



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*

2010 Community Benefit Report

2011 Community Benefit Plan

Stanford Hospital & Clinics Fiscal Year 2010 Community Benefits Report

Introduction

Stanford Hospital & Clinics (SHC), a private, non-profit hospital located in Palo Alto, California, is consistently recognized as one of “America’s Best Hospitals” by U.S. News and World Report. Although SHC is known internationally for advanced treatment of complex disorders in areas such as cardiac care, cancer treatment, neurosciences, surgery and organ transplants, its "community" is defined as San Mateo and Santa Clara counties. 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 the fiscal year 2010 beginning September 1, 2009 and ending August 31, 2010. During this time SHC invested \$153.78 million in services and activities¹ 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 FY11.

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 CB 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 a member of the executive committee 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 Permanente, Redwood City • Kaiser Permanente, South San Francisco • Lucile Packard Children’s Hospital • Mills Peninsula Health Services • Peninsula Family YMCA • Peninsula Healthcare District • Peninsula Library System • Health Department • Health Services • Human Services Agency • San Mateo Medical Center • Sequoia Healthcare District • Sequoia Health Services • Seton Medical Center • Seton Medical Center-Coastside • Stanford Hospital & Clinics • 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 • Kaiser Permanente Santa Clara • Kids in Common • Lucile Packard Children’s Hospital • O’Connor Hospital • Project Cornerstone - YMCA • Public Health Department • Saint Louise Regional Hospital • Santa Clara County Office of Education • Santa Clara Family Health Plan • Santa Clara Valley Health & Hospital System • Silicon Valley Community Foundation • 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 its assessment, Santa Clara County Health Profile Report, in July 2010. Data in the profile was based on results from the 2009 Behavioral Risk Factor Surveillance Survey. The full report is available at www.sccphd.org.

The San Mateo County collaborative will release its full report in 2013, based on the timeline put forth by the county’s Health Services division. In the interim, collaborative members will be using the HealthyCity website along with other data sources such as Indicators for a Sustainable San Mateo County, April 2010, and various reports on mortality and morbidity statistics from Health Services.

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 as well as individual organization action to address pressing community health needs.

Community Assessments

A significant issue in both counties continues to be shifts in population demographics; the growth in the oldest segments of the population and the changing racial/ethnic mix of the population. These two factors are expected to contribute to increasing challenges associated with access to medically and culturally appropriate healthcare. This statement, made in SHC’s FY09 report, still holds true according to public health departments in both counties.

Key Findings

Among the key findings in Santa Clara County:

- Half the deaths in the County were due to cancer or heart disease
- Life expectancy in the County increased from 76 years (1980) to more than 80 years now
- Two in five adults (40%) have high blood pressure, high blood cholesterol, or diabetes
- In the last 10 years, the percentage of uninsured adults has more than doubled

Among the key findings in San Mateo County:

- The leading cause of death was cancer, with heart disease coming in second
- Unintentional falls placed second in the leading causes of injury-related hospitalizations
- Over half of injury-related hospitalizations were in the 65+ age group
- The highest rates of avoidable hospitalization are in the 85+ age group
- Over 11% of the population ages 19-64 years is uninsured²

Prioritization of Community Need

To prioritize the many pressing community health needs, SHC developed the following selection criteria³:

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, human and financial resources to make an impact
7. The need can be addressed by collaboration with the Stanford University School of Medicine and/or Lucile Packard Children's Hospital resulting in a higher potential for impact

Summary of Community Benefit Investments

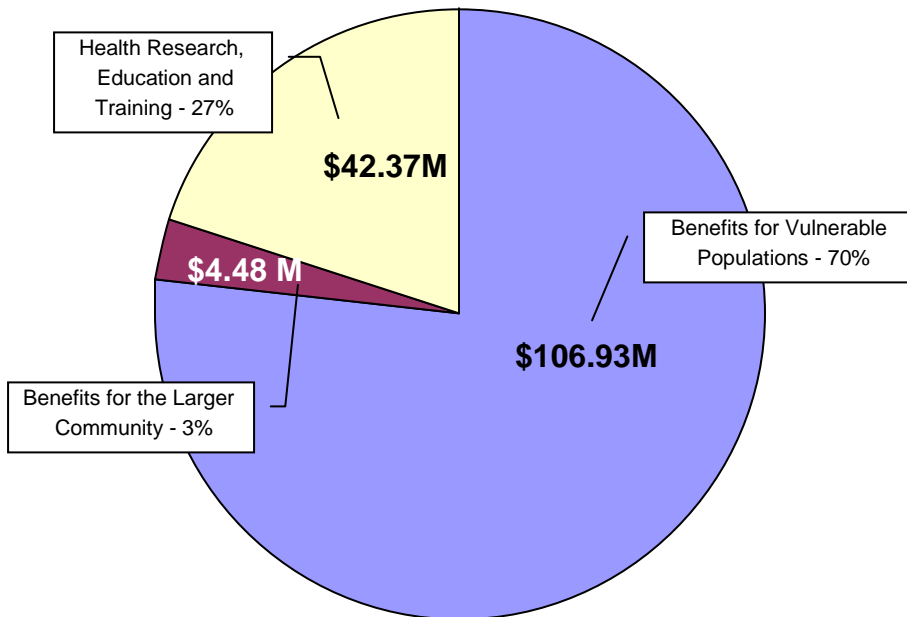
For the purposes of this report, SHC community benefit activities fall into three major categories:

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

The table and chart below summarize SHC’s FY10 investment in community benefits.

Benefits for Vulnerable Populations *	\$106,930,000
Medicare (uncompensated expense)	\$ 94,804,000
Benefits for the Larger Community	\$ 4,482,000
Health Research, Education and Training	\$ 42,370,000
Total Excluding Uncompensated Expense of Medicare	\$153,782,000
Total Including Uncompensated Expense of Medicare	\$248,586,000

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



Total Excluding Uncompensated Expenses of Medicare (\$153,782,000)

Category 1: Benefits for Vulnerable Populations

Investments in Vulnerable Populations⁴

SHC's largest community benefit investment was in improving access to needed health care services for vulnerable community members. In FY10, SHC contributed nearly \$107 million, or 70% of its community benefit expenditures, to activities supporting vulnerable populations (*excluding* uncompensated Medicare). SHC's uncompensated expense (cost less reimbursement) for Medi-Cal was just over \$85.41 million. Charity care for uninsured and underinsured patients totaled over \$18.84 million.

Community Benefit Activities for Vulnerable Populations

In addition to the investments in charity care, and uncompensated Medi-Cal, SHC's contribution to other community benefit activities for vulnerable populations was nearly \$2.68 million in FY10. These activities provide essential services for those most in need in our communities.

SHC supports six community clinics and a transitional medical unit in a homeless shelter as part of its *Improve access to care health initiative*; **Cardinal Free Clinics (CFC)**, which includes *Arbor Free* and *Pacific Free Clinics*, **Ravenswood Family Health Center (RFHC)** and its satellite clinic *Belle Haven*, **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 for this initiative is to build community capacity to deliver primary and preventive health care.

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 1200 patient visits in FY10. Over 80 percent of Arbor's clients are uninsured, 50 percent are unemployed, and 12 percent live in transitional housing. The clinic serves a diverse population with 34 percent Hispanic, 18 percent Caucasian, 24 percent Asian/Pacific Islander, 7 percent African-American, and 17 percent "other". *Pacific Free Clinic*, located in San Jose, provided over 1000 patients visits in FY10. Its clients are 64% unemployed, 94% uninsured, and 88% were born outside of the U.S. The ethnic makeup of its clients is 46% Vietnamese, 16% Hispanic, 13% Chinese, 12% other Asian, 10% Caucasian, two percent Pacific Islander, and one percent "other". In FY10, SHC provided over 4400 laboratory tests for clients of CFC free of charge including chemistry tests, lipid panels, and hematology tests. 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.

RFHC is another important community partner for SHC. Located in East Palo Alto, the clinic serves a diverse, low-income population. In FY10, RFHC served 8,744 unduplicated patients for 37,521 visits; almost 98% living below 200% of the Federal Poverty Level and 57% uninsured. In FY10, a grant was provided to support the Ravenswood-Stanford Volunteer Pipeline Program, a partnership between SHC, RFHC, and the Haas Center for Public Service at Stanford University. The three-year grant provides funding for two volunteer coordinator positions.

Since its inception in July 2010, the program resulted in the recruitment of two pharmacy assistants, three quality management interns, a registered nurse, two pediatricians, five registered dental hygienists, a dentist, and 12 dental hygiene students, among others, for a total of 56 volunteers and 1187 volunteer hours (July-October 2010).

In FY10, SHC established a branch of the Stanford Health Library (SHL) at RFHC. The Health Library director is currently recruiting a fulltime Spanish-speaking medical librarian to serve that branch. In the interim, SHL librarians are assisting RFHC providers and patients with their health information needs.

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 their funding agreement, Mayview provides a medical home for up to 50 Arbor patients annually. Thirteen patients were referred to Mayview from Arbor since this agreement was put in place. In FY10, Mayview provided service for almost 6700 clinic visits serving 2275 patients, which represents a four percent and 2.4 percent increase, respectively, over the previous fiscal year.

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 the time period between October 2009 and October 2010, 184 homeless patients were admitted to MRP with 106 patients completing the program. Of those, 95% were assigned to a medical home and 98 % were placed in housing (76 % in permanent housing). In FY10, the program had so many homeless patients that it ran out of MRP beds. Additional funding was provided by SHC for shelter beds for patients who completed the MRP but were waiting for housing placements.

SHC's newest community partner, added in FY10, is **Samaritan House Redwood City Free Clinic**. The clinic served nearly 1100 patients, providing almost 4200 patient visits. Over 90% of patients are Hispanic and 100% are low-income, uninsured. 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, orthopedics, ophthalmology, optometry, podiatry, pulmonology, nutritional counseling, psychology, and psychiatry. In FY10, SHC provided funding for much needed pharmaceuticals for clinic patients.

As part of its assistance for its community partners and other community-based agencies, SHC conducted three workshops in FY10 for clinic and nonclinical staff. The workshops, entitled ***Making the Most of Your Community Service – Foundations for Community Engagement***, are taught by faculty from the Stanford School of Medicine Office of Community Health. Open to community as well as SHC staff, these workshops prepare individuals for effectively working in

a community-based setting. The workshops are also useful for recruiting volunteers to work in the community. The three full-day workshops were attended by 58 individuals.

In 2004, SHC's Emergency Department partnered with San Mateo County's **Children's Health Initiative** in a program designed to link uninsured pediatric patients treated in the Emergency Room with assistance programs such as Medi-Cal, Healthy Families and Healthy Kids as well as to programs such as food stamps and legal aid. This partnership arose in part from a study conducted by a pediatric emergency medicine physician, which showed that uninsured children are less likely to receive routine care due to the fear of financial hardship/burden to their families. In FY10, 184 referrals were made. Almost half of those referrals were linked to Medi-Cal, Health Plan of San Mateo, Healthy Families, 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, provided at no cost to the client, 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 FY10 was \$1.35 million.

Various SHC departments provided **financial support** to patients in need. In cases where there is limited or no ability to pay for necessary medical items and certain non-medical services when a patient is discharged, departments such as Social Work and Spiritual Care Service provided funding to defray the costs. Such items as medical equipment, transportation, temporary housing, medication, and funeral assistance among others are funded by these hospital departments. In FY10, support for patients and their families experiencing financial hardship totaled over \$464,000.

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 Center. In FY10, SHC funded the following projects which provided access to culturally-appropriate cancer education and supportive services for minority, women, and underserved populations:

- Faith-Based Colorectal Awareness and Screening Campaign: education on the importance of early detection and free screenings for the African-American community.
- ICAN: Vietnamese radio show on cancer - myths and facts, healthy lifestyles for reducing cancer risks, and the importance of early detection through cancer screenings.
- JoyLife Club: workshops to improve awareness about cancer clinical trials and the importance of participation in the Chinese American community.
- Asian Liver Center: education, screening, and care referral services for Hepatitis A/B and liver cancer in the Asian and Pacific Islander communities.

SHC continued its support of the **Stanford Medical Youth Science Program** with a \$10,000 contribution and hospital internships for 12 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, transplants, neurology, and hospital administration among others.

Although not in its traditionally served community, SHC responded to the earthquake disaster in **Haiti** with \$20,000 in medical supplies and pharmaceuticals along with Emergency Medicine personnel.

Older Adults

Santa Clara County residents are living longer. Life expectancy in the County has increased from 76 years in 1980 to more than 80 years. Currently, one in 10 residents is age 65 years or older. By 2050, the number county residents in the 65+ age group is expected to double. The picture is much the same in San Mateo County. By 2030, almost one in four residents in San Mateo County will be over 65 years of age. This changing demographic has significant implications for healthcare in terms of the types of services required and delivery mechanisms for those services.

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 FY10, PIC provided service for 95 older adults.

Lifeline, another program of AAS, is an in-home emergency response service that supports older adults to 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 \$45,000 in free or reduced cost Lifeline subscriptions were provided to 300 low-income seniors in FY10.

SHC's CB plan focuses on two major health initiatives; *Improve the health and well-being of older adults* and *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 that serve primarily low-income seniors. Those programs are Strong for Life, Farewell to Falls, and Chronic Disease Self-Management.

Strong for Life (SFL) 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 over 300 seniors in FY10.

Farewell to Falls (FTF) is a fall prevention program provided by Trauma Services. Occupational therapists (OT) 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, OTs evaluate participants' progress. FTF reached over 360 seniors in FY10. FTF staff also provided fall prevention presentations and trainings to numerous organizations including hospitals, senior centers, and fire departments.

Chronic Disease Self-Management Program is a behaviorally-oriented, six-week course that teaches participants how to manage their chronic conditions. The program assists those with chronic medical conditions to develop confidence in managing their health, learn to exercise, eat better, manage stress, manage their medications and communicate with their families and health care professionals. SHC provided two workshops in FY10.

In addition to implementing community-based programs for older adults, SHC provides funding to support the work of two countywide collaboratives. The goal of **C₄**, 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 providers and older adults about best practices in fall prevention.

Sponsorships

SHC contributed \$24,000 in sponsorships in FY10 to support various community events benefiting free clinics, stroke prevention programs, and youth development agencies among others.

Category 2: Benefits for the Larger Community

SHC supported a wide-range of activities that benefit the broader community. In FY10, SHC contributed over \$4.48 million to support these activities.

The Stanford Health Library

Funded by SHC, the Stanford Health Library provides scientifically-based information to help people make informed decisions about their health and health care. All health library 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, 1000 E-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. The library offered 50 programs in FY10, bringing SHC physicians and researchers into the community to discuss a variety of health topics. More than 1700 community members attended these programs. There are four library locations; two community-based sites and two hospital-based sites.

In FY10, almost 14,000 community members visited Health Library branches. An additional 700 individuals were provided services by library staff and volunteers via email and phone, and 3500 more were reached by other library programs such as the lecture series. In addition, there were over 360,000 website visits.

Stanford Cancer Supportive Care Program (SCSCP)

SCSCP provides non-medical support services to cancer patients, family members and caregivers regardless of where patients receive their treatment. The over 27 different services include support groups for many types of cancer (lung, head and neck, GYN, 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 FY10, over 14,151 encounters were provided by SCSCP to individuals whose lives were affected by cancer.

Support Groups

SHC, through its social work and case management department, provides staff and other resources to conduct support groups for patients, their families and members of the community. These groups support participants affected by a wide spectrum of conditions such as organ transplant, bone marrow transplant, and pulmonary hypertension. 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. Over 1000 individuals participated in these support groups in FY10.

Health Fairs, Community Health Education and Outreach

Community health education 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 reaching an estimated 300 individuals. Spiritual Care Services staff provided workshops to an estimated 600 individuals on whooping cough, infection control and flu, and making end-of-life decisions including how to write advance health directives.

Traffic and Bicycle Safety

Through its Trauma Services Department, SHC supported a variety of **traffic and driving safety** educational programs designed to reduce traffic-related injuries and deaths for young drivers, bicyclists, and pedestrians. Conducted in partnership with the Traffic Safe Community Network (TSCN), Palo Alto Drug and Alcohol Collaborative Project, Palo Alto Unified School District and a variety of other community and public safety agencies, these programs collectively reached almost 20,000. Programs aimed at underage drivers, drinking and driving for teens and education targeting adults to prevent back-over incidents in children under 14 years of age were provided. Carfit, a program promoting safe driving among seniors, conducted vehicle assessments and driving safety instruction for 35 seniors. To increase walking and biking to school for children in a safe environment, SHC partnered with the TSCN to conduct **Safe Routes to School/Walk to School Week** in schools throughout Santa Clara County.

Cancer Clinic 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. The website receives over 10,000 hits annually. In FY10, staff fielded almost 350 calls to the cancer clinical trials information and referral line. The Cancer Center works with many community agencies to conduct community outreach including the following:

- Leukemia and Lymphoma Society
- Cancer Prevention Institute of California
- California Cancer Care
- Santa Clara Valley Medical Center
- Breast Cancer Connections
- American Cancer Society
- Senior Centers – Menlo Park, Belmont, San Carlos, Half Moon Bay, Foster City, San Mateo, East Palo Alto, Mountain View, Palo Alto
- Council on Aging
- Breathe California

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 \$1.8 million to subsidize this life-saving service in FY10 allowing 560 patients to receive critical medical care.

Disaster Planning

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 Santa Clara County Emergency Medical Services (SCC EMS) and the Santa Clara County Safety Officer Task Force to conduct two disaster exercises per year.

SHC's OEM provides a critical service for SCC EMS, Centers for Disease Control and Prevention, 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 1000 trauma and burn patients.

SHC's OEM, as a member of the California Hospital Association Annual Disaster Conference/Advisory Board, provided leadership for the 2010 Annual Conference. SHC is the only academic medical center/Level I trauma center on the Board. Program registration was about 800 individuals state-wide who represent all public and private sectors engaged in emergency management and disaster response.

Spiritual Care Service (SCS)

Medical care is only one aspect of healing. Chaplains in Spiritual Care Service assist local congregations with counseling of patients and their families. The Chaplain Service also sponsors **educational programs** on infection control, flu, whooping cough, and advance directives

Classes are designed to assist people of any faith as well as for those with no religious affiliation. Participants include current and former patients, family members and the community-at-large. In FY10, SCS trained 76 volunteers from all faiths as part of the "No One Dies Alone" program.

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 FY10, SHC contributed \$42.37 million to support health research, education and training. Of this amount, \$36.77 million was spent to train medical and pharmacy residents and interns.

SHC also funded the **Patient Advocacy Program**, which places undergraduate students from the Stanford School of Medicine in local community and free clinics. Since its inception in 2004, the Patient Advocacy Program has placed almost 90 students who have provided more than 16,000 hours of direct service and completed 57 capacity building projects at seven clinic sites.

In addition to training physicians, SHC supports the training of other health professionals. In FY10, SHC invested \$5.6 million in these activities. Hospital departments such as **Rehabilitation Services, Nursing, and Clinical Labs** provided clinical rotations for physical, respiratory, occupational, and speech therapy, nursing students, and laboratory science students from local colleges and universities. In addition, **Physician Assistant (PA)** students are trained by SHC PA staff. SHC also provides a training ground for **Pharmacy** residents and students.

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 450 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 an estimated 7500 family members in FY10.

Stanford Hospital and Clinics Fiscal Year 2011 Community Benefits Plan

The Fiscal Year 2011 community benefit (CB) plan represents a continuation of the strategic community benefit plan implemented in FY09. Some 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 improving the health of its community. The plan also continues to use documented community needs and alignment with U.S. Department of Health and Human Services *Healthy People 2010* goals⁵ as its foundation.

SHC remains committed to the fundamentals of the two health initiatives implemented in FY09: *Improve the health and well-being of older adults* and *Improve access to care and reduce cancer-related health disparities*. Modifications to the FY11 plan are the results of process assessment and reports submitted by community partners on their progress toward mutually developed goals and objectives. For FY11, 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 Benefits Steering Committee. This plan is designed to be in effect for three 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 populations⁶

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 & quality of life

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

- Strong for Life (SFL)
- Chronic disease self-management (CDSM)

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

Objectives:

- SFL will increase participation by 10% at East Palo and Menlo Park senior centers
- SFL participants will demonstrate an increase in strength and mobility
- CDSM workshops will be conducted at a three senior center partners

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, and Mountain View

Objectives:

- FTF will establish a formal referral system with at least three community clinic partners
- Referral to Farewell to Falls will increase by 20% over FY10

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, financial and staff, for two countywide collaboratives that focus on fall prevention and chronic disease management

NEEDS STATEMENT

According to a report entitled “Maintaining the Health of an Aging San Mateo County” produced in fall 2010, with the number of adults over 65 increasing by 72 percent by the year 2030, San Mateo County will have a greater proportion of older adults than the state average. The report states that “unless significant changes are made, seniors will need healthcare and services far beyond what public and private systems can provide”. If nothing is done to ameliorate the situation, by 2030 in San Mateo County, 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.

In Santa Clara County, residents are living longer with life expectancy up from 76 years in 1980 to more than 80 years. Currently, one in 10 residents is 65 years or older and by 2050, that number is expected to double.

Fall Prevention

In Santa Clara County among the 65+ age group, the rate of fall-related deaths rose steadily over the past decade. Falls were the leading cause of injury death and unintentional falls were the most common cause of hospitalization due to nonfatal injuries in that age group.

In San Mateo County, the second leading cause of injury-related hospitalization was unintentional falls. Almost 71 percent of these hospitalizations were in the 65+ age group.

In San Mateo and Santa Clara counties, 14,000 adults aged 60 and over reported that they had received medical care because of falls⁷. With the estimated average cost of hospitalization for falls at approximately \$40,000 per patient, the potential cost savings of preventing those falls using Farewell to Falls and other evidence-based fall prevention programs is significant.

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. Between 2000 and 2009, the percentage of adults who were overweight or obese increased from 52% to 56% while adults with high blood pressure increased from 20% to 26%. About one-third of adults living in Santa Clara County reported having one or more chronic conditions. Among adults with one or more of these chronic conditions, 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.

According to “Indicators for a Sustainable San Mateo County”, released April 2010, diabetes rates have more than doubled since 1998 and asthma and arthritis are the most common chronic conditions in the county.

A meta-analysis⁸ of evaluation studies conducted 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 ... [and] also saves enough through reductions in healthcare expenditures to pay for itself within the first year.”

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 healthcare services for at-risk community members

Target Population: Low-income, uninsured and 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 (Eliminate discharges to the streets)
- Reduce hospital readmissions
- Reduce avoidable emergency department use

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

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

Objectives:

- Using the clinic needs assessment produced in 2009 along with interviews with clinic leadership, identify the top three needs at each partner clinic
- Identify funding and other resources to support at least one critical need for each partner clinic

Strategy 2: Support local efforts to provide appropriate medical care and support services for homeless individuals transitioning out of acute care hospitals

Community Partners: EHC Lifebuilders⁹, Valley Medical Center, El Camino Hospital, O'Connor Hospital, Regional Medical Center San Jose, Kaiser Permanente – Santa Clara and San Jose, and the County of Santa Clara

Objectives:

- Provide funding for the Medical Respite Center (MRC)¹⁰
- Provide staff for the MRC Advisory Board and Clinical Advisory Board

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

Objectives:

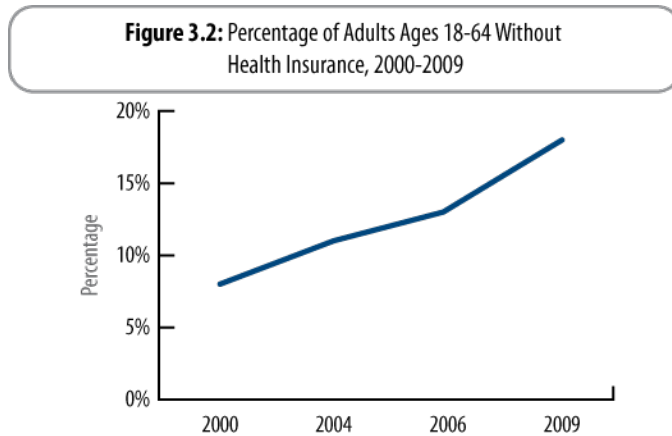
- Hold two workshops in FY11 at SHC's Center for Education and Professional Development
- Open class registration to all SHC staff
- Open class registration to health professionals in the community
- Develop a list of community placements for SHC staff attending the workshops

Health Outcome:

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

NEEDS STATEMENT

According to the 2010 Santa Clara County health profile, over the past decade, the percentage of uninsured adults has more than doubled.



In addition, the percentage of adults who could not see a doctor due to the cost of or lack of insurance more than doubled between 2000 and 2009. During that same time period, those without dental insurance increased from 27% to 34% of Santa Clara County adults. Hispanics and African Americans fared the worst in terms of health and dental insurance. While about 2 in 10 adults under age 65 did not have health insurance, more than 4 in 10 Hispanics and 3 in 10 African Americans were uninsured. One third of all adults did not have dental insurance but almost half of Hispanics lacked dental insurance.

In San Mateo County, while over 11% of the general population lacks health insurance, greater than 26% of Latinos and nearly 15% of Asian/Pacific Islanders are uninsured¹¹.

A major issue for certain population segments in both counties, including the homeless, undocumented residents, those not eligible for public programs like Medi-Cal (e.g. working poor), and those with transportation, economic, and childcare challenges is *lack of a source of ongoing care*.

Research shows that individuals that 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. For example, treating a lower acuity patient in SHC's Emergency Department is more than 10 times the cost of treating that same lower acuity patient in a community-based setting such as Arbor Free Clinic.

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 healthcare 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 Center (SCC) 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:

- Work with SCC to identify community-based organizations whose focus is culturally appropriate cancer education
- Fund 3 to 5 projects that provide cancer education and awareness for the target population

Health Outcome:

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

NEEDS STATEMENT

Cancer

The link between incidence and mortality in cancers among minorities and underserved populations is related to the issue of access. The National Cancer Institute stated that "... the burden of cancer is too often greater for the poor, ethnic minorities and the uninsured than for the general population."

In partnership with SHC, the Stanford Cancer Center is committed to working toward overcoming cancer-related health disparities; "The specific aim is to identify strategies to better engage racial and ethnic minorities and underserved populations to ... increase their participation in cancer clinical trials." The Cancer Center is also working on cancer-related community education with a focus on underserved populations.

Since cancer is the leading cause of death in both San Mateo and Santa Clara counties, the FY11 CB plan maintains the strategy to partner with the Cancer Center to support efforts to effect change in cancer-related health disparities through outreach and education to women, minority and other underserved populations.

¹ This figure does not include cost of the unreimbursed Medicare

² 2007 California Health Interview Survey (latest data available)

³ These criteria are meant as guidelines. There is no requirement that each project selected meets all seven criteria.

⁴ 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.

⁵ *Healthy People 2010* goals for disease prevention and health promotion – U.S. Department of Health and Human Services; *Increase Quality and Years of Healthy Life*: help individuals of all ages increase life expectancy and improve their quality of life and *Eliminate Health Disparities*: eliminate health disparities among different segments of the population.

⁶ “Underserved” is defined by socio-economic data and resource availability.

⁷ 2007 CHIS data: California Health Interview Survey, a project of the UCLA Center for Health Policy Research

⁸ *Review of Findings on Chronic Disease Self-Management Program Outcomes*; Catherine Gordon, RN, MBA, Senior Public Health Analyst and Tracy Galloway, MPH, Public Health Analyst, Centers for Disease Control & Prevention

⁹ EHC LifeBuilders: leading provider of shelter, housing, and supportive services to people in crisis and those experiencing homelessness in Santa Clara County

¹⁰ MRC: 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; access to medical and social services provided by Valley Medical Center Clinic and the *New Directions* program.

¹¹ 2007 California Health Interview Survey (latest data available)