



PARTNERING TO IMPROVE

2013 Community Benefits Report
2014 Community Benefits Plan

To Care • To Educate • To Discover





Amir Dan Rubin
President and
Chief Executive Officer

January 31, 2014

Mr. Michael Nelson
Office of Statewide Health Planning and Development
Healthcare Information Division
Accounting and Reporting Systems Section
400 R Street, Suite 250
Sacramento, CA 95811

Mr. Nelson:

On behalf of Stanford Hospital & Clinics, I am pleased to submit our Fiscal Year 2013 Community Benefit report, which covers the period of September 1, 2012 through August 31, 2013, and our Fiscal Year 2014 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, 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 at 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



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

2013 Community Benefit Report

2014 Community Benefit Plan

Stanford Hospital & Clinics Fiscal Year 2013 Community Benefit Report

Introduction

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

The following report covers fiscal year (FY) 2013 beginning September 1, 2012, and ending August 31, 2013. During this time, SHC invested nearly **\$200 million**¹ in services and activities to improve the health of the communities it serves. In addition to providing details on this investment, this document describes the planning process and the Community Benefit Plan for FY 2014.

Community Served

Although SHC cares for patients from throughout California as well as from across the country and internationally, a majority of SHC's 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

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. SCC's population is projected to grow from the current level to more than 2.3 million by 2030.

The North County area is extensively urbanized. Thirteen of the county's 15 cities and more than 88 percent of the county's residents are located in the North County. Gilroy and Morgan Hill, with approximately 5 percent of the county's population, are located in the South County, which remains predominantly rural, with low-density residential developments scattered through the valley and foothill areas.

According to the 2010 US Census, approximately 36 percent of the population in SCC was born outside of the United States, outpacing the rate for California by nearly 10 percent. SCC's racial/ethnic composition is 47 percent White, 32 percent Asian, 27 percent Latino, and 3 percent African American. In the most recent census, approximately 12 percent selected "some other race" and 5 percent selected "more than one race." The predominantly reported sub-groups of the Asian population are Chinese (27 percent), Vietnamese (22 percent), Asian Indian (22 percent), and Filipino (15 percent). More than 100 languages and dialects are spoken in SCC.

Latinos represent the fastest-growing demographic. According to the Silicon Valley Latino Report Card, 82 percent of Latinos in Silicon Valley are from Mexico, with another 8.5 percent from Central America.

The Vietnamese population is another demographic that is growing rapidly in SCC. While there are currently more Chinese (27 percent) in SCC than Vietnamese (22 percent), the Vietnamese population has grown very quickly in the last few decades, from 11,717 in 1980 to 134,525 in 2010. The Vietnamese population is the second largest of any county in the U.S., surpassed only by Orange County, California. San Jose has the largest Vietnamese population of any U.S. city.

People ages 60 and older make up slightly less of the population in SCC than in California as a whole (16.1 percent vs. 16.8 percent); however, according to the Council on Aging Silicon Valley, “In the coming years, seniors will comprise a larger and larger share of the local population. In 1990, fewer than 1 in 8 county residents was age 60 or older. By 2010, that ratio had grown to 1 in 6. By 2030, over 1 in 4 county residents will be over age 60.”ⁱⁱ

While SCC is one of the most diverse counties in the US, the older adult population is less diverse. 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 who are ages 60 and older. By 2030, about 47 percent of older adults will be White, 29.5 percent will be Asian, and 17.8 percent will be Latino.

On the other hand, young people (ages 17 years and younger) are more diverse than the general population. These young people make up about 25 percent of SCC's population. While Latinos are 27 percent of SCC's overall population, they represent more than 35 percent of the youth population. In 2011, more than 25 percent of children were English-language learners.

The percentage of children living below the Federal Poverty Level (FPL) has increased by 2.6 percent since 2000. In SCC, more Hispanic/Latino and African-American children are living in poverty compared to children of other racial/ethnic groups and the county overall. In 2012, the national FPL for a family of four was \$23,050. According to this measure, nearly 1 in 10 children (11 percent) and 1 in 12 adults (9 percent) are living in poverty.

Because the FPL does not take into consideration local conditions such as cost of living, other measures of economic security are used to provide a more realistic measure of poverty in SCC. 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) to meet their most basic expenses; this is equivalent to more than four full-time, minimum-wage jobs.ⁱⁱⁱ

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^{iv} (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.

San Mateo County

San Mateo County (SMC), located on the San Francisco Peninsula is made up of 20 cities and towns, bordered by the City of San Francisco on the north, the San Francisco Bay on the east, Santa Clara County on the south and the Pacific Ocean on the west. SMC is a mix of urban and suburban industrial,

small business, and residential use. The coastal area is a mix of suburban and rural with significant agricultural, fishing, small business, and tourism land use. According to the 2010 U.S. Census, the county's population is 719,467. SMC's population is expected to increase by 14 percent from 2010 to 2050.

SMC is among the richest counties in terms of ethnic diversity. From 2006 to 2010, 34 percent of the county's population was foreign born and nearly half (45 percent) of those ages 4 and older spoke a language other than English at home. Over the next four decades, the White population is expected to decrease by nearly 50 percent, while Hispanic and Asian/Pacific Islander populations are expected to increase dramatically. 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. At the other end of the age spectrum, the ethnic makeup of children ages 14 and younger is projected to be Hispanic, Asian/Pacific Islander, White, African -American, and multi-race 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 FESSS, 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), they may be ineligible for public-assistance programs.

Community Assessment Process and Prioritization of Community Needs

The Santa Clara County Community Benefit Coalition and the Healthy Community Collaborative of San Mateo County each produced a community assessment in 2013. 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^{v vi} and played a leadership role as chair of the Santa Clara County Community Benefit Coalition.

In Santa Clara County, community input was obtained through interviews with local health experts, focus groups with community leaders and representatives, and resident focus groups. The secondary data was collected, synthesized, and analyzed from multiple sources by a consultant, Research Development Associates.

In San Mateo County, resident input was gathered through the 2013 Community Health Needs Assessment: Health & Quality of Life Survey. The survey was conducted using a random sample of 1,000 adults in San Mateo County via landline and cell phones. In addition to the countywide random sampling, additional surveys were conducted in coastside zip codes as well as oversampling of African-American

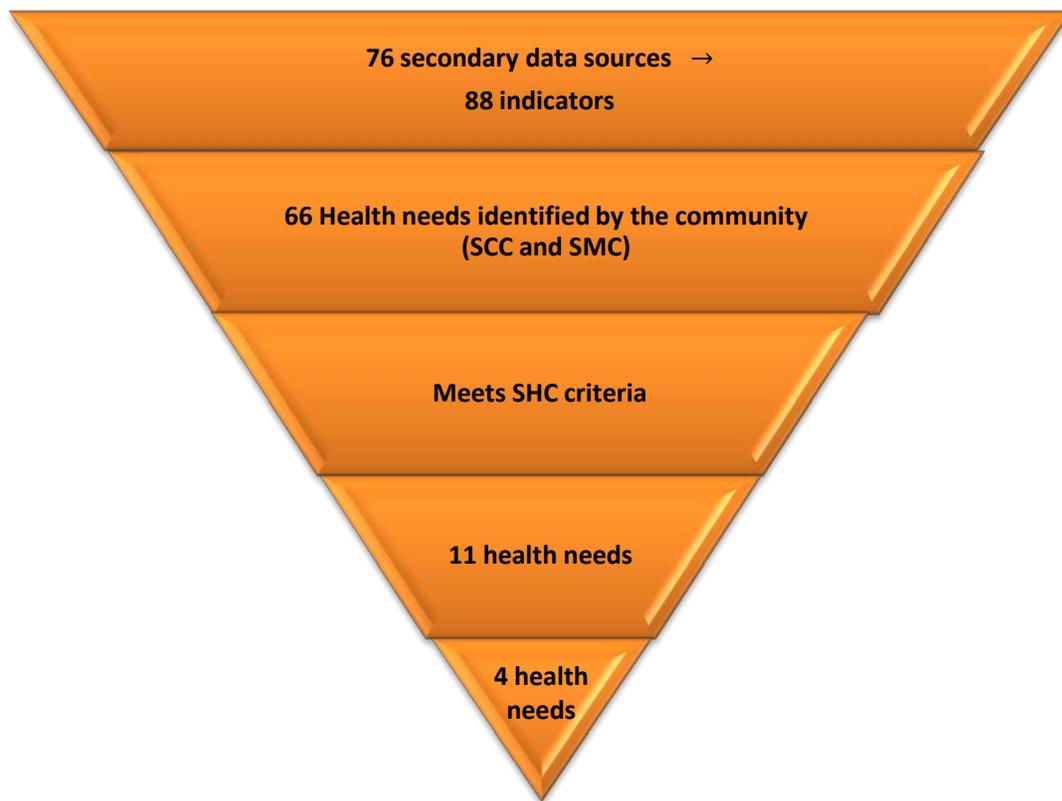
residents and low-income residents, resulting in a total of 1,724 interviews. The secondary data was collected from multiple sources. It was then synthesized and analyzed by San Mateo County Health System.

Health needs were identified by synthesizing primary qualitative research and secondary data, and then filtering those needs against a set of criteria. Needs were then prioritized by countywide groups consisting of county coalition members and community leaders using another set of criteria.

In February 2013, the SHC Community Partnership Program Steering Committee met to review the data collection and prioritization process that occurred in the community. The purpose of the meeting was to identify health needs that met certain criteria and would form the basis for SHC's FY 2014 Community Benefit Plan.

The prioritization process is outlined in the pyramid below. Sixty-six health needs were identified by community input in both counties and the 88 indicators were selected from multiple secondary data sources.

PROCESS PYRAMID



Applying the following criteria to the list of health needs, the SHC Community Partnership Program Steering Committee identified 11 health needs:

1. Supported by primary data (community input) and secondary data

2. Misses a benchmark (Healthy People (HP) 2020 or California state average)
3. Cuts across both San Mateo and Santa Clara counties
4. Affects a relatively large number of individuals
5. If left unaddressed, is likely to become more serious
6. Has a serious impact at the individual, family, or community level
7. Is one in which SHC has the required expertise as well as the human and financial resources to make an impact

The committee reviewed SHC’s FY 2013 community health improvement initiatives along with the health needs identified in the community assessment process and selected four health needs to address: cancer, access to care, chronic disease, and unintentional injuries (falls). Of the seven other health needs, four are indirectly addressed through the Community Partnership Program health initiatives: diabetes, cardiovascular disease and stroke, arthritis, and respiratory conditions such as asthma and COPD.

11 Health Needs Identified by CHNA Process

4 Health Needs Selected by SHC Steering Committee

Health Needs
1. Diabetes
2. Mental health
3. Obesity/overweight
4. Cancer
5. Cardiovascular disease, heart disease, stroke
6. Access to health care
7. Arthritis
8. Chronic disease
9. Alzheimer’s/dementia
10. Unintentional injuries (falls)
11. Respiratory conditions (asthma, COPD, allergies)

Summary of Community Benefit Investments

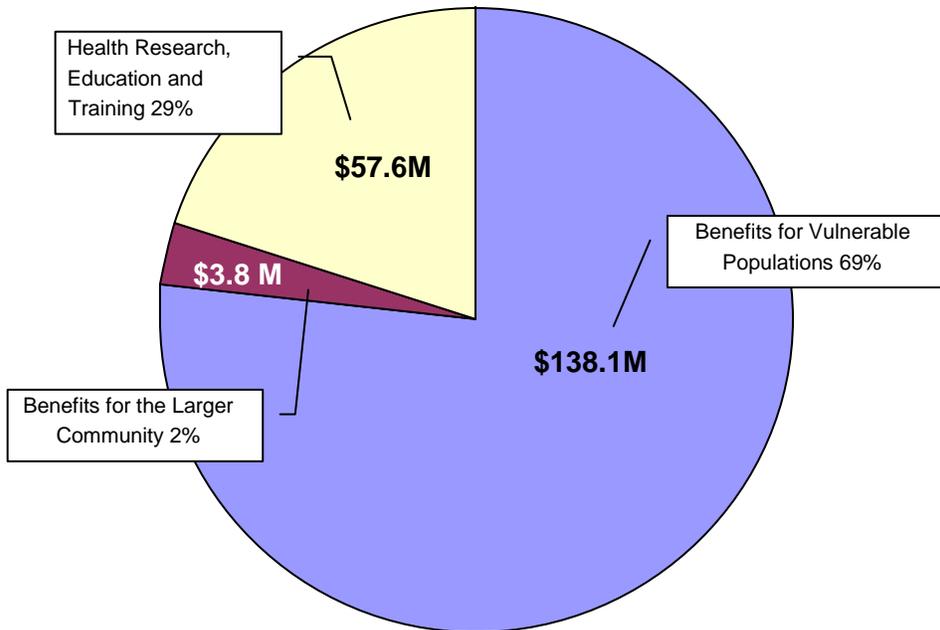
For the purposes of this report, SHC community benefit activities fall into three major categories:

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

The table and chart below summarize SHC's FY 2013 investment in community benefit.

Benefits for Vulnerable Populations *	\$138,093,469
Medicare (uncompensated expense)	\$247,928,070
Benefits for the Larger Community	\$ 3,825,276
Health Research, Education and Training	\$ 57,551,073
Total Excluding Uncompensated Expense of Medicare	\$199,469,818
Total Including Uncompensated Expense of Medicare	\$447,427,888

* 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^{vii}

SHC's largest community benefit investment was in improving access to needed healthcare services for vulnerable community members. In FY 2013, SHC contributed more than \$138 million, nearly 70 percent of its community benefit expenditures, to activities supporting vulnerable populations (*excluding* uncompensated Medicare). SHC's uncompensated expense (cost less reimbursement) for Medi-Cal was nearly \$114.6 million. Charity care for uninsured and underinsured patients totaled \$19.1 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 nearly \$4.5 million in FY 2013. These activities provide essential services for those most in need in our communities.

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

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

In FY 2013, SHC provided nearly 1,700 tests, including chemistry, hematology, microbiology, and virology tests for CFC clients. In addition to the lab tests, SHC provided funding to help CFC expand its technology infrastructure to build capacity for services and to support improved operational efficiencies and patient care. With this funding, CFC implemented an electronic medical record (EMR) system in FY 2011 and continued to refine it, as well as to train student and physician volunteers on the new system, with more than 100 volunteers trained in FY 2012. Building on this work, in FY 2013, CFC worked to improve internet connectivity to ensure access to the EMR system. It has facilitated and enhanced lab orders, referrals to primary and specialty care, 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. The project resulted in CFC clients receiving free imaging, including X-rays of the chest, shoulder, and spine.

Arbor Free Clinic, located in Menlo Park, provided 1,530 patient visits in FY 2013. 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: 17 percent of patients are Hispanic, 12 percent are White, 22 percent are Asian/Pacific Islander, 4 percent are African -American, and 17 percent are "other."

Pacific Free Clinic, located in East San Jose, provided 1,628 patient visits in FY 2012. Its patients are 22 percent uninsured and 59 percent unemployed. Sixty-eight percent spoke a language other than English as a primary language. The ethnic makeup of its patients is 15 percent Vietnamese, 17 percent Hispanic, 10

percent Chinese, 13 percent other Asian, 8 percent White, 2 percent Pacific Islander, and 1 percent "other."

Ravenswood Family Health Center (RFHC) is another important community partner. Located in East Palo Alto, the clinic serves a diverse, low-income population. In FY 2012, RFHC served more than 9,600 patients with more than 37,000 medical visits. Of those patients, 86 percent were living below 100 percent of the FPL and 61 percent had no health insurance.

In April 2010, a multi-year grant was awarded by SHC to support the Ravenswood-Stanford Volunteer Pipeline Program. In FY 2013, the program had a total of 318 volunteers who provided nearly 5,000 hours of service.

SHC established a branch of the Stanford Health Library at RFHC to serve the East Palo Alto community. In addition to computers, books, and a myriad of other resources, the library has a bilingual medical librarian. The librarian not only staffs the library, but also conducts research on condition-specific health topics for RFHC patients and staff, as well as for community members. In FY 2013, the librarian assisted with more than 1,200 library patrons from the community of East Palo Alto.

In its partnership with **MayView Community Health Center**, 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 2,253 patients in FY 2013, including 151 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 2013, 28 patients were referred to MayView from Arbor. MayView's Palo Alto clients are 52 percent uninsured, 90 percent low income (below 200 percent of the FPL), 62 percent Hispanic, 18 percent White, 14 percent Asian/Pacific Islander, 3 percent African -American and 3 percent "other." Fifty-seven percent of patients range between ages 18 and 64, and 10 percent are ages 65 and older.

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 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 2013, 208 homeless patients were referred to the MRP. Of those 208, 125 were accepted. The most frequent reason for not accepting patients was "no bed available." A total of 70 patients completed the program. Of those patients, 100 percent were enrolled in some type of healthcare coverage upon discharge, and 96 percent were placed in some type of housing.

In FY 2013, the **Samaritan House Free Clinic of Redwood City** provided more than 3,902 patient visits serving 1,236 unduplicated clients. The patient population is largely Hispanic (89 percent) and 100 percent are uninsured. The patients served have very low incomes, face language and cultural barriers, and are more likely to suffer from multiple chronic conditions due to lack of preventive care. All medical providers at the clinic donate their time and expertise providing services such as primary care, dentistry, gynecology, breast cancer screenings, dermatology, diabetic care, endocrinology, internal medicine, neurology, orthopedics, ophthalmology, optometry, podiatry, pulmonology, nutritional counseling, psychology, and psychiatry.

As part of its support for its community partners and other community-based agencies, SHC conducted two workshops in FY 2013 for clinic and non-clinical staff. The workshops, entitled “Making the Most of Your Community Service – Foundations for Community Engagement,” were taught by faculty from the Stanford School of Medicine Office of Community Health. Open to the community as well as SHC staff, these workshops prepared individuals for effectively working in a community-based setting. The workshops were also useful for recruiting volunteers to work in the community.

The **Emergency Department Registration Unit** has partnered with San Mateo County since 2004 in a program designed to link uninsured pediatric patients treated in SHC’s Emergency Department with programs such as Medi-Cal, Healthy Families, and Healthy Kids. This partnership was implemented as a result of studies by Nancy Ewen Wang, MD, associate director of Pediatric Emergency Medicine, which showed that uninsured children are less likely to receive routine care due to the fear of financial hardship on their families. By helping families through the steps needed to apply for these state assistance programs, the Emergency Department registration unit works to ensure that eligible children received vital services. In FY 2013, a total of 611 referrals were made resulting in 206 children being linked to Medi-Cal, HPSM, Healthy Families, or Healthy Kids.

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. The cost of providing this service in FY 2013 was \$1,244,671.

The **Social Work and Case Management** department 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 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 FY 2013, support for patients and their families experiencing financial hardship totaled over \$1.75 million.

Minority Populations

An important goal of SHC’s community benefit program is to reduce cancer health disparities. It is a goal SHC shares with Stanford Cancer Institute. In FY 2013, SHC funded the following projects that provided access to culturally appropriate cancer education and supportive services for minorities, women, and underserved populations:

- Community Health Partnership: Provided breast cancer screening and health education services to low-income, medically underserved Hispanic and Vietnamese women
- HealthWays: Provided culturally responsive education and support services on cancer detection and treatment to the Filipino community
- Asian American Cancer Support Network: Improved cancer survivorship outcomes through an online social networking, culturally competent website for Asian and Pacific Islander communities

- Taulama for Tongans: Provided culturally appropriate smoking cessation and tobacco education to the Tongan community
- Pilipino Bayanihan Resource Center: Provided culturally appropriate cancer awareness and smoking cessation activities for the Filipino community
- Herald Cancer Care Network: Conducted a cancer education program for Chinese cancer survivors and their caregivers

SHC continued its support of the **Stanford Medical Youth Science Program** with a \$10,000 contribution and hospital internships for 18 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, neurology, and hospital administration.

Older Adults

The population in both San Mateo and Santa Clara counties is getting older. Almost 30 percent of Santa Clara County residents are projected to be ages 60 and older by 2030. In San Mateo County, about 1 in 4 residents will be older than age 65 by 2030. This changing demographic has significant implications for health care and will require changes not only in the types of services provided, but in the ways services are delivered.

SHC has been preparing for this demographic shift by expanding its **Aging Adult Services Program** (AAS) and offering components of that program to the community. **Lifeline**, a program of AAS, is an in-home emergency response service that helps older adults remain independent by providing an easy way to summon help in an emergency. Stanford Lifeline is one of the few emergency response services that offer reduced or subsidized rates to those in need. Nearly \$45,000 in free or reduced-cost Lifeline subscriptions were provided to more than 300 low-income seniors in FY 2013.

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 four 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, Matter of Balance, and Chronic Disease Self-Management.

Strong for Life is a group exercise program. The goals are to help older adults increase strength, balance and mobility, and reduce isolation. In FY 2013, this program was provided to more than 200 seniors at eight senior centers, five of which serve primarily low-income seniors.

Farewell to Falls is a fall prevention program provided by Trauma Services. Occupational therapists provide home visits and review multiple risk factors for falls. Regular follow-up phone calls encourage compliance with exercise and other recommendations. One year after the initial home visit, therapists evaluate participants' progress. The program enrolled 245 seniors in FY 2013. In addition to providing in-home fall prevention to older adults, an additional 915 seniors were reached through educational

presentations and health fairs. Farewell to Falls staff also provided presentations to groups such as healthcare providers, reaching 155 professionals with fall prevention information.

Matter of Balance (MOB) is an evidence-based program that works with older adults to help reduce the fear of falling in a group setting. 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. MOB is currently offered at five senior centers, two residential communities, and at Mountain View Community Services Agency.

Chronic Disease Self-Management is a behaviorally oriented program that teaches participants how to manage their chronic conditions. The program helps those with chronic conditions 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 five six-week workshops in FY 2013, reaching 50 older adults.

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

The Centers for Disease Control and Prevention estimates that more than one-third of all Americans ages 65 and older will fall each year and that falls are the leading cause of fatal and nonfatal injuries and traumatic hospital admissions for this age group. 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 in 2003 and formed the **San Mateo County Fall Prevention Task Force**. This task force has grown to 50 volunteer organizations. The mission of this group is to decrease falls among older adults through advocacy, resource development, and community education. SHC 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.

Sponsorships

SHC contributed nearly \$20,000 in sponsorships in FY 2013 to support various community events, including education about the Affordable Care Act and refurbishing dwellings for low-income community members.

Category 2: Benefits for the Larger Community

SHC supported a wide range of activities that benefit the broader community. In FY 2013, SHC contributed more than \$3.8 million to support these activities.

The Stanford Health Library

Stanford Health Library provides scientifically based health information so people can make informed decisions about their health and health care. The health library has five branches and reaches out to the local population, as well as to those who use the Internet. The health library is located in both clinical and community settings throughout Palo Alto and East Palo Alto. All health library services are provided to community members free of charge at a cost of \$1.28 million. The library has an extensive collection of online health and wellness resources, including more than 17,000 vetted medical websites, 1,000 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 2013, approximately 18,000 community members visited health library branches. An additional 800 individuals were provided services by library staff and volunteers via e-mail and phone, and 3,500 more were reached by other library programs such as the lecture series. In addition, there were more than 24,000 website visits and 36 programs bringing SHC physicians and researchers into the community to discuss a variety of health topics. At Ravenswood Clinic, the library supports not only the community population and patients of the clinic, but the health navigators at the clinic who deal directly with patient education. The health library's medical librarian conducts research on their behalf, giving health navigators salient information that assists them as they work with patients. For patients and community members, the librarian provides information that is in alignment with their language needs and health-literacy level.

Stanford Cancer Supportive Care Program

Stanford Cancer Supportive Care Program (SCSCP) provides non-medical support services to cancer patients, family members, and caregivers regardless of where patients receive their treatment. The more than 37 different services include support groups for many types of cancer (lung, head and neck, gynecological, breast, leukemia, multiple myeloma, and brain to name a few), 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, 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 it regardless of their economic circumstances. In FY 2013, more than 19,600 encounters were provided by SCSCP to individuals whose lives were affected by cancer, at a cost of nearly \$210,000.

Support Groups

SHC, through its Social Work and Case Management department, provides staff and other resources to conduct support groups for patients, their families, and members of the community. These groups support participants affected by a wide spectrum of conditions, such as organ transplant, bone marrow transplant, and pulmonary hypertension, and offer caregiver training and support. The goal of the support groups is not only to educate, but to provide a caring forum for participants and their caregivers to improve their coping skills and adjust to the life changes resulting from their conditions. In FY 2013, nearly 2,100 individuals participated in these support groups.

Traffic and Bicycle Safety

The Trauma Service Injury Prevention Program worked collaboratively with many community groups and coalitions on issues related to traffic safety. Working with the Silicon Valley Bicycle Coalition, law enforcement agencies, and others, the Roadway Safety Solutions Team was established to look at infrastructure issues and vehicle and bicycle behavior to reduce bicycle injuries and deaths. SHC is working with 30 schools in Santa Clara County along with parent volunteers, school administration, law enforcement, and city engineers to ensure that students get to school safely by foot or bike through the *Safe Routes to School* program.

Cancer Clinical Trials Information and Referral Website and Phone Line

SHC is a significant information resource for the community. In addition to the Stanford Health Library and community health education and outreach activities, SHC provides important information regarding cancer clinical trials. In order to make this information readily available to the broadest possible audience, SHC funds the cancer clinical trials information website and phone line. Staffed by topic experts, the goal of this program is to increase awareness of cancer clinical trials and link cancer patients to appropriate trials. In FY 2013, the website was visited by more than 10,000 individuals, and staff fielded nearly 550 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 contributed more than \$1.6 million to subsidize this life-saving service in FY 2013, providing critical transport and medical care to 490 patients.

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 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 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.

Spiritual Care Service

Medical care is only one aspect of healing. Chaplains from SHC's Spiritual Care Service (SCS) engage in the spiritual aspect of healing through a variety of activities. In FY 2013, SCS hosted a delegation of medical students from China and Japan to expose the students to the role spiritual care plays in health care. Chaplains also provided lectures on various topics such as advance directives and healthy aging to community members.

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 2013, SHC contributed \$57.6 million to support health research, education, and training. Of this amount, \$47.6 million was spent to train medical residents and interns.

In addition to training physicians, SHC supports the training of other health professionals. In FY 2013, SHC invested \$10 million on this 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 were trained by SHC physician assistants. SHC also provided a training ground for **pharmacy** residents and students, **radiology and nuclear medicine** students, and **psychology** students.

The Stanford University Community Health Advocacy Program, formerly the Patient Advocacy Program, was established in 2004 and combines a year-long Stanford-based course with clinic shifts and capacity-building projects at community clinics. The partnering clinics, which provide care for underserved populations in San Mateo and Santa Clara counties, serve a patient population that is largely immigrant, low-income, and monolingual Spanish or Vietnamese speaking. Over the past nine years of the program, some 100 advocates have performed close to 19,000 hours of direct service, and implemented 68 capacity-building projects at the clinics. Partner clinics in FY 2013 were MayView Community Health Center (Palo Alto and Mountain View clinic sites), Ravenswood Family Health Center, and Samaritan House Free Clinic in Redwood City. The 11 student advocates working across these sites in FY 2013 provided more than 1,300 hours of direct service; completed four capacity-building/quality improvement projects designed to meet the clinics' self-identified needs; 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. SHC provided \$10,000 in funding for the program in FY 2013.

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 approximately 7,500 in FY 2013.

Fiscal Year 2014 Implementation Strategy

This plan represents a continuation of a multi-year strategic investment in community health. SHC believes that long-term funding of proven community partners yields greater success in improving the health and well-being of community members. The plan continues to be based on documented community health needs. Modifications to the plan are the result of new data and information collected during the 2012-13 Community Health Needs Assessment (CHNA) process, as well as process assessments and reports submitted by community partners on their progress toward mutually developed goals and objectives for improving community health.

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

This health initiative aims to address the unintentional injuries (falls) and chronic disease health needs identified by the CHNA process.

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

Target Population: Adults ages 60 and older in San Mateo and Santa Clara counties, with an emphasis on underserved populations

Health outcomes:

- Older adults have increased strength and mobility resulting in fewer and less severe 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, a group exercise program that helps older adults increase strength, balance and mobility, and reduce isolation
- Chronic Disease Self-Management^{viii}, a behaviorally oriented program that teaches participants how to manage their chronic conditions and helps them develop confidence in managing their health

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

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

Tactics:

- Provide Matter of Balance to older adults in Redwood City, Menlo Park, or East Palo Alto

- Matter of Balance is a program for older adults who may have a fear of falling and/or a significant risk factor for falling (recommended by the National Council on Aging and the Centers for Disease Control and Prevention as a best-practice)
- Increase referrals to Farewell to Falls in targeted communities
 - Farewell to Falls is a fall prevention program in which occupational therapists provide home visits and review multiple risk factors for falls

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

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

Tactic:

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

Needs Statement

The number of Medicare recipients in the United States is growing rapidly, with “baby boomers ... reaching the eligibility age of 65 at the rate of 10,000 a day.”^{ix}

According to one report,^x nearly 1 in 4 San Mateo County residents will be ages 65 and older by 2030. The report further states that unless things change significantly, “this population will need health care and community-based services far beyond what our public and private systems can provide.” According to the San Mateo County Projection Model, by 2030 there will a 50 percent increase in demand for doctors, a 34 percent increase in acute hospital days, and a 59 percent increase in demand for hospital beds as a result of this changing demographic.

The situation is much the same in Santa Clara County, where the senior population has grown faster in the past 20 years than the state and national rates.^{xi} By 2030, more than 1 in 4 county residents will be ages 60 and older.^{xii}

Fall Prevention

The key findings section of the 2011 Community Needs Assessment: Health & 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.

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 healthcare services.

An American Hospital Association report^{xiii} states that the Medicare population is not only living longer, but they are also sicker. According to Centers for Medicare and Medicaid Services^{xiv}, in 2008 two-thirds

of all Medicare recipients had two or more chronic conditions. The report further states that healthcare expenses for an individual with one chronic condition are about three times higher than those for a person without chronic conditions. That figure rises 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 healthcare 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.^{xv} In addition, the prevalence of high blood pressure, high cholesterol, asthma, chronic lung disease, and diabetes among adults has increased markedly since 1998.^{xvi}

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.

Health Initiative II: Improve Access to Care

This health initiative aims to address the access to care health need identified by the CHNA process.^{xvii}

Goal: Improve access to quality, culturally appropriate health care for vulnerable community members

Target Population: Low-income, underinsured and uninsured, 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 healthcare 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

Tactics:

- Assess the health needs of community clinic partners
- Provide funding and other resources, such as SHC lab and radiology services, to address identified needs of clinics
- Provide funding and support to establish linkages between free clinics and community health centers to provide a medical home for free-clinic clients with chronic conditions
- Provide funding for Stanford University Community Health Advocacy Program, which combines a year-long Stanford course with clinic shifts and capacity-building projects at community 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: EHC LifeBuilders,^{xviii} Valley Medical Center, Hospital Council of Northern & Central California, and local hospitals

Tactic:

- Provide funding and other support for patient beds and case management at the Medical Respite Center^{xix}

Strategy 3: Establish a partnership with Stanford School of Medicine’s Office of Community Health to provide a community health training program for healthcare staff

Tactics:

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

Health Outcome:

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

Strategy 4: Maintain and enhance a system to enroll children in appropriate assistance programs

Health Outcome:

- A greater percentage of eligible children treated in SHC’s emergency department are enrolled in health insurance and other assistance programs

Tactic:

- Partner with San Mateo County in a program designed to link uninsured pediatric patients treated in SHC’s Emergency Department with programs such as Medi-Cal, Healthy Families, and other assistance programs

Strategy 5: Provide appropriate financial assistance for uninsured and underinsured patients

Health Outcome: A greater percentage of eligible individuals receive necessary hospitalization and health care

Tactic:

- Maintain and enhance a system for providing free and discounted care for individuals whose family income is 400 percent of the FPL

Strategy 6: Train the next generation of healthcare providers

Target Population: Broader community

Tactics:

- Provide funding and a setting for training medical students, residents, and fellows from Stanford School of Medicine
- Provide funding and a setting for training physician assistant, nursing, clinical laboratory, physical therapy, respiratory therapy, occupational therapy, speech therapy, radiology, nuclear medicine, and psychology students
- Provide funding and a setting for training pharmacy residents

Health Outcome:

- A consistent source of high-quality healthcare providers is available to the community

Needs Statement

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

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

In San Mateo County, there are currently 80,000 uninsured individuals. Estimates for post-Affordable Care Act (ACA) implementation place the number of those remaining uninsured at more than 34,000.^{xx}

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

Affordability is a key barrier to accessing health care in Santa Clara County. The UCLA Center for Health Policy Research stated that 20 percent of Santa Clara County adults reported delaying filling their prescriptions or receiving medical service in the past year due to the cost.^{xxiii} Additionally, the percentage of Santa Clara County adults reporting that they could not see a doctor when needed in the past 12 months because of cost or lack of insurance more than doubled (from 5 to 13 percent) between 2000 and 2009. Those numbers were higher for African -Americans (33 percent), Hispanics (20 percent)^{xxiv}, and Vietnamese (16 percent).^{xxv}

A regular source of health care can serve as a guide to the healthcare system, helping individuals 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, including the working poor. Nearly 30 percent of adults in San Mateo County and about 20 percent of adults in Santa Clara County with incomes between 100 and 300 percent of the FPL reported that they do “not have a usual source of care.”^{xxvi} Studies by Nancy Ewen Wang, MD, Associate Director of Pediatric Emergency Medicine at Stanford Hospital showed that uninsured children are less likely to receive routine care due to the fear of financial hardship on their families.

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 will also ease the demand on emergency departments and help prevent unnecessary hospitalizations, thereby helping to reduce healthcare costs.

Health Initiative III: Reduce Cancer Health Disparities

This health initiative aims to address the cancer health need identified by the CHNA process.

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

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

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

Tactic:

- Partner with community-based organizations that work with specific ethnic and underserved populations and fund programs that provide culturally appropriate cancer education, awareness, screenings, and information and referral services

Health Outcome:

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

Needs Statement

The National Cancer Institute defines cancer health disparities as adverse differences in the incidence, prevalence, mortality, survivorship, and burden of cancer in specific populations. Certain populations, such as those of low socioeconomic status (SES), experience cancer disproportionately. SES, more than race or ethnicity, is predictive of one’s access to education, certain occupations, health insurance, and safe, healthy living conditions. These factors are associated with the risk of developing cancer. Those who are poor, lack health insurance, and are medically underserved often carry a greater burden of disease than

the general population. Medically underserved populations are also more likely to be diagnosed later, limiting effective treatment options and the chances of cure.^{xxvii}

Cancer is the leading cause of death in both San Mateo and Santa Clara counties.^{xxviii} Breast, prostate, and lung cancer top the list of expected new cancer cases, while the top three types of expected cancer deaths in both counties are lung, colorectal, and breast cancers.^{xxix}

An assessment^{xxx} 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 the 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 HP 2020^{xxxi} 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.

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 Asian/Pacific Islanders at 25, Latinos 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).^{xxxii} 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 1.8 million people. Santa Clara County's Vietnamese population is the second largest of any county in the U.S., only surpassed by Orange County, California.^{xxxiii}

San Mateo Hep B Free was founded by the San Mateo County Medical Association. It is a coalition of healthcare providers, community organizations, local government and concerned citizens with the overall goal of providing hepatitis B screening and vaccinations for Asian, Pacific Islander, and other high-risk residents of San Mateo County.^{xxxiv} 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."^{xxxv}

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. Although African-Americans account for only 3.34 percent^{xxxvi} of the county's population, they have a relatively high incidence of liver cancer at 11.3/100,000.^{xxxvii}

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

ⁱⁱ Council on Aging Silicon Valley Area Plan 2012-2016; 2012

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- ⁱⁱⁱ 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
- ^{iv} 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.
- ^v 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, 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 Hospital & Clinics, Sutter Health Peninsula and Coastal Region
- ^{vi} Santa Clara County Community Benefit Coalition members: El Camino Hospital (Mt View, Los Gatos), Kaiser Permanente (San Jose, Santa Clara), Lucile Packard Children's Hospital, Hospital Council of Northern & Central California, O'Connor Hospital, Santa Clara County Public Health Department, Saint Louise Regional Hospital, Santa Clara Valley Health & Hospital System, Stanford Hospital & Clinics, United Way Silicon Valley
- ^{vii} 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
- ^{viii} 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."
- ^{ix} Centers for Medicare and Medicaid Services, April 23, 2012
- ^x Maintaining the Health of an Aging San Mateo County, fall 2010
- ^{xi} 1990, 2000, 2010 US Census
- ^{xii} Council on Aging Silicon Valley Area Plan 2012-2016; 2012
- ^{xiii} Trendwatch, American Hospital Associations, December 2012
- ^{xiv} Centers for Medicare and Medicaid Services; Chronic Conditions Among Medicare Beneficiaries; 2011
- ^{xv} California Department of Public Health, Death Statistical Data Tables 2010
- ^{xvi} California Department of Public Health, Death Statistical Data Tables 2010
- ^{xvii} Indirectly addresses diabetes, cardiovascular disease, heart disease, stroke, arthritis, and respiratory conditions
- ^{xviii} EHC LifeBuilders: leading provider of shelter, housing, and supportive services to people in crisis and those experiencing homelessness in Santa Clara County
- ^{xix} 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
- ^{xx} San Mateo County Health System, 2012
- ^{xxi} Santa Clara County Department of Public Health, 2000-2009 Behavioral Risk Factor Survey
- ^{xxii} UC Berkeley Center for Labor Research and Education, Ken Jacobs; November 13, 2012
- ^{xxiii} UCLA Center for Health Policy Research: Health Profiles Santa Clara County, 2012
- ^{xxiv} Santa Clara County Community Assessment Project; Survey and Policy Research Institute: San Jose State University. Public Opinion Phone Survey Report. 2012
- ^{xxv} Status of Vietnamese Health, Santa Clara County, California 2011, Executive Summary
- ^{xxvi} 2009 California Health Interview Survey
- ^{xxvii} National Cancer Institute Fact Sheet, Cancer Health Disparities, www.cancer.gov; accessed December 18, 2012
- ^{xxviii} California Department of Public Health, Death Statistical Data Tables 2010
- ^{xxix} California Cancer Facts and Figures, American Cancer Society, California Division, Inc., 2012
- ^{xxx} Status of Vietnamese Health, Santa Clara County, California 2011, Executive Summary

^{xxx}_i 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

^{xxx}_{ii} 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

^{xxx}_{iii} Status of Vietnamese Health, Santa Clara County, California 2011

^{xxx}_{iv} <http://smhepbfree.org>

^{xxx}_v South San Francisco Patch, Hep B Free Campaign Saving Lives in San Mateo County, September 12, 2012

^{xxx}_{vi} County of San Mateo, 2010-2012 profile

^{xxx}_{vii} National Cancer Institute, State Cancer Profiles, 2005-2009; accessed December 19, 2012