

Stanford Hospital and Clinics FY09 Community Benefits Plan

Prologue

The FY09 CB plan, described below, represents a strategic investment in SHC's community. It is comprised of two focus areas: Area 1 - Improve the Health and Well-being of Older Adults and Area 2 – Improve Access to Care and Reduce Health Disparities. The plan capitalizes on the organizational strengths of SHC, is based on documented community need and reflects SHC's commitment to improving the health status of its community members.

The FY09 CB plan was designed to be in effect for five years, 2009- 2013. It will be assessed in 2010 and 2013 for alignment with community need based on the community assessments produced by the collaboratives in San Mateo and Santa Clara counties and other relevant data sources, interviews with community partners, and progress toward stated goals and objectives. In collaboration with internal and external key stakeholders, the following two areas of community benefit investment were developed.

Area 1: Improve the Health and Well-Being of Older Adults

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

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

Strategy 1: Build capacity of and linkages between SHC's programs to serve older adults in the community

- Farewell to Falls
- Strong for Life
- Chronic disease self-management

Strategy 2: Identify key community partners as sites for SHC programs (Farewell to Falls, Strong for Life and Chronic Disease Self-Management)

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

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 (San Mateo County) and Countywide Chronic Conditions Collaborative, C4 (Santa Clara County)

Health outcomes:

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

NEEDS STATEMENT

Demographics:

In 2005, there were more than 200,000 older adults living in Santa Clara County. By 2020, this number will double and older adults will represent more than 1 out of every 5 individuals in SCC. By 2050, the average life expectancy is projected to be 87 years for women (currently 80) and 81 for men (currently 74)². SCC Supervisor Don Gage, in a 2007 community assessment, stated that “By 2020, the number of people ... who are 60 and older will have almost doubled ... a growth rate 3 to 4 times faster than the county’s overall population. It’s important to determine the needs ... now so we can ensure effective aging services are in place in the future.”

In San Mateo County, the number of older adults (65+) is expected to increase by 72% by 2030. In 2008, Caucasians comprise 66% of older adults (65+) with Asian/Pacific Islanders and Latino seniors at 20% and 11%, respectively. By 2030, Caucasian seniors drop to 54% with Asian/Pacific Islander and Latino seniors increasing to 32% and 16%, respectively³.

The so-called ‘senior tsunami’ will not only have tremendous impact on the demand for services, it will dictate significant changes in the types of services and how those services are delivered.

Health Care Costs:

The cost of providing health care for an older American is three to five times the cost of someone under 65. Community-based services and programs such as In Home Support Services (IHSS) are critical for controlling escalating costs. IHSS is a state-mandated program operated at the county level. The goal is to maintain older adults living in their homes rather than in institutions. The Santa Clara County program has successfully maintained 98% of clients in their homes. However, the number of unduplicated IHSS cases in SCC increased by 147% in six years, 2001-07. This is coupled with a decrease in funding for older adult services.⁴

In San Mateo County, 59% of avoidable hospitalizations were among those 65 years and older (1992-2000) according to Healthy San Mateo 2010. During that same timeframe, the average daily cost of stay in San Mateo County hospitals increased by 87%.

Fall Prevention: In 2000, the total direct cost of all fall injuries for Americans over 65 was \$19 billion. The CDC projects those costs to climb to \$54.9 billion by 2020. Local figures reflect this trend. The following 2004 figures show the number of hospitalizations due to falls and the associated costs:

	<u>San Mateo County</u>	<u>Santa Clara County</u>
• Hospitalized seniors ages 60+:	1710	2698
• Average cost of hospitalization:	\$41,503	\$38,564
• Per person cost of Farewell to Falls ⁵	\$800	\$800
• Potential savings from preventing falls	\$69.6 million	\$101.9 million

The total cost of fall-related hospitalizations in both counties in 2004 was over \$175 million. The potential cost savings of preventing those falls, using Farewell to Falls, was \$171.5 million. The cost in human suffering for the seniors and their caregivers is incalculable.

A key finding in the 2008 San Mateo County community assessment was “Falls are a key issue leading to hospitalization, loss of independence, and death among seniors. More resources should be directed toward this preventable condition.”

Chronic Disease Prevention and Management:

According to the Centers for Disease Control and Prevention (CDC), chronic diseases disproportionately affect older adults and are linked to disability, reduced quality of life, and higher health care costs. The CDC also identifies chronic diseases as among the most common, most costly, and most preventable of conditions. The Healthy San Mateo 2010 report states that chronic diseases can be managed or prevented through proper outpatient care. According to the report, “Earlier and less expensive outpatient care services can prevent later and more expensive hospital admissions.”

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 Area 1: Improving the Health and Well-being of Older Adults.

Area 2: Improve Access to Care and Reduce Health Disparities

Goal 1: Improve access to quality, culturally appropriate healthcare, preventive services, and health promotion/education for at-risk community members

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

Strategy 1: Partner with the Stanford School of Medicine to build capacity of Cardinal Free Clinics (Arbor Free and Pacific Free Clinics – Menlo Park and San Jose)

Strategy 2: Build capacity of local community clinics and support their efforts in chronic disease management and provision of appropriate health services (primary care and preventive care)

Community Partners: Ravenswood Family Health Center, Arbor Free and Pacific Free clinics, Mayview Community Health Center (Palo Alto and Mountain View), Opportunity Health Center, RotaCare Free Clinic Mountain View

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

Health Outcome:

- Local community and free clinic clients are receiving culturally competent, appropriate healthcare services including chronic disease management and prevention services

Strategy 4: Support local efforts to provide appropriate medical care and support services for homeless individuals transitioning out of acute care hospitals

Community Partners: EHC Lifebuilders⁶

Health Outcome:

- Homeless patients have a seamless transition from acute care settings and receive appropriate follow up medical and supportive services.

Goal 2: Reduce cancer 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

Health Outcomes:

- Medically underserved populations are accessing culturally appropriate cancer education programs and support services.

NEEDS STATEMENT

Demographics

Santa Clara County's (SCC) population of almost 1.8 million is ethnically diverse and growing older. Between 2000 and 2020, the population of older adults is projected to double. Between 2000 and 2050, the largest projected population increase is projected in the Hispanic population (144%) while Caucasians are expected to decrease by 16%.⁷

San Mateo County (SMC) has a population of almost 708,000 (U.S. census, 2000). The population projections, published in Healthy San Mateo 2010, show an increasingly diverse population. In 2000, Caucasians comprised 51% of the population with Asians at 23%, Hispanics at 22%, and African-Americans at 4%. By 2020, the percentages are projected to change significantly with Caucasians at 36%, Hispanics at 31%, Asian at 30%, and African-Americans at 3.5%.

Indicators of Health Disparity

The U.S. Department of Health and Human Services *Healthy People 2010*'s second goal is eliminating health disparities. HP 2010 uses the indicator 'access to care', which is defined by such things as 'health insurance coverage for those under 65 years of age' and 'specific source of ongoing care for those over 18 years of age' to measure progress toward that goal.

Overall, both San Mateo and Santa Clara counties are doing fairly well with regard to health insurance coverage for the general population, with both counties at almost 89% of those under 65 having insurance. However, certain population segments do not fare as well.

An October 2006 report on the health status of Latinos published by Santa Clara County's Public Health Department stated that only 68.6% of Latino adults reported having health insurance. That was down 11.6% from 2004 figures, well below the HP 2010 objective of 100%, and the lowest among all ethnic groups. Hispanic/Latinos in SMC had the highest percent of 'uninsured' (19.3%) among all listed groups (white, Asian/Pacific Islander, African American). A December 2006 report released by San Mateo County's Blue Ribbon Task Force on Adult Health Care Coverage Expansion stated that Hispanics represent 54% of the County's uninsured adults. The Latino population is also the fastest growing minority group in both counties.

Other 'access' issues that result in not receiving appropriate care include lack of a 'source of ongoing care.' This is a huge challenge for certain populations in our 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. The Santa Clara County Community Health Assessment 2007 states that those without health insurance typically don't have an ongoing source of care and are "more likely to use emergency rooms as their primary source of medical treatment."

Low income, uninsured and other underserved populations generally receive their health care at community or free clinics or in emergency departments. Treatment for a lower acuity patient in SHC's Emergency Department is about \$800. That compares to the cost of treating that lower acuity patient in a community-based setting such as Arbor Free Clinic; a cost the clinic medical director estimates at \$70 per patient.

Supporting local community clinics to provide critical prevention services, health education, chronic disease self-management, and primary care will help improve the likelihood that our underserved community members have an ongoing source of care. It will also ease the load on emergency departments and help prevent unnecessary hospitalizations, thereby, helping to reduce healthcare costs. These strategies form the basis of Area 2: Improve Access and Reduce Health Disparities.

Cancer

The link between incidence and mortality in cancers among minorities and underserved populations is related to the issue of access. The U.S. Department of Health and Human Services states that "Breast, colon, and cervical cancer ... account for 105,800 deaths in the U.S. each year but the burden is not shared equally. ... Access to screening and follow-up remain a challenge and all too often, there may not even be access to an appropriate specialist for referral." Similarly, the National Cancer Institute states that "Each day, 3,400 people in America are diagnosed with cancer and another 1,500 die. ... But the burden of cancer is too often greater for the poor, ethnic minorities and the uninsured than for the general population." Cancer is the second leading cause of death in both counties, only behind heart disease.⁸ 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 community education with a focus on underserved populations.

Since cancers are the leading cause of death in both San Mateo and Santa Clara counties, the FY09 CB plan includes a 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 "Underserved" is defined by socio-economic data and resource availability

² *Community for a Lifetime: 10-year Strategic Plan to Advance the Well-Being of Older Adults in SCC*, 2005, produced by the Santa Clara County Board of Supervisors and the City of San Jose.

³ *San Mateo County Aging Model: Better Planning for Tomorrow – Policy Brief Issue 2: Socio-demographic Overview*, March 2008

⁴ *2007 Community Health Assessment, Santa Clara County* – Senior Health section, produced by the Santa Clara County Community Benefits Coalition

⁵ An evidence-based fall prevention program of Stanford Hospital and Clinics Trauma Department

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

⁷ California Department of Finance

⁸ 2008 San Mateo County Community Assessment and Santa Clara County Public Health Department, Mortality Statistics, 2005