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2014 Community Benefits Report
2015 Community Benefits Plan

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Stanford HEALTH CARE
STANFORD MEDICINE

Stanford
HEALTH CARE

Amir Dan Rubin
President and
Chief Executive Officer

January 30, 2015

Mr. Michael Nelson
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Healthcare Information Division
Accounting and Reporting Systems Section
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Mr. Nelson:

On behalf of Stanford Health Care (SHC), I am pleased to submit SHC's Fiscal Year 2014 Community Benefit report, which covers the period of September 1, 2013 through August 31, 2014 along with our Fiscal Year 2015 Community Benefit plan. The attached report demonstrates our commitment to making a positive difference in the health of our community. From providing programs that keep older adults healthy and independent to supporting community-based clinics, SHC 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 at shbeauregard@stanfordhealthcare.org .

Sincerely,

Amir Dan Rubin
President and Chief Executive Officer

Enclosure

300 Pasteur Drive, Suite H3200, Stanford, CA 94305

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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2014 Community Benefit Report

2015 Community Benefit Plan

Introduction

Stanford Health Care (SHC) is dedicated to providing leading-edge and coordinated care to 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's vision is healing humanity through science and compassion, one patient at a time. Its mission is to care, to educate, to discover. SHC maintains a strong commitment to the health of its community members and dedicates considerable resources to support its community benefit program.

This report covers fiscal year (FY) 2014 beginning September 1, 2013, and ending August 31, 2014. During this time, SHC invested over **$221 million**[i] in services and activities to improve the health of the communities it serves. In addition to providing details on this investment, this report describes the planning process and the Community Benefit Plan for FY 2015.

Community Served

Although SHC cares for patients from throughout California, as well as from across the country and internationally, a majority of its patients live in San Mateo and Santa Clara counties. Therefore, for the purposes of its community benefit program initiatives, SHC has identified these two counties as its target community.

Santa Clara County[ii]

With 1.8 million residents, Santa Clara County (SCC) is the sixth most populated of California's 58 counties, and the most populated county in the Bay Area. More than half of the residents live in San Jose.

In 2012, the county population was 34 percent White, 33 percent Asian/Pacific Islander, 27 percent Latino/Hispanic and 3 percent African-American. Between 2010 and 2060 the following county population demographic shift is projected: Asian/Pacific Islander population will increase to 36 percent, Latino/Hispanic population will grow to 33 percent, Whites will decrease to 23 percent and African American will decrease to 2 percent.[iii]

Currently, foreign-born individuals make up 37 percent of county residents. The largest group is from Mexico (21 percent), followed by Vietnam (15 percent), India (13 percent), the Philippines (9 percent) and mainland China (8 percent).

In 2012, Santa Clara County's median income was just over $91,000, the highest in the state. However, household median income varied widely among ethnic communities: Asian ($105,046), White ($100,480), African-American ($65,347) and Hispanic ($55,220).

In 2012, 11 percent of the county's general population and 13 percent of children were living below 100% of the Federal Poverty Level (FPL), which for a family of four was $23,050 per year. Because the FPL does not take into consideration local conditions such as cost of living, other measures of economic security provide a more realistic measure of poverty in the county. The Family Economic Self-Sufficiency Standard (FESSS) estimates that an annual income of $59,140 is necessary for a family of three (one adult and two children ages 3-5) in Santa Clara County to meet their most basic expenses.[iv]

While SCC is one of the most diverse counties in the US, the older adult population is less so. Nearly 60 percent of the county's senior residents are White (non-Latino), 24 percent are Asian, and 12 percent are Latino (any race). It is projected that by 2030, the demographic makeup of the county will change dramatically among the population of adults ages 60 and older. By 2030, about 47 percent will be White, 29.5 percent will be Asian, and 17.8 percent will be Latino.

Nearly half of SCC older adults are economically insecure, with incomes too low to meet their basic needs without additional assistance. According to the Elder Economic Security Index[v] (Elder Index), a measure that provides a county-specific indicator of senior poverty, 67 percent of Latino seniors and 76 percent of Asian seniors are living in impoverished conditions, compared with 32 percent of White (non-Latino) seniors. Additionally, female seniors and seniors ages 75 and older (any gender) are more likely to experience poverty compared to male seniors and those between the ages of 65 and 74.

In 2013, SCC conducted a Homeless Census and Survey, which yielded a count of 7,631 homeless individuals. The survey also found that 74 percent of those individuals were unsheltered, 9 percent were children, and 64 percent had one or more chronic/disabling conditions. Eighty-six percent of homeless individuals surveyed reported experiencing mental health issues.

San Mateo County (SMC)

San Mateo County (SMC), located on the San Francisco Peninsula, is made up of 20 cities and towns. According to the 2010 U.S. Census, the county's population was 719,467. SMC's population is projected to increase by 14 percent from 2010 to 2050.

Estimates based on the 2010 U.S. Census projected the ethnic/racial breakdown of SMC's population in 2012-2013 to be 40 percent White, 37 percent Hispanic/Latino, 13 percent Asian, 6 percent African-American and 5 percent "other".[vi] By the year 2050, the ethnic makeup of the county is projected to be 38 percent Hispanic, 32 percent Asian/Pacific Islander, 22 percent White, 5 percent African-American and 4 percent other/multi-race.

While other age groups are projected to decrease in terms of the percentage of the county population from 2010 to 2050, those ages 60 and older are expected to increase from 18.9 percent to 30.9 percent. Asian/Pacific Islander and Hispanic seniors will comprise the largest proportion of seniors in SMC in 2050.

In 2010, median income for SMC residents ages 25 and older was $47,060 and the average weekly wage was $1,450, down 13 percent from 2000. According to the U.S. Census Bureau, from 2006 to 2010, the percentage of SMC individuals below the FPL was 7 percent, with 9.1 percent of children ages 18 and younger below the FPL.

According to the Family Economic Self-Sufficiency Standard, a single parent with two children living in SMC must earn approximately $78,000 annually to meet the family's basic needs, the equivalent of nearly five full-time, minimum-wage jobs.

According to the Elder Index, 36 percent of seniors struggle to cover basic expenses, and if their annual income exceeds the FPL ($10,830 for an individual), they may be ineligible for public-assistance programs.

Community Assessment Process and Prioritization of Community Health Needs

As required by Senate Bill 697([vii]), the Santa Clara County Community Benefit Coalition and the Healthy Community Collaborative of San Mateo County each produced a community health needs assessment in 2013[viii]. The goal was to collectively gather community feedback, understand existing data about health status, and prioritize local health needs in each county. SHC was an active participant in both collaboratives[ix] [x] and played a leadership role as chair of the Santa Clara County Community Benefit Coalition.

Health needs were identified by synthesizing primary qualitative research and secondary data, and filtering those needs against a set of criteria. Needs were then prioritized by countywide groups consisting of county coalition members and community leaders. The final health needs were selected by the SHC Community Partnership Program Steering Committee. The committee reviewed the data, the countywide prioritization processes and current SHC community health initiatives. They then applied another set of criteria[xi] from which four significant health needs were selected: access to health care, chronic disease, unintentional injuries (falls) and cancer.

Summary of Community Benefit Investments

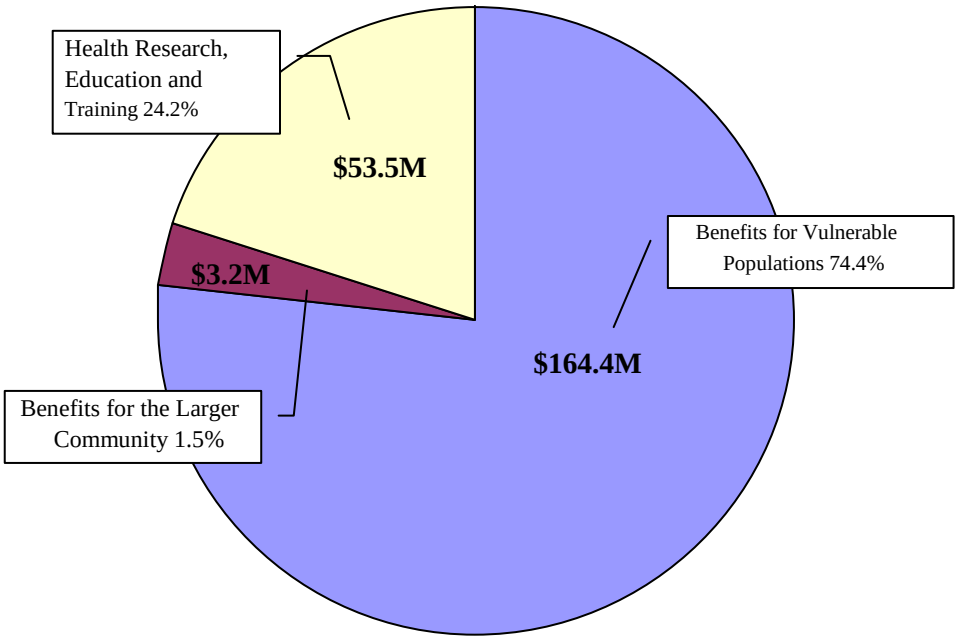
For the purposes of this report, SHC community benefit activities fall into three major categories:

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

The table and chart below summarize SHC's FY 2014 investment in community benefit.

Benefits for Vulnerable Populations *	$164,439,437
Medicare (uncompensated expense)	$296,440,771
Benefits for the Larger Community	$ 3,153,304
Health Research, Education and Training	$ 53,457,711
Total Excluding Uncompensated Expense of Medicare	***$221,050,452***
Total Including Uncompensated Expense of Medicare	$517,491,223

* 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[xii]

SHC's largest community benefit investment was in improving access to health care for vulnerable community members. In FY 2014, SHC contributed more than $164 million, over 74 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 over $146.8 million. Charity care for uninsured and underinsured patients totaled nearly $13.5 million.

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 over $4.1 million in FY 2014. These activities provide essential services for those most in need in our communities.

SHC supported six community clinics and a transitional medical unit in a homeless shelter as part of its Improve Access to Care health initiative. Community partners include Cardinal Free Clinics (Arbor and Pacific); Ravenswood Family Health Center; MayView Community Health Center; Samaritan House Redwood City Free Clinic; Peninsula HealthCare Connection; and the Medical Respite Center at Home First'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 Clinics (CFC), located in east Menlo Park and East San Jose, provide 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 FY 2014, SHC provided more than 3,800 free lab and pathology tests, including chemistry, hematology, microbiology and virology, as well as screening for diseases such as Hepatitis B.

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 earlier SHC funding, CFC had implemented an electronic medical record (EMR) system in FY 2011 and in 2014 continued to refine it, as well as to train student and physician volunteers on the new system, with more than 150 volunteers trained. Building on this work, in FY 2014, CFC worked to improve Internet connectivity to ensure access to the EMR system. The system has facilitated and enhanced lab orders, referrals to primary and specialty care, clinic flow, and charting. The EMR system also provides easy access to necessary information during the week when the clinics are not operating.

Lastly, SHC has continued to provide free diagnostic radiology. This program resulted in seven CFC clients receiving nine free imaging exams in FY2014, including X-rays of the chest, knee, tibia and fibula.

Arbor Free Clinic, located in Menlo Park, provided 1,497 patient visits in FY 2014. Most of Arbor's clients (82 percent) are uninsured; 49 percent are unemployed; and 15 percent require language interpretation services. The clinic serves a diverse population; primarily Asian/Pacific Islander, Hispanic and White.

Pacific Free Clinic (PFC), located in East San Jose, provided 1,526 patient visits in FY 2014. Over 60% of PFC patients are Vietnamese, and the remaining are mostly Latino or other Asian/Pacific Islander patients. The majority of patients are 45-64 years old and have at least one chronic illness such as diabetes, hypertension, dyslipidemia, or chronic Hepatitis B.

Ravenswood Family Health Center (RFHC) is another important community partner. Located in East Palo Alto, the clinic serves a diverse, low-income population. In FY 2014, RFHC provided 12,570 unduplicated patients with 58,284 medical, dental, and behavioral health visits. Among RFHC's patients, 86% were living below 100% of the Federal Poverty Level ($23,850 for a family of four). Furthermore, 41% of RFHC's patients were uninsured and 59% were enrolled in public health coverage programs. In the past several years, RFHC has received ongoing funding from SHC to support its Stanford Public Interest Network (SPIN) Fellows. RFHC's SPIN Fellows provide high-level support at both administrative and patient care levels to help improve access to care for the at-risk communities that RFHC serves.

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 also conducts research on condition-specific health topics for RFHC patients and staff, as well as for East Palo Alto community members. In FY 2014, the librarian assisted with more than 1,400 interactions with library patrons.

In its partnership with ***MayView Community Health Center in Palo Alto***, SHC continued its funding for increased provider hours and for the Quality Improvement Outcomes project for MayView clients with chronic diseases, particularly diabetes. The additional provider hours allowed MayView to serve 2,153 patients in FY 2014 (an increase of 5.4 percent from FY2013), including 166 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 FY 2014, MayView did not receive additional referrals from Arbor, but continued to provide care to five of 24 previously referred patients. MayView's clients are 30 percent uninsured and 90 percent low income (below 200 percent of the FPL). They are primarily Hispanic (64 percent), Asian/Pacific Islander (15 percent) and White (12 percent).

SHC committed multi-year funding for the ***Medical Respite Program (MRP)***. The program, located in a multipurpose homeless facility in San Jose, is a 20-bed transitional unit for homeless patients. It provides a safe, supportive environment where homeless patients can be discharged 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 FY 2014, 294 homeless patients were referred to the MRP. Of those 294, 134 were accepted. The most frequent reason for not accepting patients was "no bed available." A total of 75 patients completed the program. Of those patients, 91% were enrolled in a medical home, 90% were enrolled in some type of healthcare coverage upon discharge, and 94% were placed in some type of housing.

In FY 2014 SHC continued its support of ***Samaritan House Free Clinic of Redwood City***. The clinic provided more than 3,793 patient visits serving 1,019 unduplicated clients in 2014. The patient population is largely Hispanic (90 percent) and 100 percent are uninsured. The patients served have very low incomes, face language and cultural barriers, and are 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, orthopedics, ophthalmology, optometry, podiatry, pulmonology, nutritional counseling and rheumatology.

SHC's newest community partner is ***Peninsula Healthcare Connection (PHC*)**. PHC is a non-profit, fully licensed medical facility providing free, direct services to all in need. It is the only local clinic focused on meeting the needs of the homeless. Its mission is to promote integrated primary and mental health care and advocacy for local community members who are homeless or at risk of becoming homeless, regardless of their ability to pay. In addition to primary care, PHC offers psychiatry, dermatology care, case management, wellness classes, vaccinations and dental care.

PHC, located in Palo Alto, provided 1,085 client visits in FY 2014. Most of PHC's clients are homeless (68 percent), uninsured (about 50 percent) and 3 percent require language interpretation services. The clinic serves a diverse population: 15 percent of PHC clients are Hispanic, 44 percent are White, 10 percent are Asian/Pacific Islander, 28 percent are African-American, and 3 percent are "other." Veterans comprise 2 percent of PHC's clients.

As part of its support for its community partners and other community-based agencies, SHC conducted two workshops in FY 2014 for clinical and non-clinical staff. The workshops, titled "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.

For a decade, SHC's ***Emergency Department Registration Unit*** has partnered with San Mateo County in a program designed to link uninsured pediatric patients treated in SHC's Emergency Department with government assistance programs such as Medi-Cal, Healthy Families and Healthy Kids. This partnership resulted from studies by Nancy Ewen Wang, MD, associate director of Pediatric Emergency Medicine, Stanford School of Medicine, which showed that uninsured children are less likely to receive routine care due to the fear of financial hardship on their families. In FY 2014, a total of 431 referrals were made to San Mateo County staff, thereby ensuring that eligible children were enrolled in some type of health insurance program.

SHC also provided experts to assist uninsured, low-income patients to research healthcare options. Services provided by ***Health Advocates***, at no cost to the client, included helping individuals research eligibility requirements, identify appropriate health insurance programs, complete applications, compile required documentation, and follow up with county case managers. 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. SHC spent $1.5 million in FY2014 providing this service to uninsured and underinsured clients.

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 the ***Social Work and Case Management*** department provided funding to defray the costs. Medical equipment, transportation, temporary housing, medications and meal assistance, among other items and services, are funded and /or coordinated by these hospital departments.

Minority Populations

An important goal of SHC's community benefit program is to reduce cancer health disparities. It is a goal SHC shares with the Stanford Cancer Institute. In FY 2014, SHC funded the following projects that provided access to community-appropriate cancer education and supportive services for minorities, women, and underserved populations:

- African-American Community Health Advisory Committee: healthy cooking classes and nutrition education on the link between cancer and poor nutrition
- Joylife Club: caregiving for late-stage cancer patients in the Asian American community
- HealthWays: culturally responsive education and support services on cancer detection and treatment in the Filipino community
- Latinas Contra Cancer: psychosocial support for Spanish-speaking cancer patients
- Hep B Free: cancer education and Hepatitis B screening education and promotion for the Chinese and Vietnamese communities of Santa Clara County
- Special Services for Groups (Saath): breast and cervical cancer outreach program for South Asians

Older Adults

According to one report,[xiii] nearly one in four San Mateo County residents will be over the age of 65 by 2030. 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.[xiv] By 2030, more than one in four county residents will be age 60 or older.[xv] SHC prepared 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. Stanford Lifeline is one of the few emergency response services that offer reduced or subsidized rates to those in need. More than 250 free or reduced-cost Lifeline subscriptions were provided to low-income older adults in FY 2014.

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 five evidence-based programs, free of charge, at local senior centers and in low-income communities. Those programs are Strong for Life, Farewell to Falls, Matter of Balance, Stepping On and Chronic Disease Self-Management.

AAS's ***Strong for Life*** is a group exercise program whose goals are to help older adults increase strength, balance and mobility, and reduce isolation. In FY 2014, this program was provided to more than 200 individuals at eight senior centers, five of which serve primarily low-income older adults.

AAS also provides a program called ***Chronic Disease Self-Management,*** a behaviorally oriented program that teaches older adults how to manage their chronic conditions. Participants 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 five six-week workshops in FY 2014.

SHC's Trauma Services Community Outreach and Injury Prevention staff provided several no-cost, evidence-based programs to help older adults in San Mateo and Santa Clara counties, including ***Farewell to Falls***, a fall prevention program. 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, therapists evaluate participants' progress. The program enrolled 245 older adults in FY2014.

In FY2014, four seven-session ***Stepping On*** programs were provided in Santa Clara County. The goal of this program is to empower older adults to change behaviors that can help reduce the risk of falling. Participants work with a physical therapist on strength and balance exercises, hear lectures from a pharmacist and vision specialist, and participate in discussions facilitated by an occupational therapist.

Matter of Balance, another free, evidence-based program, is also provided by Trauma Services. Staff works with older adults in a group setting to help reduce the fear of falling. In eight, two-hour sessions, participants learn to view falls as controllable, set goals for increasing activity, learn tips to make home modifications, and practice exercises to increase strength and balance. Lay leaders coach the sessions, supervised and mentored by an occupational therapist. Four 8-session MOB programs were offered in FY2014.

In addition to those participating in in-home and center-based fall prevention programs, 522 older adults were reached through educational presentations and health fairs by Trauma Services Community Outreach and Injury Prevention staff.

SHC also supports the work of two countywide collaboratives engaged in improving the health and well-being of older adults with fall prevention education: the ***San Mateo County Fall Prevention Task Force*** and the ***Santa Clara County Fall Prevention Task Force*.**

Concerned with the growing incidence of falls among older adults in San Mateo County, a task force of volunteers representing community provider agencies, hospitals, nonprofit organizations, senior centers and private service providers came together over a decade ago to form the ***San Mateo County Fall Prevention Task Force***. SHC was a founding member and maintains a leadership role as co-chair of the task force. The mission of this group is to decrease falls among older adults through advocacy, resource development and community education. **S**HC supports the work of the task force with staff representation and grant funding.

As a founding member of the ***Falls Prevention Task Force in Santa Clara County***, SHC works in collaboration with the Silicon Valley Healthy Aging Partnership, Santa Clara County Public Health Department, Emergency Medical System, Valley Medical Center, The Health Trust, and San José State University to reduce the risks of falls for Santa Clara County's older adults through advocacy, resource development, and community and provider education.

Category 2: Benefits for the Larger Community

SHC supported a wide range of activities to benefit the broader community in FY 2014, contributing nearly $3.2 million to support these activities.

The Stanford Health Library

The Stanford Health Library provides scientifically based health information to assist people in making informed decisions about their health and health care. The health library has four 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 annually. The library has an extensive collection of online health and wellness resources including more than 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 FY 2014, approximately 16,000 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 its 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 also 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 provides free non-medical support services to cancer patients, family members, and caregivers regardless of where patients receive their treatment. More than 43 different services include support groups for many types of cancer (lung, head and neck, gynecological, breast, leukemia, multiple myeloma, and brain), classes on topics related to the effects of cancer treatment, clinical trials, caregiver workshops, exercise and yoga classes for cancer patients, art and writing workshops, healing touch classes, spiritual workshops, and guided imagery workshops, as well as one-on-one consultations with a registered dietician. All programs are provided free of charge to ensure that those in need of services receive them regardless of their economic circumstances. In FY 2014, more than 23,000 encounters were provided by SCSCP to individuals whose lives were affected by cancer.

Support Groups

The Social Work and Case Management Department facilitates support groups for patients, families and community members. Support groups include adult liver transplant; heart transplant; caregiver training for families of patients receiving bone marrow or solid organ transplants; gynecological oncology; pulmonary hypertension; brain tumor; heart/lung and lung transplant; and head and neck cancer.

Traffic and Bicycle Safety

Trauma Service Community Outreach and Injury Prevention staff worked collaboratively with many community groups and coalitions on issues related to traffic safety. Staff worked with the State Teen Driving Coalition on distracted driving events. They also work with the Traffic Safe Communities Network in Santa Clara County (TSCN) on Safe Routes to School, a program that encourages walking and biking to school safely. In addition to participating in monthly planning meetings, staff helped develop a manual for parent coordinators at the schools. Staff also worked with TSCN to develop a curriculum on underage drinking for students in Santa Clara County high schools. Lastly, staff, in conjunction with the Roadway Safety Solutions Team, helped plan and implement a program called Wheel Well. This program focused on developing effective messaging for road safety for bikes and cars. Collectively these programs reached more than 20,000 students.

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, this program's goal is to increase awareness of cancer clinical trials and link cancer patients to appropriate trials. In FY 2014, the website was visited by more than 13,000 individuals (an increase of 3,000 over FY 2013), and staff fielded more than 750 calls (an increase of 200 calls over FY 2013) 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 contributed more than $1.3 million to subsidize this life-saving service in FY 2014, providing more than 500 medical transports.

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 serious events or emergencies that impact the community. The goal of these activities is to minimize the impact on 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. OEM provides a critical service for San Mateo and Santa Clara counties' EMS and other agencies, as well as for the Centers for Disease Control and Prevention and 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.

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 healthcare providers. In FY 2014, SHC contributed nearly $53.5 million to support health research, education, and training. Of this amount, $46.5 million was spent to train medical residents and interns.

In addition to training physicians, SHC supports the training of other health professionals. In FY 2014, SHC invested nearly $7 million on this training. Hospital departments such as **Rehabilitation Services, Respiratory Care Services, Radiology, Nuclear Medicine, Nursing,** and **Clinical Labs** provided preceptors and clinical rotations for students from local colleges and universities. SHC also provided a training ground for **pharmacy** residents and students and **psychology** graduate students.

The Community Health Advocacy Program provides undergraduate students with year-long Stanford-based coursework as well as placements and capacity-building projects in community health clinics and social service organizations. Over the past 10 years of the program, 111 advocates have performed approximately 20,000 hours of direct service, and implemented 76 capacity-building projects at partner sites. The 11 student advocates participating in FY2014 provided more than 1,300 hours of direct service and completed eight capacity-building/quality improvement projects designed to meet the clinic or organizations' self-identified needs. In addition, students participated in the California Primary Care Association's lobby "Day at the Capitol" in Sacramento, and developed media and policy advocacy campaigns to address the upstream factors that impact the health of underserved populations and the structure and functioning of the healthcare safety net. Community Partner sites in FY 2014 included: Cardinal Free Clinics (Arbor Free Clinic in Menlo Park and Pacific Free Clinic in East San Jose), MayView Community Health Center (Palo Alto and Mountain

View clinic sites), Ravenswood Family Health Center (East Palo Alto), Samaritan House Free Clinic (Redwood City), Puente de la Costa Sur (Pescadero), and the Day Worker Center (Mountain View). SHC provided multiple-year funding for this program.

Stanford Life Flight conducts helicopter landing-zone training classes for Fire Departments, Law Enforcement, Search and Rescue teams and EMT/Paramedic students. 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 participated in an estimated 400 hours of landing zone training in FY2014.

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 approximately 7,500 individuals in FY 2014.

SHC continued its support of the **Stanford Medical Youth Science Program** by providing hospital internships for 24 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 professionals, and discussion groups. The internships are in various hospital departments, including surgery, cardiac and intensive care units, transplantation, psychiatry, the Cancer Center and Clinical Technology and Biomedical Engineering.

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[i] This figure does not include the cost of unreimbursed Medicare.

[ii] SCC Public Health Department, 2014 Santa Clara County Community Health Assessment

[iii] Only major ethnic/race categories are included so percentages may not equal 100

[iv] Developed by the Insight Center for Community Economic Development, the FESSS is a comprehensive measure of how much it costs for working families to live, adjusted for regional differences in prices and the ages of the children in the household; 2011

[v] The 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.

[vi] County of San Mateo 2012 – 2013 Profile

[vii] SB 697: By January 1, 1996, complete, either alone, in conjunction with other health care providers, or through other organizational arrangements, a community needs assessment evaluating the health needs of the community serviced by the hospital, that includes, but is not limited to, a process for consulting with community groups and local government officials in the identification and prioritization of community needs that the hospital can address directly, in collaboration with others, or through other organizational arrangement. The community needs assessment shall be updated at least once every three years.

[viii] Where available, data were updated for this report

[ix] Healthy Community Collaborative of San Mateo County members: Hospital Consortium of San Mateo County, Kaiser Permanente Redwood City and South San Francisco, Lucile Packard Children's Hospital Stanford, Peninsula Health Care District, Health Department, Mills-Peninsula Health Services, San Mateo County Human Services Agency, San Mateo Medical Center, Sequoia Healthcare District, Sequoia Hospital, Seton Medical Center, Stanford Health Care, Sutter Health Peninsula and Coastal Region

[x] 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 Stanford, Hospital Council of Northern & Central California, O'Connor Hospital, Santa Clara County Public Health Department, Saint Louise Regional Hospital, Santa Clara Valley Health & Hospital System, Stanford Health Care, United Way Silicon Valley

[xi] SHC selection criteria: supported by primary data (community input) and secondary data; misses a benchmark (Healthy People 2020 or California state average); cuts across both San Mateo and Santa Clara counties; affects a relatively large number of individuals; if left unaddressed, is likely to become more serious; has a serious impact at the individual, family, or community level; is one in which SHC has the required expertise as well as the human and financial resources to make an impact

[xii] 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

[xiii] Maintaining the Health of an Aging San Mateo County, fall 2010

[xiv] 1990, 2000, 2010 US Census

[xv] Council on Aging Silicon Valley Area Plan 2012-2016; 2012

Stanford Health Care Fiscal Year 2015 Community Benefits Plan

The Fiscal Year (FY) 2015 community benefit (CB) plan is based on the Community Health Needs Assessment (CHNA) conducted by Stanford Health Care (SHC) in collaboration with two not-for-profit hospitals coalitions in San Mateo and Santa Clara counties in 2013. This process is in alignment with SB 697 requirements of conducting a CHNA every three years. Based on those assessments, SHC remains committed to its three health initiatives:

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

The CB plan described below represents SHC's strategic investment in the community for FY 2015. Oversight and approval of the plan rests with the Community Partnership Program Steering Committee and two committees of the Board of Directors, Finance and Audit/Compliance committees.

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[1]

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 free, evidence-based program at local senior centers, community service agencies and housing communities that serve low-income older adults

- Strong for Life (SFL)
- Chronic Disease Self-Management[2] (CDSM)

Community Partners: Fair Oaks Adult Activity Center, East Palo Alto Senior Center, Little House, Menlo Park Senior Center, Avenidas, Stevenson House, East Palo Alto Senior Center, Lewis and Joan Platt East Palo Alto Family YMCA, El Camino YMCA, Sheridan Apartments

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 chair test of all new participants to assess program effectiveness
- The number of CDSM workshops will increase from five to six

Strategy 2: Provide three free, 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 60 older adults in Redwood City, Menlo Park and East Palo Alto
- Increase referrals to Farewell to Falls by 10 percent in targeted communities
- Provide Stepping On to at least 30 older adults in Sunnyvale, Palo Alto and surrounding communities

Strategy 3**:** Support key community efforts that provide fall prevention outreach and education for older adults and health care providers who care for older adults

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

Objective:

- Provide funding and/or staff 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."[3]

According to one report,[4] nearly one in four San Mateo County residents will be over the age of 65 by 2030. 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.[5] By 2030, more than one in four county residents will be age 60 or older.[6]

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.[7] In 2012, there were 2,872 hospitalizations and 7,915 emergency room visits due to falls in Santa Clara County.[8]

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[9] states that the Medicare population is not only living longer but that they are also sicker. According to CMS[10], 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 and Alzheimer's disease.[11] In addition, the prevalence of high blood pressure, high cholesterol, asthma, chronic lung disease and diabetes among adults has markedly increased since 1998.[12]

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 primary care and preventive health care services for at-risk 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 Clinics (Arbor and Pacific), MayView Community Health Center, Samaritan House Redwood City Free Clinic and Peninsula HealthCare Connection

Objectives:

- Assess the needs of community clinic partners, i.e., what do they need to help achieve the goal of improving access to care for the target population
- Provide funding and other resources, e.g. SHC services such as lab and radiology, to address needs identified by community partner clinics

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**:** Home First – Where Homelessness Ends, Valley Medical Center, Hospital Council of Northern and Central California, local hospitals

Objectives:

- Provide funding for patient beds and case management at the Medical Respite Program (MRP)[13]
- MRP will link a minimum of 75 percent of clients completing the program with appropriate health insurance programs and living situations

Strategy 3: Through SHC's partnership with Stanford School of Medicine's Office of Community Health (SOM-OCH), provide a community health training program

Objectives:

- Hold two workshops in FY15 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 to 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 and having an ongoing source of health care are assessed.

While the numbers of insured have increased with implementation of the Affordable Care Act (ACA) and Covered California (CC), there are still a significant number of individuals that remain uninsured. In addition, the same barriers to accessing care that existed before ACA and CC implementation still exist: shortage 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 in 2012, there were 80,000 uninsured individuals. Estimates for post-ACA and CC implementation placed the number of those remaining uninsured at over 34,000.[14] In Santa Clara County, post-ACA and CC estimates for the number of uninsured people are 130,000-150,000 (2014) and 120,000-140,000 (2019).[15]

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.[16] Additionally, 11 percent of Santa Clara County adults reported they could not see a doctor when needed in the past 12 months due to cost.[17] Those numbers were higher for African-Americans (33 percent), Hispanics (20 percent)[18] and Vietnamese (16 percent).[19]

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 over 22 percent of adults in Santa Clara County with incomes between 100 and 199 percent of the Federal Poverty Limit reported that they do "not have a usual source of care."[20]

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 cancer education, services, clinical trials and programs.

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 community 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 community appropriate cancer education, awareness, services and information/referral for target populations

Health Outcome:

- Ethnic minorities, women and other underserved populations are accessing 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 may experience cancer burdens disproportionately. For example, medically underserved populations are more likely to be diagnosed with cancer at later stages, limiting effective treatment options and decreasing chances of survival.[21]

Cancer is the leading cause of death in both San Mateo and Santa Clara counties.[22] 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.[23]

An assessment[24] 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[25] 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).[26] 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.

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.[27] 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."[28]

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.

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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[1] "Underserved" is defined by socio-economic data and resource availability.

[2] 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."

[3] Centers for Medicare and Medicaid Services (CMS), April 23, 2012

[4] Maintaining the Health of an Aging San Mateo County, fall 2010

[5] 1990, 2000, 2010 US Census

[6] Council on Aging Silicon Valley Area Plan 2012-2016; 2012

[7] Council on Aging Silicon Valley Area Plan 2012-2016; 2012

[8] Fall Prevention of Santa Clara County Task Force

[9] Trendwatch, American Hospital Associations, December 2012

[10] Centers for Medicare and Medicaid Services; Chronic Conditions Among Medicare Beneficiaries; 2011

[11] California Department of Public Health, Death Statistical Data Tables 2010

[12] 2011 Community Assessment – Health and Quality of Life in San Mateo County

[13] Medical Respite Program: 20 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

[14] San Mateo County Health System, 2012

[15] UC Berkeley Center for Labor Research & Education, Ken Jacobs; November 13, 2012

[16] UCLA Center for Health Policy Research: Health Profiles Santa Clara County, 2012

[17] 2013 Santa Clara County Behavioral Risk Factor Survey

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

[19] Status of Vietnamese Health Santa Clara County, Executive Summary, 2011

[20] 2011-12 California Health Interview Survey

[21] National Cancer Institute Fact Sheet, Cancer Health Disparities, www.cancer.gov; accessed December 18, 2012

[22] California Department of Public Health, Death Statistical Data Tables 2010

[23] California Cancer Facts & Figures, American Cancer Society, California Division, Inc., 2012

[24] Status of Vietnamese Health Santa Clara County, Executive Summary, 2011

[25] 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

[26] 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

[27] http://smhepbfree.org

[28] SouthSanFranciscoPatch, Hep B Free Campaign Saving Lives in San Mateo County, September 12, 2012