



January 31, 2013

Ms. Patricia A. Burritt  
Report Status Coordinator  
Office of Statewide Health Planning and Development  
Healthcare Information Division  
Accounting and Reporting Systems Section  
818 K Street, Room 400  
Sacramento, CA 95814

Dear Ms. Burritt:

On behalf of Stanford Hospital & Clinics, I am pleased to submit our Fiscal Year 2012 Community Benefit Report, which covers the period of September 1, 2011 through August 31, 2012, and our Fiscal Year 2013 Community Benefit Plan. The attached report demonstrates our commitment to making a positive difference in the health of our community. From providing programs to keep older adults healthy and independent, to supporting community health clinics, to sponsoring cancer education programs for ethnic minority and underserved groups, Stanford Hospital & Clinics collaborates actively with local leaders, nonprofits, health care organizations and community members to address the most compelling health challenges facing the community.

If you have any questions, please contact Sharon Keating Beauregard, Executive Director of Community Partnerships at (650) 723-5909 or via email [shbeauregard@stanfordmed.org](mailto:shbeauregard@stanfordmed.org)

Sincerely,

A handwritten signature in blue ink, appearing to read "Amir Dan Rubin".

Amir Dan Rubin  
President and Chief Executive Officer

Enclosure



**STANFORD**  
HOSPITAL & CLINICS

*Stanford University Medical Center*

### **Mission Statement**

For the benefit of our patients and the community we serve, our mission is

- *To Care*
- *To Educate*
- *To Discover*

### **Vision Statement**

*Healing humanity through science and compassion, one patient at a time*

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**2012 Community Benefit Report**

**2013 Community Benefit Plan**

# Stanford Hospital & Clinics Fiscal Year 2012 Community Benefit Report

## Introduction

Stanford Hospital & Clinics (SHC) is dedicated to providing leading edge and coordinated care to each and every patient. It is internationally renowned for expertise in areas such as cancer treatment, neuroscience, surgery, cardiovascular medicine and organ transplant, as well as for translating medical breakthroughs into patient care. Throughout its history, Stanford has been at the forefront of discovery and innovation, as researchers and clinicians work together to improve health on a global level. SHC also maintains a strong commitment to the health of its community members and dedicates considerable resources to support its community benefit program.

The following report covers the fiscal year 2012 beginning September 1, 2011, and ending August 31, 2012. During this time, SHC invested nearly \$193.7 million<sup>i</sup> in services and activities to improve the health status of the communities it serves. In addition to providing details on this investment, this document describes the planning process and the community benefit plan for FY13.

## Target Community

SHC is a regional referral center for an array of adult specialties, drawing patients from throughout California, across the country, and internationally. However, a majority of SHC's patients are residents of San Mateo and Santa Clara counties. Therefore, for purposes of its community benefit program initiatives, SHC has identified these two counties as its target community.

## Community Assessment Process

SHC is an active participant in the assessment collaboratives in San Mateo and Santa Clara counties; the Healthy Community Collaborative of San Mateo County<sup>ii</sup> and the Santa Clara County Community Benefit Coalition (SCCCBC).<sup>iii</sup> SHC plays a leadership role as chair of the SCCCBC.

The goal of each group is to produce a community health needs assessment for guiding program planning, as well as policy and advocacy efforts, aimed at improving the health status of residents of those counties. The assessments are also designed to stimulate collaborative action and action by individual organizations to address pressing community health needs.

## Community Assessment Findings

### Santa Clara County findings included:

- SCC has a population of 1.78 million: 35 percent white, 32 percent Asian,<sup>iv</sup> 27 percent Hispanic, 2.6 percent African-American<sup>v</sup>
- By 2030, more than one in four county residents will be age 60 or older<sup>vi</sup>
- Nearly half of SCC seniors (people 65 and older) fell below the Elder Economic Security Standard Index<sup>vii</sup> in 2007<sup>viii</sup>
- Top four causes of death: cancer, heart disease, Alzheimer's disease, cardiovascular disease<sup>ix</sup>
- By 2030, SCC will see a 112% increase in Alzheimer's (quantifiable cost was over \$2.5 billion in 2008)<sup>x</sup>
- The percentage of uninsured SCC residents, age 18-64, increased from 9 to 21 percent between 2000 and 2009, higher than both state and national figures<sup>xi</sup>

- The percentage of SCC adults reporting they could not see a doctor when needed in the past 12 months because of cost or lack of insurance more than doubled from 5 to 13 percent between 2000 and 2009 (33 percent for African-Americans and 20 percent for Hispanic)<sup>xii</sup>
- Estimates for the number of uninsured SCC residents after Affordable Care Act (ACA) implementation: 130,000-150,000 (2014); 120,000-140,000 (2019)<sup>xiii</sup>
- Falls were by far the leading cause of fatal and non-fatal hospitalization among seniors in 2009<sup>xiv</sup>

#### San Mateo County findings included:

- SMC has a population of 718,451: 42.3 percent white, 25.4 percent Hispanic, 24.5 percent Asian,<sup>xv</sup> 2.6 percent African-American<sup>xvi</sup>
- By 2030, about one in four SMC residents will be over 65<sup>xvii</sup>
- According to the Elder Index,<sup>xviii</sup> 36 percent of seniors struggle to cover basic expenses and, if their annual income exceeds federal poverty guidelines, they may be ineligible for public assistance programs
- There will be a 70 percent increase in older adults with Alzheimer's Disease by 2030<sup>xix</sup>
- Top four causes of death: cancer, heart disease, cardiovascular disease, Alzheimer's Disease<sup>xx</sup>
- Falls are a key issue leading to hospitalization, loss of independence and death among seniors<sup>xxi</sup>
- Quality health care services are adequate, but access and affordability of health care are a significant problem<sup>xxii</sup>
- There are currently 80,000 uninsured SMC residents; estimates for post-ACA implementation place the number of remaining uninsured at over 34,000<sup>xxiii</sup>

### **Prioritization of Community Need**

To prioritize the many pressing community health needs, SHC developed the following selection criteria:<sup>xxiv</sup>

1. A needs assessment process has identified the issue as significant and important to a diverse group of community stakeholders
2. The issue affects a relatively large number of individuals
3. The issue has serious impact at the individual, family or community level
4. If left unaddressed, the issue is likely to become more serious
5. The issue offers potential for program intervention that can result in measurable impact
6. SHC has the required expertise and human and financial resources to make an impact

### **Summary of Community Benefit Investments**

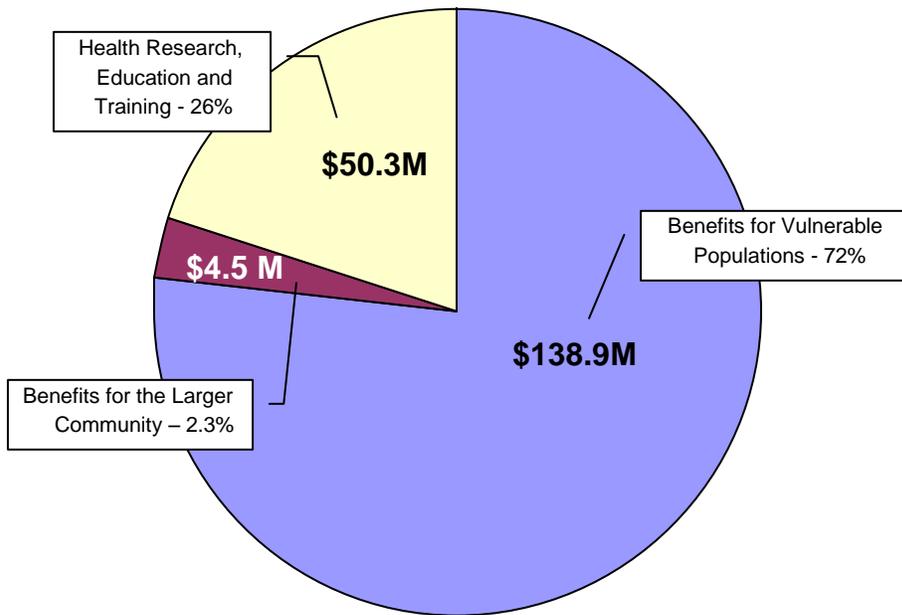
For the purposes of this report, SHC community benefit activities fall into three major categories:

- Benefits for vulnerable populations
- Benefits to the community at large
- Health research, education, and training programs

The table and chart below summarize SHC’s FY12 investment in community benefit.

Benefits for Vulnerable Populations *	\$138,880,829
Medicare (uncompensated expense)	\$212,465,834
Benefits for the Larger Community	\$4,455,349
Health Research, Education and Training	\$50,337,446
<b>Total Excluding Uncompensated Expense of Medicare</b>	<b>\$193,673,624</b>
Total Including Uncompensated Expense of Medicare	\$406,139,458

\* Includes uncompensated cost of Medi-Cal, Charity Care, and SHC community benefit programs whose target audience is Category 1: Benefits for Vulnerable Populations, and excludes the non-reimbursed cost of Medicare.



### Category 1: Benefits for Vulnerable Populations

#### Investments in Vulnerable Populations<sup>xxv</sup>

SHC’s largest community benefit investment was in improving access to needed health care services for vulnerable community members. In FY12, SHC contributed nearly \$139 million, or 72 percent, of its community benefit expenditures, to activities supporting vulnerable populations (*excluding* uncompensated Medicare). SHC’s uncompensated expense (cost less reimbursement) for Medi-Cal was nearly \$110.7 million. Charity care for uninsured and underinsured patients totaled over \$25.4 million.

## **Community Benefit Activities for Vulnerable Populations**

In addition to the investments in charity care and uncompensated Medi-Cal, SHC's contribution to other community benefit activities for vulnerable populations was nearly \$3 million in FY12. These activities provide essential services for those most in need in our communities.

SHC supports five community clinics and a transitional medical unit in a homeless shelter as part of its Improve Access to Care initiative. These community partners include Cardinal Free Clinics, which includes Arbor Free and Pacific Free Clinics, Ravenswood Family Health Center; MayView Community Health Center; Samaritan House Redwood City Free Clinic and Medical Respite Center at EHC LifeBuilder's Boccardo Regional Center in San Jose. The goal of this initiative is to build community capacity to deliver quality primary and preventive health care.

**Cardinal Free Clinic (CFC)** provides quality, free medical care to low-income uninsured populations, while offering a hands-on learning environment for Stanford students in community health, culturally competent medicine and leadership development.

In FY12, SHC provided more than 4,600 total tests, including chemistry, hematology, microbiology and virology tests for clients of CFC. In addition to the lab tests, SHC provided funding to help CFC expand its technology infrastructure to build capacity for services and to support improved operational efficiencies and patient care. With this funding, CFC implemented an electronic medical record (EMR) in FY11 and continued to refine its systems, as well as to train student and physician volunteers on the new system, with over 100 volunteers trained in FY12. The EMR has facilitated and enhanced lab orders, referrals to primary and specialty care and charting, allowing for easy access to necessary information during the week when the clinics are not operating. Lastly, SHC launched a new project providing free diagnostic radiology. The project resulted in CFC clients receiving 12 exams in FY12, including X-rays of the chest, spine, ankle, feet and ribs.

Arbor Free Clinic, located in Menlo Park, provided 1,102 patient visits in FY12. Most of Arbor's clients, 87 percent, are uninsured; 52 percent are unemployed; and 29 percent require language interpretation services. The clinic serves a diverse population: 34 percent of patients are Hispanic, 18 percent are white, 24 percent are Asian/Pacific Islander, 7 percent are African-American and 17 percent are "other."

Pacific Free Clinic, located in East San Jose, provided more than 1,200 patients visits in FY12. Its patients are 94 percent uninsured and 64 percent unemployed. Eighty-eight percent were born outside the United States. The ethnic makeup of its patients is 52 percent Vietnamese, 14 percent Hispanic, 13 percent Chinese, 10 percent other Asian, 8 percent Caucasian, 2 percent Pacific Islander and 1 percent "other."

**Ravenswood Family Health Center (RFHC)** is another important community partner. Located in East Palo Alto, the clinic serves a diverse, low-income population. In FY12, RFHC served nearly 9,400 patients with over 34,000 medical visits. Of those patients, 93 percent were living below 100 percent of the federal poverty level and 25 percent had no health insurance.

In April 2010, a multi-year grant was awarded by SHC to support the Ravenswood-Stanford Volunteer Pipeline Program. In FY12, year three of the grant, the program had a total of 383 volunteers that provided over 11,000 hours of service.

SHC established a branch of the Stanford Health Library at RFHC to serve the East Palo Alto community. In addition to computers, books and a myriad of other resources, the library has a bilingual medical librarian. The librarian not only staffs the library but conducts research on condition-specific health topics for RFHC patients and staff, as well as for community members. In FY12, the librarian assisted with over 1,400 interactions with library patrons.

In its partnership with **MayView Community Health Center**, SHC continued its funding for increased provider hours and for the Quality Improve Outcomes project for MayView clients with chronic diseases, particularly diabetes. The additional provider hours allowed MayView to serve 2,168 patients in FY12, including 127 with diabetes, and to maintain the formal patient referral system it has with Arbor Free Clinic. As part of its funding agreement, MayView provides a medical home for up to 50 Arbor patients annually. In FY12, 15 patients were referred to MayView from Arbor. MayView's Palo Alto clients are 52 percent uninsured, 90 percent low income (under 200 percent of federal poverty level), 66 percent Hispanic, 14 percent white, 14 percent Asian/Pacific Islander, 3 percent African-American and 3 percent "other." Nearly 60 percent of patients range between 18 and 64 years old.

SHC committed multi-year funding for the **Medical Respite Program (MRP)**. The program, located in a multipurpose homeless facility in San Jose, is a 15-bed transitional unit for homeless patients. It provides a safe, supportive environment in which to discharge these patients from acute care settings. The center provides social services, such as housing assistance, health insurance enrollment assistance, food and clothing and job training, in addition to continued medical care. In FY12, 192 homeless patients were referred to MRP. Of those 192, 132 were accepted. The most frequent reason for not accepting patients was "no bed available." A total of 73 patients completed the program. Of those patients, 94 percent were enrolled in some type of health care coverage upon discharge, and 99 percent were placed in some type of housing.

In FY12, **Samaritan House Redwood City Free Clinic** provided over 4,700 patient visits serving 1,388 unduplicated clients. This is comparable to the number of visits over the same time period last year. The patient population is largely Hispanic, 89 percent, and 100 percent is uninsured. The majority of patients is very low-income, faces language and cultural barriers and is more likely to suffer from multiple chronic conditions due to lack of preventive care. All medical providers at the clinic donate their time and expertise providing services such as primary care, dentistry, gynecology, breast cancer screenings, dermatology, diabetic care, endocrinology, internal medicine, neurology, orthopaedics, ophthalmology, optometry, podiatry, pulmonology, nutritional counseling, psychology and psychiatry. SHC's grant to Samaritan House funded the standardization of exam rooms and installation of thin client computers in the exam rooms. The remaining 50 percent of funds are going to support the clinic's transition to the Federal Tort Claims Act (FTCA) insurance coverage for the volunteer providers.

As part of its support for its community partners and other community-based agencies, SHC conducted two workshops in FY12 for clinic and non-clinical staff. The workshops, entitled **Making the Most of Your Community Service – Foundations for Community Engagement**, were taught by faculty from the Stanford School of Medicine Office of Community Health. Open to the community as well as SHC staff, these workshops prepared individuals for effectively working in a community-based setting. The workshops were also useful for recruiting volunteers to work in the community. The two, full-day workshops were attended by 33 people.

The **emergency department registration unit** has partnered with San Mateo County since 2004 in a program designed to link uninsured pediatric patients treated in SHC's emergency department with programs such as Medi-Cal, Healthy Families and Healthy Kids. This partnership was implemented as a result of studies by Nancy Ewen Wang, MD, associate director of pediatric emergency medicine, which showed that uninsured children are less likely to receive routine care due to the fear of financial hardship on their families. By helping families through the steps needed to apply for these state assistance programs, the emergency department registration unit works to ensure that eligible children received vital services. In FY12, 535 referrals were made and 169 children were enrolled in various assistance programs.

SHC also provided experts to assist uninsured, low-income patients to research health care options. Services provided, at no cost to the client, by **Health Advocates** included helping individuals research eligibility requirements and identify appropriate health insurance programs, complete applications, compile required documentation and follow up with county case workers. For individuals eligible for the various programs, this service assists patients in obtaining coverage for medical necessities such as hospital care, prescription drugs and home health care. The cost of providing this service in FY12 was \$1,187,845.

Various SHC departments provided **financial support** to patients in need. In cases where a patient is discharged but has limited or no ability to pay for necessary medical items and certain non-medical services, departments such as Social Work and Spiritual Care Service provide funding to defray the costs. Medical equipment, transportation, temporary housing, medications, meal assistance, skilled nursing facilities and funeral assistance, among other items and services, are funded by these hospital departments. In FY12, support for patients and their families experiencing financial hardship totaled \$1,084,649.

## **Minority Populations**

An important goal of SHC's community benefit program is to reduce cancer-related health disparities. It is a goal SHC shares with Stanford Cancer Institute. In FY12, SHC funded the following projects that provided access to culturally-appropriate cancer education and supportive services for minorities, women and underserved populations:

- *Korean Cancer Patients & Family Support Group: Cancer support and education to Korean cancer patients & family members on cancer prevention, care and survivorship*
- *Breast Cancer Connection: Service gap program for mammography and breast cancer diagnostic procedures for low-income community members under 40 years of age*
- *Vietnamese Reach for Health Coalition: Colorectal cancer screening education (materials are in Vietnamese)*
- *Indian Health Center: American Indian Women Colorectal Cancer Screening and Education Program*
- *Herald Cancer Care Network: Cancer Education Program for Chinese survivors and caregivers (conducted in Mandarin)*
- *African-American Community Health Advisory Committee: Breast cancer awareness and screening campaign*
- *100 Black Men Silicon Valley: Community cancer outreach program*
- *Yu-Ai-Kai: Japanese cancer support group for survivors and caregivers*

- *Samaritan House: Patient navigators for providing breast health education and coordinating breast cancer screening and care services*

SHC continued its support of the **Stanford Medical Youth Science Program** with a \$10,000 contribution and hospital internships for 16 students. The program's mission is to increase knowledge about the sciences and health professions and to offer guidance about college admissions to low-income and underrepresented minority students. The students learn about potential careers in health and medicine through hands-on activities, shadowing and discussion groups. The internships are in various hospital departments, including surgery, cardiac care and intensive care units, transplantation, neurology and hospital administration.

## **Older Adults**

The population in both San Mateo and Santa Clara counties is getting older. Almost 30 percent of Santa Clara County residents will be over the age of 60 by 2030. In San Mateo County, about one in four residents will be over 65 years of age by 2030. This changing demographic has significant implications for health care and will require changes not only in the types of services provided but in the ways services are delivered.

SHC has been preparing for this demographic shift by expanding its **Aging Adult Services Program** (AAS) and offering components of that program to the community. **Lifeline**, a program of AAS, is an in-home emergency response service that helps older adults remain independent by providing an easy way to summon help in an emergency. This program is available to seniors regardless of their ability to pay. Nearly \$50,000 in free or reduced cost Lifeline subscriptions were provided to 374 low-income seniors in FY12.

SHC's community benefit plan focuses on three health initiatives: *Improve the Health and Well-being of Older Adults, Improve Access to Care, and Reduce Cancer Health Disparities*. In support of the first initiative, SHC implemented three evidence-based programs, free of charge, at local senior centers, many of which serve primarily low-income seniors. Those programs are Strong for Life, Farewell to Falls and Chronic Disease Self-Management.

**Strong for Life** is a group exercise program whose goals are to help older adults increase strength, balance and mobility, and reduce isolation. In FY12, this program was provided to 270 seniors at eight senior centers, five of which serve primarily low-income seniors.

**Farewell to Falls** is a fall prevention program provided by Trauma Services. Occupational therapists provide home visits and review multiple risk factors for falls. Regular follow-up phone calls encourage compliance with exercise and other recommendations. One year after the initial home visit, the therapists evaluate participants' progress. The program enrolled 310 seniors in FY12. In addition to providing in-home fall prevention to older adults, an additional 710 seniors were reached through educational presentations and health fairs. Farewell to Falls staff also provided presentations to groups such as health care providers, reaching 327 professionals with fall prevention information.

**Chronic Disease Self-Management** is a behaviorally oriented program that teaches participants how to manage their chronic conditions. The program assists those with chronic conditions to develop confidence in managing their health. They learn to do appropriate exercises, eat better, manage stress

and pain, manage their medications and better communicate with their families and health care providers. SHC conducted four six-week workshops in FY12, reaching 42 older adults.

In addition to implementing community-based programs for older adults, SHC supports the work of two countywide collaboratives engaged in improving the health and well-being of older adults: the **San Mateo County Fall Prevention Task Force** and **Countywide Chronic Care Coalition (C4)**.

Concerned with the growing incidence of falls among older adults in San Mateo County, a coalition of volunteers representing more than 25 different community provider agencies, hospitals, nonprofit organizations, senior centers and private service providers came together in 2003 and formed the **San Mateo County Fall Prevention Task Force**. The mission of this group is to decrease falls among community-dwelling older adults through advocacy, resource development and community education. SHC supports the work of the task force with staff representation and grant funding.

The primary purpose of **C4** is to spread the chronic care model of health practice throughout health services in the county. Underlying the formation of C4 was recognition that ineffective and inefficient care of chronic disease is a major cause of the health care crisis. This coalition aims to train health care providers and other health care staff throughout Santa Clara County to implement the chronic care model. SHC supports this coalition with staff representation.

## **Sponsorships**

SHC contributed \$30,000 in sponsorships in FY12 to support various community events benefiting such things as free clinics, cancer education, youth health and hepatitis B screening and prevention.

## **Category 2: Benefits for the Larger Community**

SHC supported a wide-range of activities that benefit the broader community. In FY12, SHC contributed nearly \$4.5 million to support these activities.

### **The Stanford Health Library**

Stanford Health Library provides scientifically-based health information for people to make informed decisions about their health and health care. The health library has five branches and reaches out to the local population, as well as to those who use the Internet. The health library is located in both clinical and community settings throughout Palo Alto and East Palo Alto. All health library services are provided to community members free of charge at a cost of nearly \$1.28 million. The library has an extensive collection of online health and wellness resources including over 17,000 vetted medical websites, 1000 e-books, 70 health lectures available on YouTube and thousands of full text articles. It also has more traditional health and wellness resources such as books, medical journals, periodicals and videos. Other services include health and condition-specific research for individuals conducted by specially trained volunteers.

In FY12, approximately 18,000 community members visited health library branches. An additional 800 individuals were provided services by library staff and volunteers via e-mail and phone and 3500 more were reached by other library programs such as the lecture series. In addition, there were over 300,000 website visits and 36 programs bringing SHC physicians and researchers into the community to discuss a variety of health topics. At Ravenswood Clinic, the library supports not only

the community population and patients of the clinic, but the health navigators at the clinic who deal directly in patient education. The health library's medical librarian conducts research on their behalf and provides them with salient information that assists them as they work with patients. For patients and community members, the librarian provides information that is in alignment with their language needs and health literacy level.

## **Stanford Cancer Supportive Care Program**

Stanford Cancer Supportive Care Program (SCSCP) provides non-medical support services to cancer patients, family members and caregivers regardless of where patients receive their treatment. The over 34 different services include support groups for many types of cancer, such as lung cancer, head and neck cancer, gynecological cancer, breast cancer, leukemia, multiple myeloma and brain cancer. SCSCP also provides classes on the effects of cancer treatment, caregiver workshops, exercise and yoga classes for cancer patients, art and writing workshops, healing touch classes, spiritual workshops, guided imagery workshops and one-on-one consultations with a registered dietician. All programs are provided free of charge to ensure that those in need of services receive it regardless of their economic circumstances. In FY12, over 18,500 program activities, at a cost of nearly a quarter of a million dollars, were provided by SCSCP to individuals whose lives were affected by cancer.

## **Support Groups**

SHC, through its social work and case management department, provides staff and other resources to conduct support groups for patients, their families and members of the community. These groups support participants affected by a wide spectrum of conditions, such as organ transplant, bone marrow transplant and pulmonary hypertension and offer caregiver training and support. The goal of the support groups is not only to educate but to provide a caring forum for participants and their caregivers to improve their coping skills and adjust to the life changes resulting from their conditions. In FY12, 1,045 individuals participated in these support groups.

## **Traffic and Bicycle Safety**

Through its Trauma Services Department, SHC supported several **traffic and driving safety educational programs** designed to reduce traffic-related injuries and deaths among young drivers, bicyclists and pedestrians. Conducted in partnership with the Traffic Safe Community Network (TSCN), Palo Alto Drug and Alcohol Community Collaborative, Palo Alto Unified School District and a variety of other community and public safety agencies, these programs collectively reached almost 800 students in FY12.

## **Cancer Clinical Trials Information and Referral Website and Phone Line**

SHC is a significant information resource for the community. In addition to the Stanford Health Library and community health education and outreach activities, SHC provides important information regarding cancer clinical trials. In order to make this information readily available to the broadest possible audience, SHC funds the cancer clinical trials information website and phone line. Staffed by topic experts, the goal of this program is to increase awareness of cancer clinical trials and link cancer patients to appropriate trials. In FY12, the website was visited by over 10,000 individuals, and staff fielded over 400 calls to the cancer clinical trials information and referral phone line.

## **Stanford Life Flight and Medical Transport**

SHC's Life Flight is a helicopter-based service that provides emergency medical services in Santa Clara and San Mateo counties. Life Flight responds to emergency medical calls, delivers patients to trauma centers and participates in search operations. SHC provided over \$2 million to subsidize this life-saving service in FY12, allowing 450 patients to receive critical medical care.

## **Community Emergency Response**

SHC plays a key role in disaster planning for the community. Through the Office of Emergency Management (OEM), SHC collaborates with local municipalities, county government and other hospitals to coordinate planning, mitigation, response and recovery activities for events that could adversely impact the community. The goal of these activities is to minimize the impact upon life, property and the environment from catastrophic events such as pandemic flu, earthquakes and other disasters. OEM works with Emergency Medical Services (EMS) in both San Mateo and Santa Clara counties on joint disaster exercises, disaster planning and mitigation and best practices. In FY12 OEM co-hosted, along with Stanford University School of Medicine, a multi-agency active shooter exercise that involved over 100 participants from local and county public safety agencies. OEM is also an active member on the Palo Alto Emergency Preparedness Work Group.

OEM provides a critical service for San Mateo and Santa Clara counties' EMS and other agencies, Centers for Disease Control and Prevention as well as other hospitals by maintaining caches of emergency medical equipment and supplies for ready access and deployment in the case of disaster or emergencies. OEM provides regular inventory review and 24/7 security to ensure that these EMS supplies are service-ready at all times. For example, the OEM cache supply, maintained in East Palo Alto, can provide care to about 200 trauma and burn patients.

## **Spiritual Care Service**

Medical care is only one aspect of healing. Spiritual Care Service chaplains assist local congregations with counseling of patients and their families. In FY12, the service trained 74 individuals from a variety of faiths and traditions to serve as spiritual care volunteers to assist and counsel people of all faiths, as well as those with no religious affiliation. Participants include current and former patients, family members and members of the local community.

SHC chaplains conducted a lecture series in the community called *Sacred Conversations As We Age*. The goal of the series was to provide emotional and spiritual tools for community members to navigate challenges in life, enrich life's meaning, improve relationships and increase resiliency. The topics were Forgiveness and Repairing Relationships, Spirituality and Aging, Grief and Loss, Shehechianu: Living in the Moment, Sacred Art of Listening and Ethical Wills: Passing on the Legacy of Your Values.

### Category 3: Health Research, Education and Training

Research, education and training are core to SHC's mission. SHC is the setting for training **medical students, residents and fellows** from the Stanford School of Medicine and, as such, makes a significant contribution to training the next generation of health care providers. In FY12, SHC contributed \$50.3 million to support health research, education and training. Of this amount, over \$40.5 million was spent to train medical residents and interns.

In addition to training physicians, SHC supports the training of other health professionals. In FY12, SHC invested over \$9.8 million for such training. Hospital departments such as **Rehabilitation Services, Nursing and Clinical Labs** provided clinical rotations for physical therapy, respiratory therapy, occupational therapy, speech therapy, nursing and laboratory science students from local colleges and universities. In addition, **physician assistant** students are trained by SHC physician assistants. SHC also provides a training ground for **pharmacy** residents and students, **radiology and nuclear medicine** students and **psychology** students.

**Stanford University Community Health Advocacy Program**, formerly the Patient Advocacy Program, was established in 2004 and combines a year-long Stanford-based course with clinic shifts and capacity-building projects at community clinics. The partnering clinics, which provide care for underserved populations in San Mateo and Santa Clara counties, serve a patient population that is largely immigrant, low-income and monolingual Spanish or Vietnamese speaking. Over the past eight years of the program, total service hours have surpassed 17,000, and 64 capacity-building projects have been completed at the clinics. Partner clinics in FY12 were MayView Community Health Center (Palo Alto and Mountain View clinic sites), Ravenswood Family Health Center and Samaritan House Free Clinic in Redwood City. Eleven student advocates provided more than 1,400 hours of direct service and completed eight capacity-building/quality improvement projects designed to meet the clinics' self-identified needs. SHC provided \$10,000 in funding for the program in FY12.

**Stanford Life Flight** conducts helicopter landing zone training classes for EMS and fire agencies. The goal of these trainings is to ensure safety for all involved in emergency air transports — the patient, air and ground personnel and the community. Life Flight participates in an estimated 400 hours of landing zone training on an annual basis.

SHC also supports **Clinical Pastoral Education**, which provides year-round training and internships for seminary students and clergy from all faiths. The program, which was accredited by the Association for Clinical Pastoral Education in 1983, trains students to provide effective spiritual care to individuals and families facing health-related crises. This program served 9,774 individuals in FY12.

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<sup>i</sup> This figure does not include cost of the unreimbursed Medicare.

<sup>ii</sup> Healthy Community Collaborative of San Mateo County members: Hospital Consortium of San Mateo County, Kaiser Permanente Redwood City & South San Francisco, Lucile Packard Children's Hospital Peninsula Healthcare District, Health Department, Mills-Peninsula Health Services, Human Services Agency, San Mateo Medical Center, Sequoia Healthcare District, Sequoia Hospital, Seton Medical Center, Stanford Hospital & Clinics Sutter Health, Peninsula & Coastal Region

<sup>iii</sup> Santa Clara County Community Benefit Coalition members: El Camino Hospital (Mt View, Los Gatos), Kaiser Permanente (San Jose, Santa Clara), Lucile Packard Children's Hospital, Hospital Council of Northern & Central California, O'Connor

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Hospital, Public Health Department, Saint Louise Regional Hospital, Santa Clara Valley Health & Hospital System, Stanford Hospital & Clinics, United Way Silicon Valley

<sup>iv</sup> Top three subgroups in total Asian Santa Clara County: Chinese (27% of total Asian), Vietnamese (22%), Asian Indian (21%); U.S. Census, 2010

<sup>v</sup> U.S. Census, 2010

<sup>vi</sup> Council on Aging Silicon Valley Area Plan 2012-2016; 2012

<sup>vii</sup> The Elder Economic Security Standard Index is a more accurate, detailed, county-specific measure of senior poverty. The Elder Index determines poverty based on true costs of housing, food, transportation, and health care. For example, an elderly single renter would need an income of 2.5 times Federal Poverty Level (FPL) to meet basic housing, medical, and nutritional needs. An elderly couple paying off a mortgage would need nearly 3.5 times FPL to meet basic needs

<sup>viii</sup> Council on Aging Silicon Valley Area Plan 2012-2016; 2012

<sup>ix</sup> California Department of Public Health, Death Statistical Data Tables 2010

<sup>x</sup> Council on Aging Silicon Valley Area Plan 2012-2016; 2012

<sup>xi</sup> Santa Clara County Department of Public Health, 2000-2009 Behavioral Risk Factor Survey

<sup>xii</sup> Santa Clara County Community Assessment Project; Survey & Policy Research Institute: San Jose State University. Public Opinion Phone Survey Report. 2012

<sup>xiii</sup> UC Berkeley Center for Labor Research & Education, Ken Jacobs; November 13, 2012

<sup>xiv</sup> Council on Aging Silicon Valley Area Plan 2012-2016; 2012

<sup>xv</sup> top three subgroups in total Asian San Mateo County: Filipino (39% of total Asian), Chinese (36%), Asian Indian (8%); U.S. Census, 2010

<sup>xvi</sup> U.S. Census, 2010

<sup>xvii</sup> Maintaining the Health of an Aging San Mateo County, fall 2010

<sup>xviii</sup> California Elder Economic Security Standard Index (Elder Index) is a county level indicator to measure the minimum income necessary to cover all of an older adult's basic expenses, including housing, food, medical care and transportation.

<sup>xix</sup> Maintaining the Health of an Aging San Mateo County, fall 2010

<sup>xx</sup> California Department of Public Health, Death Statistical Data Tables 2010

<sup>xxi</sup> Community Assessment Health & Quality of Life in San Mateo County 2011 (key findings section)

<sup>xxii</sup> Community Assessment Health & Quality of Life in San Mateo County 2011 (key findings section)

<sup>xxiii</sup> San Mateo County Health System, 2012

<sup>xxiv</sup> These criteria are meant as guidelines. There is no requirement that each project selected meets all seven criteria.

<sup>xxv</sup> Vulnerable populations as defined by SB 697: Any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.

## Stanford Hospital and Clinics Fiscal Year 2013 Community Benefits Plan

The Fiscal Year 2013 community benefit (CB) plan represents the final year of a five-year strategic investment in community health that was implemented in FY09. The plan continues to use documented community health needs as its basis. Most components of the plan remain unchanged, reflecting SHC's commitment to "staying-the-course" for five years as a sound approach for making an impact on the health of the local community. Modifications to the plan are the result of process assessment and reports submitted by community partners on their progress toward mutually developed goals and objectives, which are in alignment with SHC's health initiatives:

- I. Improve the Health and Well-Being of Older Adults
- II. Improve Access to Care
- III. Reduce Cancer-Related Health Disparities

The CB plan described below represents SHC's strategic investment in the community for FY13. Oversight of the plan rests with the Community Partnership Program Steering Committee.

### Health Initiative I: Improve the Health and Well-Being of Older Adults

Goal: Improve older adults' access to critical prevention and health-promotion services that focus on fall prevention and chronic disease management

Target Population: Older adults, age 60+, in San Mateo and Santa Clara counties, with an emphasis on underserved populations<sup>1</sup>

#### Health outcomes:

- Older adults have increased strength and mobility resulting in reduced number and severity of falls
- Older adults have increased social interaction and reduced isolation
- Older adults can better manage their chronic conditions, leading to improved health and quality of life

Strategy 1: Provide two evidence-based programs at five local senior centers

- Strong for Life (SFL)
- Chronic Disease Self-Management<sup>2</sup> (CDSM)

Community Partners: Fair Oaks Senior Center, East Palo Alto Senior Center, Menlo Park Senior Center, Mountain View Senior Center, Avenidas

#### Objectives:

- To enhance program delivery and effectiveness, SFL will increase the number of volunteers who work with SFL participants by 20 percent
- SFL will conduct a survey of participants by March 2013 to determine program future needs
- The number of CDSM workshops will increase from four to six and the target population will be low-income older adults in Menlo Park, the Fair Oaks neighborhood of Redwood City and East Palo Alto

Strategy 2: Provide two evidence-based fall prevention programs to low-income older adults in Redwood City, Menlo Park, Palo Alto, East Palo Alto, Sunnyvale and Mountain View

Objectives:

- Provide a Matter of Balance to at least 30 older adults in Redwood City, Menlo Park or East Palo Alto
- Increase referrals to Farewell to Falls by 10 percent in targeted communities

Strategy 3: Support key community efforts that provide fall prevention outreach and education for older adults

Community Partners: San Mateo County Fall Prevention Task Force, Santa Clara County Falls Prevention Workgroup

Objective:

- Provide support for two countywide collaboratives that focus on preventing falls in older adults

## **NEEDS STATEMENT**

The number of Medicare recipients in the United States is growing rapidly, with “baby boomers ... reaching the eligibility age of 65 at the rate of 10,000 a day.”<sup>3</sup>

According to one report,<sup>4</sup> nearly one in four San Mateo County residents will be over the age of 65 by 2030. The report further states that unless things change significantly, “this population will need health care and community-based services far beyond what our public and private systems can provide.” According to the San Mateo County Projection Model, by 2030 there will a 50 percent increase in demand for doctors, a 34 percent increase in acute hospital days and a 59 percent increase in demand for hospital beds as a result of this changing demographic.

The situation is much the same in Santa Clara County, whose senior population has grown faster in the past 20 years than the state and national rates.<sup>5</sup> By 2030, more than one in four county residents will be age 60 or older.<sup>6</sup>

### **Fall Prevention**

The key findings section of the 2011 Community Assessment Health and Quality of Life in San Mateo County identified falls as being a “key issue leading to hospitalization, loss of independence and death among seniors. More resources should be directed toward this preventative condition.”

According to the Council on Aging Silicon Valley, falls were the leading cause of fatal and non-fatal hospitalization among Santa Clara County seniors in 2009.<sup>7</sup>

### **Chronic Disease Prevention and Management**

Chronic diseases are among the most common, costly and preventable health problems. Many can be effectively controlled through appropriate health behaviors and access to health care services.

An American Hospital Association report<sup>8</sup> states that the Medicare population is not only living longer but that they are also sicker. According to CMS<sup>9</sup>, in 2008 two-thirds of all Medicare recipients had two or more chronic conditions. The report further states that health care expenses for an individual with one chronic condition are about three times higher than those for a person without chronic conditions. That figure goes up to 17 times higher for a person with five or more chronic conditions.

Risk factors that lead to chronic disease, such as obesity, are on the rise in Santa Clara County. The top three causes of death are cancer, heart disease and Alzheimer's disease. One-third of adults reported having one or more chronic conditions. Among those reporting, 57 percent reported frequent health care use, defined as four or more doctor visits or one or more emergency room visits, in the past 12 months.

In San Mateo County, the top four causes of death are cancer, heart disease, cardiovascular disease, Alzheimer's Disease.<sup>10</sup> In addition, the prevalence of high blood pressure, high cholesterol, asthma, chronic lung disease and diabetes among adults has markedly increased since 1998.<sup>11</sup>

Chronic disease self-management and fall prevention are programs that aim to maintain older adults' independence, reduce injury and hospitalization and improve quality of life. These strategies form the basis of Health Initiative I: Improve the Health and Well-Being of Older Adults.

## **Health Initiative II: Improve Access to Care**

Goal: Improve access to quality, culturally appropriate primary care and preventive health care services for vulnerable community members

Target Population: Low-income, uninsured, underinsured and medically underserved community members in San Mateo and Santa Clara counties

### Health Outcomes:

- Homeless patients have a seamless transition from acute care settings and receive appropriate follow-up medical and supportive services
- Underserved populations have an ongoing source of primary and preventive health care
- Inappropriate use of the emergency department is reduced

Strategy 1: Build the capacity of local community-based clinics to provide primary and preventive health care services

Community Partners: Ravenswood Family Health Center, Cardinal Free Clinic (Arbor and Pacific), MayView Community Health Center in Palo Alto and Samaritan House Redwood City Free Clinic

### Objectives:

- Assess the health needs of community clinic partners
- Provide funding and other resources, e.g. SHC services such as lab and radiology, to address identified needs of clinics
- Provide funding and support to establish linkages between free clinics and community health centers to provide a medical home for free-clinic clients with chronic conditions

Strategy 2: Identify and support local programs that provide appropriate medical care and supportive services for homeless individuals transitioning out of acute care hospitals

Community Partners: EHC Lifebuilders,<sup>12</sup> Valley Medical Center, Hospital Council of Northern and Central California, local hospitals

Objectives:

- Provide funding and other support for patient beds and case management at the Medical Respite Center (MRC)<sup>13</sup>
- MRC will link a minimum of 75 percent of clients completing the program with appropriate insurance programs and living situations

Strategy 3: Establish a partnership with Stanford School of Medicine's Office of Community Health (SOM-OCH) to provide a community health training program for RNs and other health care staff

Objectives:

- Hold two workshops in FY13 at SHC's Center for Education and Professional Development
- Open class registration to all SHC staff and health professionals in the community
- Establish panel of community-based organizations to present volunteer opportunities and community placements for workshop participants

Health Outcome:

- Health care professionals possess the knowledge and skills to engage effectively with community partners

## **NEEDS STATEMENT**

In determining the extent to which a community has sufficient access to health services, indicators such as health insurance coverage, the ability to see a doctor when needed, the ability to fill prescription medication and having an ongoing source of health care are assessed.

While the numbers of insured will increase as health care reform is fully implemented, there will be a significant number that will remain uninsured. In addition, the same barriers to accessing care that existed before health care reform will still exist: lack of health care providers, inability to pay, language or cultural barriers, lack of adequate transportation, inadequate child care options and limited hours of service.

In San Mateo County, there are currently 80,000 uninsured individuals. Estimates for post-Affordable Care Act (ACA) implementation place the number of those remaining uninsured at over 34,000.<sup>14</sup>

The percentage of Santa Clara County's uninsured, ages 18-64, increased from 9 to 21 percent from 2000-2009, higher than both state and national figures. A higher percentage of Whites (90 percent) reported having health insurance than Asian/Pacific Islanders (86 percent), African Americans (68 percent) and Hispanics (60 percent).<sup>15</sup> Even with implementation of ACA, estimates for the number of uninsured people countywide are 130,000-150,000 (2014) and 120,000-140,000 (2019).<sup>16</sup>

Affordability is a key barrier to access to health care in Santa Clara County. The UCLA Center for Health Policy Research stated that 20 percent of Santa Clara County adults reported delaying

prescription drugs or medical service in the past year due to the cost.<sup>17</sup> Additionally, the percentage of Santa Clara County adults reporting they could not see a doctor when needed in the past 12 months because of cost or lack of insurance more than doubled from 5 to 13 percent between 2000-2009. Those numbers were higher for African-Americans (33 percent), Hispanics (20 percent)<sup>18</sup> and Vietnamese (16 percent).<sup>19</sup>

A regular source of health care can serve as a guide to the health care system, helping individuals to get preventive care and manage chronic conditions, which can prevent major health problems and reduce the number of emergency department visits. Having an ongoing source of health care is major issue for certain segments of the population such as the homeless, undocumented and those ineligible for public programs like Medi-Cal such as the working poor. Nearly 30 percent of adults in San Mateo County and about 20 percent of adults in Santa Clara County with incomes between 100 and 300 percent of the Federal Poverty Limit reported that they do “not have a usual source of care.”<sup>20</sup>

Stanford Hospital is a vital component of the safety net system. A 2010 study by the Urban Institute, produced for the San Mateo County Health System, reported that the primary sources for inpatient and emergency department care for the uninsured in the county are the public hospital, five county nonprofit hospitals and Stanford Hospital in Santa Clara County. The study also stated that Stanford Hospital, along with the public hospital and two of the nonprofit San Mateo County hospitals, is a major provider of hospital care for the adult Medi-Cal population.

Supporting the safety net and building the capacity of local community-based clinics to provide primary and preventive health care will help improve the likelihood that underserved community members have an ongoing source of care. It also will ease the demand on emergency departments and help prevent unnecessary hospitalizations, thereby helping to reduce health care costs. These strategies form the basis of SHC’s second health initiative, Improve Access to Care.

### **Health Initiative III: Reduce Cancer Health Disparities**

Goal: Reduce cancer health disparities in minority and underserved populations by increasing access to culturally appropriate cancer education, screening, clinical trials and other services

Target population: medically underserved and disproportionately-impacted ethnic populations in San Mateo and Santa Clara counties

Strategy 1: In partnership with the Stanford Cancer Institute, a National Cancer Institute-designated cancer center, identify and support culturally appropriate cancer education programs and supportive services that raise awareness, increase knowledge and encourage positive attitudes and behavioral changes regarding cancer

Objectives:

- Partner with community-based organizations that work with specific ethnic and underserved populations
- Fund three to five projects that provide culturally appropriate cancer education, awareness, screenings and information/referral for target populations

Health Outcome:

- Ethnic minorities, women and other underserved populations are accessing culturally appropriate cancer education programs, clinical trials and supportive services

## NEEDS STATEMENT

The National Cancer Institute defines cancer health disparities as adverse differences in the incidence, prevalence, mortality, survivorship and burden of cancer in specific populations. Certain populations, such as those of low socioeconomic status (SES), experience cancer disproportionately. SES, more than race or ethnicity, is predictive of one's access to such things as education, certain occupations, health insurance and safe, healthy living conditions, factors that are associated with the risk of developing cancer. Those who are poor, lack health insurance and are medically underserved often carry a greater burden of disease than the general population. Medically underserved populations are also more likely to be diagnosed later, limiting effective treatment options and chance of cure.<sup>21</sup>

Cancer is the leading cause of death in both San Mateo and Santa Clara counties.<sup>22</sup> Breast, prostate and lung cancers top the list of *expected new cancer cases*, while the top three types of *expected cancer deaths* in both counties are lung, colon/rectum and breast cancers.<sup>23</sup>

An assessment<sup>24</sup> of Santa Clara County's Vietnamese community found that they lacked health insurance and had higher rates of certain types of cancer. Inadequate access to health care presents a barrier to diagnosis and treatment of cancers that have a disproportionate impact on the Vietnamese community. Incidence and mortality rates for liver cancer were four times higher among Vietnamese adults than adults in the county as a whole. In terms of prevention, some cancer screening rates were well below Healthy People 2020<sup>25</sup> targets. The cervical cancer screening rate of 73 percent fell far below HP 2020's target of 93 percent. The colon cancer screening rate of 56 percent was also significantly below the HP 2020 target of 70.5 percent. Given these data, a collaboration of community-based organizations, government agencies, policymakers, funders and community members in Santa Clara County selected "cancer/cancer screening" as one of the top three health issues in the Vietnamese community.

Although rates of liver cancer are highest in the Vietnamese community, Latinos and other Asian populations also have much higher rates than the general county population. The liver cancer incidence rate per 100,000 in the overall county population is 14. In the Vietnamese community, the rate is 56, followed by all Asian/Pacific Islander at 25, Latino at 22 and whites at 8. Cervical cancer incidence rates are also higher for Latinas (14/100,000) and Vietnamese women (13/100,000) than in the county overall (10/100,000).<sup>26</sup> This is significant because Latinos represent the fastest growing demographic in Santa Clara County. The Vietnamese population is another fast growing demographic and currently represents nearly 8 percent of the county's 1.78 million people. Santa Clara County's Vietnamese population is the second largest of any county in the U.S., only surpassed by Orange County.<sup>27</sup>

*San Mateo Hep B Free* was founded by the San Mateo County Medical Association in 2009. It is a coalition of health care providers, community organizations, local government and concerned citizens with the overall goal of providing hepatitis B screening and vaccination for Asian, Pacific Islander and other high-risk residents of San Mateo County.<sup>28</sup> According to Dirk Baumann, MD, chair of San Mateo Hep B Free Campaign, "One in 10 Asian Americans and Pacific Islanders have chronic hepatitis B and are four times more likely to die from liver cancer compared to the general

population, making it the greatest health disparity affecting the Asian and Pacific Islander populations both locally and worldwide.”<sup>29</sup>

Latinos in San Mateo County also have a higher incidence of liver cancer (13.1/100,000) than the incidence for “all races” in the county (10/100,000). Asian/Pacific Islanders have the highest rate, at 17.4/100,000, and whites the lowest rate, at 6.7/100,000. African-Americans, although only 3.34 percent<sup>30</sup> of the county’s population, have a relatively high incidence of liver cancer at 11.3/100,000<sup>31</sup>.

In partnership with the Stanford Cancer Institute, SHC is committed to addressing the issue of unequal burden of cancer in medically underserved populations by providing culturally appropriate cancer education programs and supportive services through its Health Initiative III: Reducing Cancer-Related Health Disparities.

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<sup>1</sup> “Underserved” is defined by socio-economic data and resource availability.

<sup>2</sup> A meta-analysis of evaluation studies by the Centers for Disease Control and Prevention on Stanford’s Chronic Disease Self-Management Program (CDSMP) showed that “CDSMP results in significant, measurable improvements in patient outcomes and quality of life ... also saves enough through reductions in healthcare expenditures to pay for itself within the first year.”

<sup>3</sup> Centers for Medicare and Medicaid Services (CMS), April 23, 2012

<sup>4</sup> Maintaining the Health of an Aging San Mateo County, fall 2010

<sup>5</sup> 1990, 2000, 2010 US Census

<sup>6</sup> Council on Aging Silicon Valley Area Plan 2012-2016; 2012

<sup>7</sup> Council on Aging Silicon Valley Area Plan 2012-2016; 2012

<sup>8</sup> Trendwatch, American Hospital Associations, December 2012

<sup>9</sup> Centers for Medicare and Medicaid Services; Chronic Conditions Among Medicare Beneficiaries; 2011

<sup>10</sup> California Department of Public Health, Death Statistical Data Tables 2010

<sup>11</sup> 2011 Community Assessment – Health and Quality of Life in San Mateo County

<sup>12</sup> EHC LifeBuilders: leading provider of shelter, housing, and supportive services to people in crisis and those experiencing homelessness in Santa Clara County

<sup>13</sup> Medical Respite Center: 15 bed respite unit located in a homeless shelter in San Jose that provides a safe, supportive environment for homeless patients discharged from acute care hospitals

<sup>14</sup> San Mateo County Health System, 2012

<sup>15</sup> Santa Clara County Department of Public Health, 2000-2009 Behavioral Risk Factor Survey

<sup>16</sup> UC Berkeley Center for Labor Research & Education, Ken Jacobs; November 13, 2012

<sup>17</sup> UCLA Center for Health Policy Research: Health Profiles Santa Clara County, 2012

<sup>18</sup> Santa Clara County Community Assessment Project; Survey & Policy Research Institute: San Jose State University. Public Opinion Phone Survey Report. 2012

<sup>19</sup> Status of Vietnamese Health Santa Clara County, Executive Summary, 2011

<sup>20</sup> 2009 California Health Interview Survey

<sup>21</sup> National Cancer Institute Fact Sheet, Cancer Health Disparities, www.cancer.gov; accessed December 18, 2012

<sup>22</sup> California Department of Public Health, Death Statistical Data Tables 2010

<sup>23</sup> California Cancer Facts & Figures, American Cancer Society, California Division, Inc., 2012

<sup>24</sup> Status of Vietnamese Health Santa Clara County, Executive Summary, 2011

<sup>25</sup> U.S. Department of Health and Human Services program that establishes 10-year goals and objectives for health promotion and disease prevention to improve the health of all Americans

<sup>26</sup> Sources: Status on Vietnamese Health, Santa Clara County, California 2011. Greater Bay Area Cancer Registry, 2007-2009 and U. S. Census Bureau, American Community Survey 3-Year Estimates, 2007-2009

<sup>27</sup> Status of Vietnamese Health Santa Clara County, 2011

<sup>28</sup> <http://smhepbfree.org>

<sup>29</sup> SouthSanFranciscoPatch, Hep B Free Campaign Saving Lives in San Mateo County, September 12, 2012

<sup>30</sup> County of San Mateo, 2010-2012 profile

<sup>31</sup> National Cancer Institute, State Cancer Profiles, 2005-2009; accessed December 19, 2012