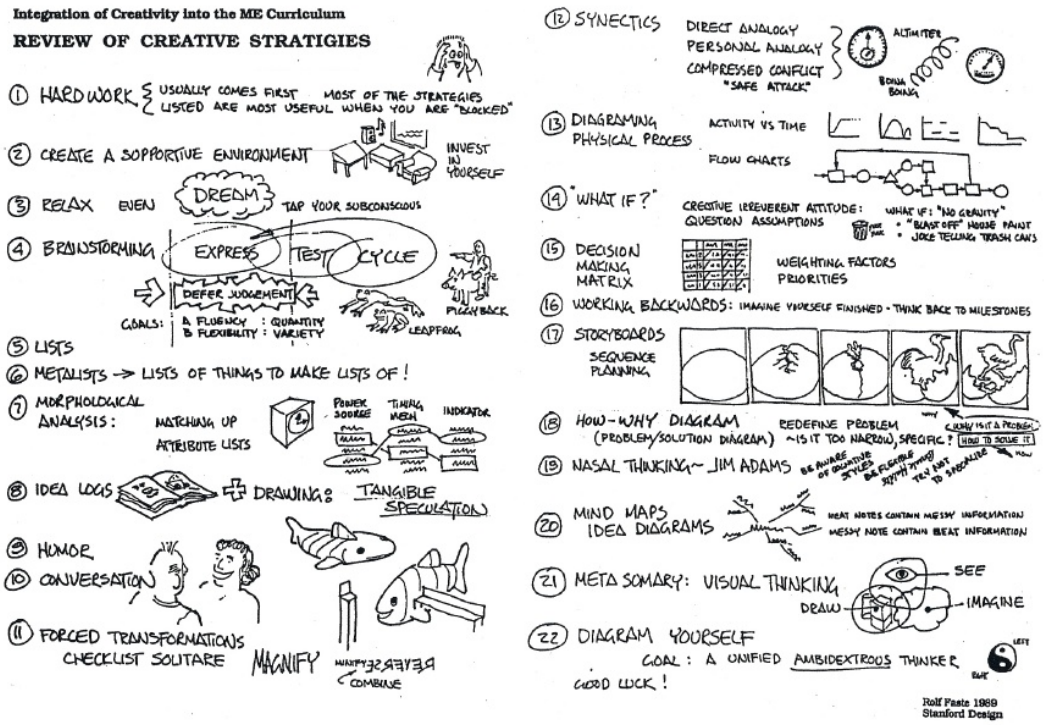
Time box

- Define the play period

Fifty phrases that kill creativity

- Our place is different
- We tried that before.
- It costs too much.
- That's not my job.
- They're too busy to do that.
- We don't have the time.
- Not enough help.
- It's too radical a change.
- The staff will never buy it.
- It's against company policy.
- The union will scream.
- That will run up our overhead.
- We don't have the authority.
- Let's get back to reality
- That's not our problem.
- I don't like the idea.
- I'm not saying you're wrong but...
- You're two years ahead of your time.
- Now's not the right time.
- It isn't in the budget.
- Can't teach an old dog new tricks.
- Good thought, but impractical.
- Let's give it more thought.
- We'll be the laughingstock of the industry.
- Not that again.
- Where'd you dig that one up?
- We did alright without it before.
- It's never been tried.
- Let's put that one on the back burner for now.
- Let's form a committee.
- It won't work in our place.
- The executive committee will never go for it.
- I don't see the connection.
- Let's all sleep on it.
- It can't be done.
- It's too much trouble to change.
- It won't pay for itself.
- It's impossible.
- I know a person who tried it and got fired.
- We've always done it this way.
- We'd lose money in the long run.
- Don't rock the boat.
- That's what we can expect from the staff.
- Has anyone else ever tried it?
- Let's look into it further.
- We'll have to answer to the stockholders.
- Quit dreaming.
- If it ain't broke, don't fix it.
- That's too much ivory tower.
- It's too much work.

More strategies for getting ideas



Workshop Participants

Friday, May 10th at Fair Oaks Clinic:

1. Tanya Escobar (RN) tescobar@smcgov.org
2. Annie Mendoza (MSA) admendoza@smcgov.org
3. Carmen Osuna (CHW) cosuna@smcgov.org
4. Nelsi Tomasino (MSA)
5. Ana Recinos (PSA)
6. Lupe Guiterrez (PSA)
7. Victoria Contreras (MSA)
8. Angela Guardado (RN CED) aguardado@smcgov.org
9. Maria McKinney (RN CED) mckenney81173@yahoo.com
10. Priscilla Padilla Romero (PHE) ppadilla-romero@smcgov.org
11. Neel Patel (MD)
12. Becky Martinez (RN) rmartinez1@smcgov.org
13. Jonathan Mesinger (Manager)

Wednesday, May 23rd at Willow Clinic:

1. Rossana Mahafutau (MA) rmahat@smcgov.org
2. Elizabeth Herrera (RN) eeherrera@smcgov.org
3. Heisel Lech (RDA) hlech@smcgov.org
4. Maria G. Bedolla (CHW) mbedolla@smcgov.org
5. Hemal Mehta (MD) hmehta@smcgov.org
6. Debbie Sousa (RN) dsousa@smcgov.org
7. Marlene Mitchell mizlaydee2000@yahoo.com
8. La Shanna Power (MA) cpowers@smcgov.org

References:

Bay Area Regional Health Inequities Initiative (BARHII). (2013). Healthy Planning Guide.

Ben-Joseph, E. (2012). Rethinking a lot.: the design and culture of parking. *The MIT Press: Cambridge, Massachusetts.*

California Department of Health Services. (2013). Why People Don't Walk and What Planner Can do About it. *Local Government Commission Center for Livable Communities: Sacramento, California.*

DES Architects and Engineers. (2013). South County Health Center architectural drawings.

Federal Highway Administration (FHWA). (2004). Summary report: evaluation of lane reduction "road diet" measures and their effects on crashes and injuries. U.S. Department of Transportation.

Federal Highway Administration (FHWA). (2013). Pedestrian and Bicycle Safety. *U.S.* Department of Transportation.

Huang, H., Stewart, R., Zegeer, C. (2002). Evaluation of Lane Reduction "Road Diet" Measures on Crashes and Injuries. Journal of the National Academies of Science.

SF Planning Department. (2013). Final Report on the Chinatown Broadway Street Design.

San Mateo County. (2011). North Fair Oaks Community Plan. http://www.co.sanmateo.ca.us/portal/site/planning/menuitem.2ca7e1985b6c8f5565d293e5d17332a0/?vgnextoid=fce20549b39b1310VgnVCM1000001937230aRCRD

Tumlin, J & Pfeiffer, A. (2012). Pedestrians. In *Sustainable Transportation Planning: Tools for Creating Vibrant, Healthy, and Resilient Communities* (pp. 51-71). Hoboken, New Jersey; John Wiley & Sons, Inc.