



STANFORD
HOSPITAL & CLINICS

Stanford University Medical Center

January 31, 2012

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 2011 Community Benefit Report, which covers the period of September 1, 2010 through August 31, 2011, and our Fiscal Year 2012 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

Sincerely,

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

Amir Dan Rubin
President and Chief Executive Officer

Enclosure



PARTNERING TO IMPROVE

2011 Community Benefits Report
2012 Community Benefits Plan

To Care • To Educate • To Discover



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

2011 Community Benefit Report

2012 Community Benefit Plan

Stanford Hospital & Clinics Fiscal Year 2011 Community Benefits Report

Introduction

Stanford Hospital & Clinics (SHC) is known worldwide for advanced treatment of complex disorders in areas such as cardiovascular care, cancer treatment, neurosciences, and surgery and organ transplants. It is currently ranked No. 17 on *U.S. News & World Report's* "Best Hospitals Honor Roll" and No. 1 on the publisher's list of best regional hospitals in the San Jose metropolitan area. 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 2011 beginning Sept. 1, 2010, and ending Aug. 31, 2011. During this time, SHC invested more than \$168 million¹ 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 community benefits planning process undertaken to plan and coordinate SHC's community benefits efforts and the community benefit plan for FY12.

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 and the Santa Clara County Community Benefits Coalition (SCCCBC). SHC plays a leadership role as chair of the SCCCBC. Organizations active in these ongoing collaboratives are listed below.

San Mateo County	Santa Clara County
<ul style="list-style-type: none"> • Health Plan of San Mateo • Hospital Consortium of San Mateo County • Kaiser Foundation Health Plan • Kaiser Permanente, Redwood City • Kaiser Permanente, South San Francisco • Lucile Packard Children's Hospital • Peninsula Family YMCA • Peninsula Healthcare District • Peninsula Library System • Health Department • Health Services • Hospital Council, Northern & Central California • Human Services Agency • San Mateo Medical Center • Sequoia Healthcare District • Sequoia Hospital • Seton Medical Center • Stanford Hospital & Clinics • Sutter Health, Peninsula & Coastal Region • Youth & Family Enrichment Services 	<ul style="list-style-type: none"> • Community Health Partnership • Council on Aging, Silicon Valley • El Camino Hospital • FIRST 5 Santa Clara County • Healthy Silicon Valley • Kaiser Permanente San Jose & Santa Clara • Kids in Common • Lucile Packard Children's Hospital • Hospital Council, Northern & Central California • O'Connor Hospital • Project Cornerstone - YMCA • Public Health Department • Saint Louise Regional Hospital • Santa Clara Family Health Plan • Santa Clara Valley Health & Hospital System • Social Service Agency • Stanford Hospital & Clinics • The Health Trust • Veterans Administration - Palo Alto • United Way Silicon Valley

The Santa Clara County Community Benefits Coalition released the Santa Clara County Health Profile Report in July 2010. The full report is available at www.sccphd.org.

The Healthy Community Collaborative of San Mateo County released the 2011 Community Assessment - Health and Quality of Life in San Mateo County in October 2011. The full report is available at www.smhealth.org/hpp.

The goal of each group is to produce an 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 as well as action by individual organizations to address pressing community health needs.

Key Findings

Among the key findings in Santa Clara County²:

- 1.8 million residents: 52 percent white, 30 percent Asian, 26 percent Hispanic, 2.6 percent African-American³
- By 2020, one in six county residents will be at least 65 years old
- Top 3 causes of death were cancer, heart disease and stroke
- 33 percent of adults reported having one or more chronic conditions
- About two in 10 adults do not have health insurance, increasing to four in 10 among Hispanic adults

Among the key findings in San Mateo County⁴:

- 718,989 residents: 53 percent white, 25 percent Hispanic, 25 percent Asian, 3 percent African-American⁵
- Number of adults over 65 years of age will increase 72 percent by 2030⁶
- Leading cause of death is cancer
- Falls are a key issue leading to hospitalization, loss of independence and death among seniors
- Access and affordability of health care are a significant problem

Prioritization of Community Need

To prioritize the many pressing community health needs, SHC developed the following selection criteria⁷:

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 very liable 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

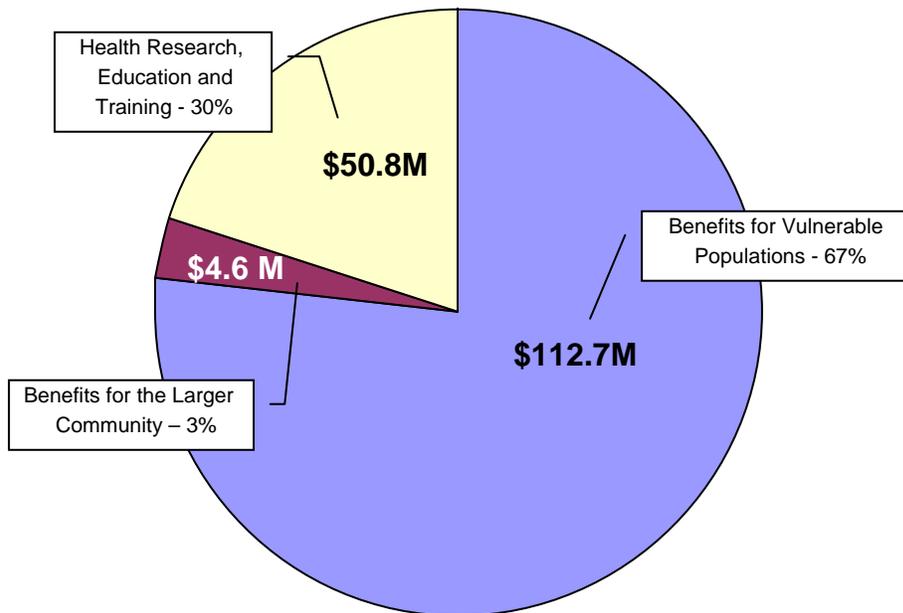
For the purposes of this report, SHC community benefit activities fall into three major categories:

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

The table and chart below summarize SHC’s FY11 investment in community benefits.

Benefits for Vulnerable Populations *	\$112, 746, 201
Medicare (uncompensated expense)	\$ 95, 251, 677
Benefits for the Larger Community	\$ 4, 563, 266
Health Research, Education and Training	\$ 50, 803, 772
Total Excluding Uncompensated Expense of Medicare	\$168, 113, 239
Total Including Uncompensated Expense of Medicare	\$263, 364, 916

* 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 Populations⁸

SHC’s largest community benefit investment was in improving access to needed health care services for vulnerable community members. In FY11, SHC contributed more than \$112.7 million, or 67 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 \$87,993,942. Charity care for uninsured and underinsured patients totaled \$21,676,659.

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 \$3.1 million in FY11. 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*: **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. *Arbor Free Clinic*, located in Menlo Park, provided 1,250 patient visits in FY11. Most of Arbor's clients, 88 percent, are uninsured; 50 percent are unemployed; and 5 percent are homeless or live in transitional housing. The clinic serves a diverse population: 27 percent of patients are Hispanic, 24 percent are white, 30 percent are Asian/Pacific Islander, 8 percent are African-American and 9 percent are "other."

Pacific Free Clinic, located in East San Jose, provided more than 1,000 patients visits in FY11. Its patients are 95 percent uninsured and 68 percent unemployed. Eighty-four percent were born outside of the United States. The ethnic makeup of its patients is 52 percent Vietnamese, 13 percent Hispanic, 11 percent Chinese, 13 percent other Asian, 8 percent Caucasian, 2 percent Pacific Islander and 1 percent "other."

In FY11, SHC provided more than 300 free laboratory tests, including chemistry tests, lipid panels, and hematology 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 support improved operational efficiencies and patient care. During FY11, the Cardinal Free Clinics implemented an electronic medical record (EMR). Since the transition to EMR in July 2011, both clinics have trained over 100 volunteers in the new system. 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. Plans are being developed for improved integration of laboratory data between SHC and the clinics' EMR to allow for direct ordering and results reporting between systems.

Ravenswood Family Health Center (RFHC) is another important community partner. Located in East Palo Alto, the clinic serves a diverse, low-income population. In FY11, RFHC served 9,000 patients with over 35,000 medical visits. Of those patients, almost 98 percent were living below 200 percent of the Federal Poverty Level, and 62 percent were uninsured with no or limited access to public coverage programs.

In April 2010, a three-year grant was awarded by SHC to support the Ravenswood-Stanford Volunteer Pipeline Program. This grant funds two volunteer coordinator positions. In year two of the grant, the program developed and implemented a credentialing process for licensed volunteers, improved the operations process for recruiting clinical volunteers and developed a corporate volunteer engagement strategy. The program also recruited a pharmacist, eight pharmacy assistants, a registered nurse, 22 registered dental hygienists, two dentists, two oral health educators, 74 dental

hygiene students, and 166 community volunteers to build a community garden in East Palo Alto. In addition to providing much-needed fresh produce to a community that the U.S. Department of Agriculture has formally designated as a “food desert”, the community garden serves as part of RFHC’s health education program teaching people about nutrition and healthy eating. The total number of volunteers and volunteer hours resulting from this program now stands at 356 and 6,584 respectively.

In FY10, SHC established a branch of the Stanford Health Library at RFHC to serve the East Palo Alto community. In January 2011, the library opened full time with the addition of 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 community members. In FY11, the librarian assisted with over 1,000 interactions with library patrons.

In its partnership with **MayView**, SHC continued its funding for increased provider hours at the Palo Alto clinic and for the Quality Improve Outcomes project for MayView clients with chronic diseases, particularly diabetes. The additional provider hours allowed MayView to serve more patients 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. Thirty-four patients were referred to MayView from Arbor in FY11. In FY11, MayView’s Palo Alto clinic provided 6,387 medical services to 2,386 patients, which represented a 5 percent increase in the number of patients over the previous year. MayView’s clients are 41 percent uninsured, 93 percent low income (under 200 percent of federal poverty level), 65 percent Hispanic, 14 percent white, 12 percent Asian/Pacific Islander, 2 percent African-American and 7 percent “other”. Nearly 60 percent of patients range between 18 and 64 years old. The clinic, however, serves patients from infants to the elderly.

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 FY11, 138 homeless patients were referred to MRP. Of those 138 referrals, 93 were accepted. The primary reason for not accepting patients was “no beds available.” A total of 53 patients completed the program. Of those patients, 100 percent were enrolled in some type of health insurance upon discharge, and 100 percent were placed in some type of housing. No patients went back to the streets.

SHC’s newest community partner is **Samaritan House Redwood City Free Clinic**. In FY11, the clinic provided over 4,600 patients visits serving 1,356 unduplicated clients. This represents a 24 percent increase in visits over the same time period last year. The patient population is largely Hispanic (91 percent) and 100 percent is uninsured. The majority of their 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. Almost 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 much-needed medications for clinic patients, particularly those with high blood pressure and diabetes. The clinic also was able to purchase

medical supplies and educational materials. The remaining 40 percent of funds went to support operational expenses such as malpractice insurance for volunteer providers.

As part of its support for its community partners and other community-based agencies, SHC conducted two workshops in FY11 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 community members 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 30 people.

The Emergency Department (ED) Registration Unit partnered with the County of San Mateo in a project designed to link uninsured pediatric patients treated in SHC's ED to programs such as Medi-Cal, Healthy Families and Healthy Kids. The goal of this partnership is to ensure these children have an ongoing source of health care. In FY11, 162 children were linked to Medi-Cal, Healthy Families, Health Plan of San Mateo or Healthy Kids.

SHC also provided experts to assist uninsured, low-income patients to research health care options through the office of the Manager of **Patient Financial Advocacy**. Services were provided at no cost to the client and included helping individuals research eligibility requirements and identify appropriate health insurance programs, completing applications, compiling required documentation and following up with county case workers. For individuals eligible for the various programs, this service helps them obtain coverage for medical necessities such as prescription drugs and home health care. The cost of providing this service in FY11 was \$1,321,891

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 FY11, support for patients and their families experiencing financial hardship totaled \$586,927.

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 FY11, SHC funded the following projects that provided access to culturally-appropriate cancer education and supportive services for minorities, women and underserved populations:

- JoyLife Club - Healthy Cooking for Cancer Patients and Families: Seminars on nutrition and cooking demonstrations reached over 500 members of the Asian-American community
- Latinas Contra Cancer – Healthy Eating/Healthy Living Education and Screening Campaign: Classes on nutrition, cooking demonstrations and an early detection screening campaign reached over 100 members of the Hispanic community
- 100 Black Men Silicon Valley – Community Cancer Coalition Outreach Program: An education and health promotion campaign to increase knowledge and awareness of cancer

risks through four educational events and social media reached 460,000 in the African-American community

- Asian & Pacific Islander Health Forum – Tongan Cancer Education Program: An educational event on cancer prevention, detection, treatment and survivorship reached 45 members of the Tongan community

SHC continued its support of the **Stanford Medical Youth Science Program** with a \$10,000 contribution and hospital internships for 23 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, transplantations, neurology and hospital administration.

Although not in its traditionally served community, SHC responded to an urgent request from a clinic in Nigeria for an ultrasound machine. With the help of the nonprofit organization Assist International, an ultrasound machine was located, serviced and approved for operation. It was shipped to Obowo Healthy Neighborhood Project, which has a clinic run by Dr. Ignatius Ugwueze, in Obowo Nigeria.

Older Adults

The population in both San Mateo and Santa Clara counties is getting older. One in 10 Santa Clara County residents is age 65 years or older, and that figure is expected to double by 2050. In San Mateo County, almost 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. One program of AAS, **Partners in Caring (PIC)**, provides free, non-medical, practical support for homebound seniors. This service helps seniors remain in their homes and maintain independence by matching them with trained volunteers. In FY11, PIC provided service for 57 older adults.

Lifeline, another 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. Almost \$50,000 in free or reduced cost Lifeline subscriptions were provided to nearly 360 low-income seniors in FY11.

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-Related 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. This program was provided to nearly 300 seniors in FY11.

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 nearly 400 seniors in FY11. Program staff also provided fall prevention presentations and trainings to numerous organizations including hospitals, senior centers and fire departments, reaching an additional 725 people.

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 FY11, reaching a total of 43 older adults.

In addition to implementing community-based programs for older adults, SHC supports the work of two countywide collaboratives. The goal of C₄¹⁰, Countywide Chronic Condition Collaborative, based in Santa Clara County, is to enhance quality of care by training providers and patients in better management of chronic diseases. The **San Mateo County Fall Prevention Task Force** aims to educate health care providers and older adults about best practices in fall prevention. Through a grant from SHC, the Task Force was able to hold 33 events reaching over 1,900 older adults with information and training about preventing falls in FY11.

Supporting Adult Day Health Centers

SHC provided funding to help low income seniors at Rose Kleiner Adult Day Health Center who were facing eviction due to the state's elimination of the adult day health care program. This funding will be used to transition seniors on Medi-Cal to alternative care arrangements.

Sponsorships

SHC contributed over \$20,000 in sponsorships in FY11 to support various community events benefiting free clinics, youth health, cancer education and support and community-building.

Category 2: Benefits for the Larger Community

SHC supported a wide-range of activities that benefit the broader community. In FY11, SHC contributed more than \$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 library has five branches in both clinical and community settings throughout Palo Alto and East Palo Alto. All services are provided to community members at no cost. The library has an extensive collection of online health and wellness resources, including over 17,000 vetted medical websites, 1,000 electronic books, 60 health lectures available by podcast 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 FY11, nearly 14,000 community members visited health library branches. An additional 625 individuals were provided services by library staff and volunteers via e-mail and phone. Over 3,500

more community members were reached by other library programs such as the lecture series, which offered nearly 40 programs in FY11, bringing SHC physicians and researchers into the community to discuss a variety of health topics. In addition, there were over 300,000 visits to SHL's website.

Stanford Cancer Supportive Care Program

The Stanford Cancer Supportive Care Program provides non-medical support services to cancer patients, family members and caregivers regardless of where patients receive their treatment. The more than 27 different services include support groups for many types of cancer (lung, head and neck, gynecological, breast, leukemia, multiple myeloma, brain), classes on topics related to 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 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 it regardless of their economic circumstances. In FY11, over 12,000 encounters, at a cost of over \$210,000 dollars, were provided by the program to individuals whose lives have been 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. Nearly 1,050 individuals participated in these support groups in FY11.

Health Fairs, Community Health Education and Outreach

Community outreach is a priority for SHC. Lectures, presentations and workshops on topics from stroke education to making end-of-life decisions are available to community members. Neuroscience and rehabilitation staff held education forums for stroke survivors and caregivers on stroke recovery, rehabilitation and prevention of recurrent strokes. Spiritual Care Service staff provided workshops on whooping cough, infection control and flu, making end-of-life decisions, including how to write advance health directives, as well as after-life planning and assistance for family members. Collectively, the community outreach activities reached over 4,000 community members.

Coalition Building

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 19,000 students at 29 schools.

SHC supports the work of the San Mateo County Fall Prevention Task Force both financially and with staff representation. Grant funding supports a part-time staff person who coordinates the group's

activities. In FY11, the task force participated in 33 events reaching over 1,900 older adults. SHC's Community Outreach/ Injury Prevention supervisor serves as the group's co-chair.

The primary purpose of the Countywide Chronic Care Coalition¹¹ (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.

Cancer Clinical Trials Information and Referral Website and Phone Line

SHC is a significant information resource for the community. In addition to the 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 FY11, the website received over 10,000 hits and staff fielded 372 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 nearly \$2.1 million to subsidize this life-saving service in FY11, allowing 425 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. SHC's 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 is also an active member on the Palo Alto Emergency Preparedness Work Group.

SHC's OEM provides a critical service for County EMS, Centers for Disease Control and Prevention and other hospitals and county agencies 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 1,000 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 FY11, the service trained 35 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.

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 FY11, SHC contributed more than \$50.8 million to support health research, education and training. Of this amount, nearly \$43.6 million was spent to train medical residents and interns.

In addition to training physicians, SHC supports the training of other health professionals. In FY11, SHC invested more than \$7.2 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.

SHC's Laboratory Administration contributed \$20,000 in FY11 to the state's Clinical Laboratory Scientist program to help train the next generation of laboratory technicians.

SHC provided \$12,000 in funding for the **Patient Advocacy Program**, which places students from the Stanford School of Medicine in local community and free clinics. In FY11, 19 student advocates worked with seven clinic sites, including MayView Palo Alto and Mountain View, Ravenswood Family Health Center and Belle Haven Clinic, Samaritan House Free Clinic and Cardinal Free Clinic (Arbor and Pacific). These students provided over 2200 hours of direct service on 11 capacity-building projects that were based on an assessment of clinic needs.

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 8,600 individuals in FY11.

¹ This figure does not include cost of the unreimbursed Medicare.

² Santa Clara County 2010 Health Profile Report (unless otherwise noted)

³ U.S. Census, 2009

⁴ 2011 Community Assessment – Health & Quality of Life in San Mateo County (unless otherwise noted)

⁵ U.S. Census, 2009

⁶ Maintaining the Health of an Aging San Mateo County, fall 2010

⁷ These criteria are meant as guidelines. There is no requirement that each project selected meets all seven criteria.

⁸ 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.

⁹ The U.S. Department of Agriculture defines a 'food desert' as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store

¹⁰ C4 membership: Santa Clara Family Health Plan, Palo Alto Medical Foundation, The Health Trust, Stanford University School of Medicine, Santa Clara Valley Medical Center, Stanford Hospital & Clinics, Family Practice Residency Program at O'Connor Hospital, Kaiser Permanente Santa Clara, Indian Health Center, Valley Health Plan, Community Health Partnership

Stanford Hospital and Clinics Fiscal Year 2012 Community Benefits Plan

The Fiscal Year 2012 community benefit (CB) plan represents a continuation of the five-year strategic community benefit plan implemented in FY09. The plan continues to use documented community 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. For FY12, the CB plan has three health initiatives:

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

The CB plan described below represents SHC's strategic investment in its community. Oversight of the plan rests with the Community Partnership Program Steering Committee. This plan is designed to be in effect for two more years, through 2013, pending annual process evaluation, review of its alignment with community need (based on the community assessments and other relevant data sources), interviews with community partners and progress toward stated goals and objectives.

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 self-management

Target Population: Older adults, age 60+, in San Mateo and Santa Clara counties, with an emphasis on underserved populations¹

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-management² (CDSM)

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

Objectives:

- SFL will increase participation by 10 percent at East Palo Alto and Menlo Park senior centers
- SFL participants will demonstrate an increase in strength, based on changes in difficulty of resistance bands, with 30 percent of participants using the highest resistance band
- Four CDSM workshops aimed at older adults will be conducted including one in East Palo Alto

Strategy 2: Provide the SHC evidence-based Farewell to Falls (FTF) program to older adults in Redwood City, Menlo Park, Palo Alto, East Palo Alto, Sunnyvale and Mountain View

Objectives:

- Establish a formal referral system with Ravenswood Family Health Center and Samaritan House Redwood City Free Clinic
- Increase referrals by 10 percent in targeted communities

Strategy 3: Support key community efforts that provide fall prevention and chronic disease self-management outreach and education for older adults

Community Partners: San Mateo County Fall Prevention Task Force, Santa Clara County C₄ (Countywide Chronic Conditions Collaborative)

Objective:

- Provide support for two countywide collaboratives that focus on fall prevention and chronic disease management

NEEDS STATEMENT

According to “Maintaining the Health of an Aging San Mateo County” (fall 2010), nearly one in four San Mateo County residents will be over the age of 65 by 2030. The report further stated that if the status quo is maintained, by 2030 there will be 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 where adults 65 years and older are a growing segment of the population. By 2020, one in six county residents will be at least 65 years old³

Fall Prevention

In 2008, the San Mateo County Fall Prevention Task Force stated that “every 18 seconds, an older adult is treated in an emergency department in San Mateo County for a fall.” The key findings section of the 2011 Community Assessment – Health and Quality of Life in San Mateo County lists 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.”

In Santa Clara County, unintentional falls accounted for 44 percent of “injuries resulting in hospitalization”⁴ for all age groups. Of those falls, 81 percent occurred in the 65+ age group.

Chronic Disease Prevention and Management

Risk factors that lead to chronic disease are on the rise in Santa Clara County, according to the 2010 county health profile. The top three causes of death were cancer, heart disease and stroke. One-third of adults reported having one or more chronic conditions. Among these adults, 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 prevalence of high blood pressure and high cholesterol continues to rise. In addition, the prevalence of asthma, chronic lung disease and diabetes among adults has markedly increased since 1998⁵.

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 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
- Reduce avoidable emergency department use

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:

- Using information collected from interviews of clinic leadership and staff, identify at least one critical clinic need
- Provide funding and other resources to address clinics' needs
- 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 Lifebuilders⁶, 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)⁷
- MRC will place a minimum of 75 percent of clients completing the program with appropriate insurance programs and in housing

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 FY12 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 workshops participants

Health Outcome:

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

NEEDS STATEMENT

About 13 percent of the general population of Santa Clara County reported they could not see a doctor when needed in the past 12 months due to cost or lack of insurance. That figure rose to 33 percent and 22 percent, respectively, for African-Americans and Hispanics⁸. While the numbers of insured will increase if health care reform is fully implemented, 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.

A major issue for some segments of the population - for example, the homeless, undocumented and those not eligible for public programs like Medi-Cal (the working poor) - is the *lack of a source of ongoing care*. 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 usual source of care⁹." Research shows that people who do not have an ongoing source of care are more likely to use emergency departments as their primary source of treatment, an extremely costly way to deliver health care.

A 2010 study by the Urban Institute, produced for the San Mateo County Health System, reported that the primary sources for inpatient and emergency room care for the uninsured in San Mateo County are the public hospital, five county nonprofit hospitals and Stanford Hospital in Santa Clara County. 2007 data, obtained from the California Office of Statewide Health Planning and Development, revealed that nearly 62 percent of emergency room visits for uninsured adults in San Mateo County were to the public hospital, with the remaining visits evenly divided across the other six hospitals. However, only 44 percent of inpatient stays for the uninsured were at the public hospital; the other hospitals absorbed the remaining 56 percent. Stanford Hospital & Clinics topped that list with 14.5 percent. The study further stated that Stanford Hospital, along with the public hospital and two of the nonprofit San Mateo County hospitals, is also a major provider of hospital care for the adult Medi-Cal population.

Building the capacity of local community clinics to provide primary and preventive health care services will help improve the likelihood that underserved community members have *an ongoing source of care*. It will also 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-Related Health Disparities

Goal: Reduce cancer-related health disparities in minority and underserved populations

Target population: Women, minorities and medically underserved populations in San Mateo and Santa Clara counties

Strategy 1: Partner with Stanford Cancer Institute to 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:

- Identify community-based organizations that focus on culturally appropriate cancer education
- Fund three to five projects that provide cancer education and awareness 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

In Santa Clara County, cancer is the leading cause of death across all ethnicities¹⁰. “A local look ... shows health disparities particularly affecting high proportions of Latino and Asian populations,” according to a newly released report¹¹ by The Health Trust, a local charitable foundation. Incidence rates of cervical cancer as high as 13.9 per 100,000 for Latinas and 12.7 for Asian women were reported. Much lower rates were reported for white and African-American women, 6.4 and 5.7 respectively. Latinos are twice as likely and Asians are up to five times as likely to die from liver and stomach cancer than whites.

Cancer researchers conducted a study identifying barriers to preventing infection with hepatitis B virus (HBV) in Chinese Americans in the San Francisco Bay Area¹². Chronic HBV infection is the primary cause of liver cancer. It is also about 35 times more common in Asian Americans than non-Asian Americans. Further, although liver cancer is less common in the general U.S. population, it’s the second most common cause of cancer death in Asian Pacific Islander men.

Research by the Cancer Prevention Institute of California focused on cancer within ethnic and socio-economic underserved communities and health disparities. It showed that, although colorectal cancer is the third most common cancer in both Vietnamese American men and women, rates of colorectal cancer screening for Vietnamese Americans are lower than rates for non-Hispanic whites. The research further showed that Vietnamese Americans are open to screening if their health care provider recommends it. This research suggests the need for more education about colon cancer prevention strategies in the Vietnamese American community¹³.

Clinicians and researchers from the Stanford Cancer Institute work with the Cancer Prevention Institute of California and other community-based organizations to address the issue of unequal burden of cancer in medically underserved populations. In partnership with the Stanford Cancer

Institute, SHC is committed to providing culturally appropriate cancer education and to overcoming cancer-related health disparities.

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 Santa Clara County 2010 Health Profile Report

⁴ Santa Clara County 2010 Health Profile Report

⁵ 2011 Community Assessment – Health and Quality of Life in San Mateo County

⁶ EHC LifeBuilders: leading provider of shelter, housing, and supportive services to people in crisis and those experiencing homelessness in Santa Clara County

⁷ 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

⁸ Santa Clara County 2010 Health Profile Report

⁹ 2009 California Health Interview Survey

¹⁰ Santa Clara County 2010 Health Profile Report

¹¹ healthtrust.org/initiatives/communities/facts.php

¹² Chang ET, Nguyen BH, So SKS. Attitudes toward hepatitis B and liver cancer prevention among Chinese Americans in the San Francisco Bay Area, California. *Asian Pacific J Cancer Prev.* 2009

¹³ Nguyen BH, McPhee SJ, Stewart SL, Doan TH. Colorectal cancer screening in Vietnamese Americans. *J Cancer Educ.* 2008

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one patient at a time*



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