

Stanford Hospital & Clinics Fiscal Year 2010 Community Benefits Plan

The Fiscal Year 2010 community benefit (CB) plan represents a continuation of the strategic planning process started in FY08 and implemented in FY09. The FY 2010 plan, presented below, reflects one year of implementation, meetings with community partners and internal stakeholders, and a preliminary process evaluation assessing how the components in the plan were implemented.

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* goals¹ 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 health disparities*. Modifications of the FY10 plan are the results of the process assessment and included changes in some of the strategies employed, some language changes to better reflect the intent of the initiatives, and changes in some of the metrics used to gauge progress.

The CB plan described below represents a strategic investment in SHC's community. Oversight of the plan rests with the Community Benefits Steering Committee (Appendix A). It is designed to be in effect for four 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 populations²

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 SHC’s three community clinic partners
- 20% more older adults in the target population have accessed Farewell to Falls over FY09 totals

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

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

NEEDS STATEMENT

Demographics:

According to the Centers for Disease Control and Prevention (CDC), the number of adults nationally over the age of 64 will more than double by 2030 to 71 million. The increasing number and diversity of older Americans 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.

Locally, this demographic mirrors the national trend. In 2008, there were more than 200,000 older adults living in Santa Clara County. By 2040 that number is expected to reach 600,000³. In San Mateo County, the number of older adults (65+) is expected to increase by 72% by 2030. In 2008, Caucasians comprised 66% of older adults (65+) with Asian/Pacific Islanders and Latino seniors at 20% and 11%, respectively. By 2030, Caucasian seniors are projected to decrease to 54% with Asian/Pacific Islander and Latino seniors increasing to 32% and 16%, respectively⁴.

Fall Prevention:

According to the CDC, older adults are hospitalized for fall-related injuries five times more often than they are for injuries from other causes. As a result of an aging population, the CDC projects the total direct cost of all fall injuries for people 65 and older may reach \$54.9 billion nationally by 2020.

Falls are the number one reason for injury-related hospitalizations for San Mateo County residents ages 55 years and older, and the leading cause of death for residents over the age of 75⁵. In San Mateo and Santa Clara counties, 14,000 adults aged 60 and over reported that they had received medical care because of falls⁶. 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:

Chronic disease disproportionately affects older adults and is linked to disability, reduced quality of life, and higher health care costs. Nationally, about 80% of older adults have at least one chronic condition, and 50% have at least two⁷. Studies have demonstrated that chronic disease and poor health are not an inevitable part of the aging process and that effective programs exist to help older adults maintain health and improve their quality of life. A meta-analysis⁸ of evaluation studies conducted by the CDC 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 and Reduce Cancer-Related Health Disparities

Goal 1: 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

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 Mayview Community Health Center Palo Alto

Objectives:

- Using the clinic needs assessment produced in 2009, 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
- Establish a branch of the Stanford Health Library at Ravenswood Family Health

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

Health Outcome:

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

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 clinical staff

Objectives:

- Hold two workshops in FY10 at SHC’s Center for Education and Professional Development
- Open class registration to other SHC health professionals, such as Nurse Practitioners and Physician Assistants
- Open class registration to health professionals outside of SHC
- 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

Goal 2: 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 Outcomes:

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

NEEDS STATEMENT

Demographics

Santa Clara County’s (SCC) population of over 1.8 million is ethnically diverse and growing older. The number of older adults in SCC is expected to triple between 2008 and 2040, reaching 600,000. In 2008, estimated percentages of ethnic populations released by the SCC Department of Finance were Whites 42%, Asians 27%, Hispanics 26%, and African Americans 3%.

San Mateo County (SMC) has a population of nearly 746,000¹¹. According to 2010 projections¹², 43% of county residents will be White, 26% Hispanic, 24% Asian, and 3.6% African American. SMC Health

Department estimates a 72% increase in the number of older adults (65+) by 2030 with Latino and Asian/Pacific Islander older adults experiencing the greatest growth¹³.

Access to Care and Indicators of Health Disparity

The U.S. Department of Health and Human Services *Healthy People 2010*'s second goal is eliminating health disparities. Healthy People 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.

In Santa Clara County, the number of adults under 65 with insurance coverage decreased between 2006 and 2009 across most ethnicities as well as in the general population. In San Mateo County, while the total number has remained relatively stable, only 46% of Hispanic adults under 65 have insurance coverage.

Another 'access' issue is lack of a 'source of ongoing care.' This is a huge challenge for certain population segments in San Mateo and Santa Clara 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 2007 Santa Clara County Community Health Assessment stated that those without health insurance typically do not have an ongoing source of care and are "more likely to use emergency rooms as their primary source of medical treatment." This is one of the most expensive ways to deliver health care. For example, treating a lower acuity patient in SHC's Emergency Department is approximately \$800. That compares to the cost of treating that same lower acuity patient in a community-based setting such as Arbor Free Clinic; a cost estimated to be \$70.

Building the capacity of local community clinics to provide primary and preventive health care services 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 SHC's second health initiative, *Improve access to care and reduce cancer-related health disparities*.

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." Cancer has now eclipsed heart disease as the leading cause of death in San Mateo and Santa Clara counties, with 27% and 26% of all deaths respectively.

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 FY10 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 *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.

² “Underserved” is defined by socio-economic data and resource availability

³ Santa Clara County Community Health Assessment, 2007

⁴ *San Mateo County Aging Model: Better Planning for Tomorrow – Policy Brief Issue 2: Socio-demographic Overview*, March 2008

⁵ 2008 Community Assessment: Health and Quality of Life in San Mateo County

⁶ 2007 CHIS data: California Health Interview Survey, a project of the UCLA Center for Health Policy Research

⁷ *Healthy Aging: Improving and Extending Quality of Life Among Older Americans*; Centers for Disease Control and Prevention, 2009

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 Population Estimates for Cities, Counties, and the State with Annual Percent Change - January 1, 2008 and 2009; California Department of Finance

¹² Indicators for a Sustainable San Mateo County: 13th Annual Report Card; April 2009

¹³ *San Mateo County Aging Model: Better Planning for Tomorrow – Policy Brief Issue 2: Socio-demographic Overview*, March 2008