PARTNERING TO IMPROVE

2015 Community Benefits Report
2016 Community Benefits Plan

To Care • To Educate • To Discover

Stanford HEALTH CARE
STANFORD MEDICINE
January 29, 2016

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

Dear Mr. Nelson:

On behalf of Stanford Health Care, I am pleased to submit our Fiscal Year 2015 Community Benefit Report, which covers the period of September 1, 2014 through August 31, 2015, and our Fiscal Year 2016 Community Benefit Plan. The attached report demonstrates our commitment to making a positive difference in the health of our community. From providing programs to keep older adults healthy and independent to supporting community-based health clinics, Stanford Health Care collaborates actively with local leaders, nonprofits, health care organizations and community members to address the most compelling health challenges facing the community.

If you have any questions, please contact Sharon Keating Beauregard, Executive Director of Community Partnerships at (650) 723-5909 or via email shbeauregard@stanfordhealthcare.org

Sincerely,

Mariann Byerwalter  
Interim President & Chief Operation Officer

Enclosure
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

2015 Community Benefit Report

2016 Community Benefit Plan
Introduction
Stanford Health Care (SHC) is a leading academic health system and is part of Stanford Medicine. It seeks to heal humanity through science and compassion one patient at a time. Its mission is to care, to educate and to discover. SHC delivers clinical innovation across its inpatient services, specialty health centers, physician offices, virtual care offerings and health plan programs. SHC also maintains a strong commitment to the health of its community members and dedicates considerable resources to support its community benefit program.

This report covers fiscal year (FY) 2015 beginning September 1, 2014, and ending August 31, 2015. During this time, SHC invested over $266 million in services and activities to improve the health of the communities it serves. In addition to providing details on this investment, this report describes the planning process and the Community Benefit Plan for FY 2016.

Community Served
Although SHC cares for patients from throughout California, as well as nationally and internationally, a majority of its patients, nearly 65 percent, live in San Mateo and Santa Clara counties. Therefore, for the purposes of its community benefit initiatives and reporting, SHC has identified these two counties as its target community.

Santa Clara County
In 2014, Santa Clara County had nearly 1.9 million residents with more than half of those individuals living in San Jose. The county population was 33 percent White, 35 percent Asian, 27 percent Latino/Hispanic and 3 percent African-American and 0.5 percent Pacific Islander.

Foreign-born individuals make up 37 percent of county residents. The largest group is from Mexico (21 percent), followed by Vietnam (15 percent), India (13 percent), the Philippines (9 percent) and mainland China (8 percent).

In 2012, Santa Clara County’s median income was just over $91,000, the highest in the state. However, household median income varied widely among ethnic communities: Asian ($105,046), White ($100,480), African-American ($65,347) and Hispanic ($55,220).

In 2012, 11 percent of the county’s general population and 13 percent of children were living below 100% of the Federal Poverty Level (FPL), which for a family of four was $23,050 per year. Because the FPL does not take into consideration local conditions such as cost of living, other measures of economic security provide a more realistic measure of poverty in the county. 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) in Santa Clara County to meet their most basic expenses.

By 2030, one in four Santa Clara County residents will be over the age of 60. The fastest growing segment of this population is 85 years and older. The increase of individuals over the age of 60 will have a significant impact on the county’s ability to provide services to meet the needs of this burgeoning population.

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 (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.

The majority of the 6,556 people counted in the 2015 Santa Clara County Homeless Census were single individuals over the age of 25 years (73 percent). Thirteen percent of this population was unaccompanied children and transition-age youth under the age of 25 (children and youth living on their own without the presence of a parent or adult family member). The survey also found that 68 percent of those individuals cited inability to afford rent as the reason for being unsheltered and more than half reported they had no work or income. In comparison to the general population of Santa Clara County, a higher percentage of survey respondents identified as Hispanic or Latino (38 percent compared to 27 percent). A much higher population of survey respondents identified as Black or African American, 18 percent compared to 3 percent of the general population. Only three percent of homeless respondents identified as Asian, compared to 35 percent of the general population.

San Mateo County

San Mateo County (SMC), located on the San Francisco Peninsula, is made up of 20 cities and towns. In 2014, the county’s population was estimated at nearly 760,000 with 40 percent White, 25 percent Hispanic/Latino, 28 percent Asian, 3 percent African-American and 2 percent Native Hawaiian/Pacific Islander.

Older adults are the fastest growing population segment in SMC. Between 2000 and 2011 the senior population grew by more than 19 percent. Considering the projected growth in the overall senior population of 72 percent by 2030 and the 148 percent growth projected among the 85+ year olds coupled with the county’s high cost of living level, the ability for seniors to live comfortably in San Mateo County is at increased risk and may lead to increased outmigration of seniors. Older adults will also experience a shift in racial and ethnic diversity. The percentage of White older adults is projected to decline from 66 percent in 2009 to 48 percent by 2030, while the percent of Asian and Hispanic older adults with grow by 12 percent and 5 percent respectively during that same timeframe. African Americans are estimated to experience a small decrease of approximately one percent.

According to the Elder Index, 36 percent of seniors struggle to cover their basic expenses because their annual income exceeds federal poverty guidelines and they may therefore not qualify for public assistance programs. According to the Self-Sufficiency Standard, 43 percent of senior women who live alone are economically insecure. Among senior men, 24 percent live alone and are economically insecure. A total of 30 percent of couples or two-person senior households are economically insecure.

According to the U.S. Census Bureau, 2009-2013 5-Year American Community Survey, in 2013 nearly 6 percent of all SMC families with children under 5 years of age lived below the poverty level while nearly 26 percent of SMC female head of household families with children under 5 lived below the poverty level.

Community Assessment Process and Prioritization of Community Health Needs
As required by Senate Bill 697\textsuperscript{xxi}, the Santa Clara County Community Benefit Coalition and the Healthy Community Collaborative of San Mateo County each produced a community health needs 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\textsuperscript{xx} and played a leadership role as chair of the Santa Clara County Community Benefit Coalition.

Health needs were identified by synthesizing primary qualitative research and secondary data, and filtering those needs against a set of criteria. Needs were then prioritized by countywide groups consisting of county coalition members and community leaders. The final health needs were selected by the SHC Community Partnership Program Steering Committee. The committee reviewed the data, the countywide prioritization processes and current SHC community health initiatives. They then applied another set of criteria\textsuperscript{xvi} from which four significant health needs were selected: access to health care, chronic disease, unintentional injuries (falls) and cancer.

**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 for the community at large
- Health research, education, and training programs

The table and chart below summarize SHC’s FY 2015 investment in community benefit.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits for Vulnerable Populations *</td>
<td>$203,286,250</td>
</tr>
<tr>
<td>Medicare (uncompensated expense)</td>
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<td>Benefits for the Larger Community</td>
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<tr>
<td>Health Research, Education and Training</td>
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<td><strong>Total Excluding Uncompensated Expense of Medicare</strong></td>
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<tr>
<td>Total Including Uncompensated Expense of Medicare</td>
<td>$633,974,910</td>
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</tbody>
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\* 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

SHC’s largest community benefit investment was in improving access to health care for vulnerable community members. In FY 2015, SHC contributed nearly $203.3 million, 76 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 over $189 million. Charity care for uninsured and underinsured patients totaled over $8.8 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 $5.2 million in FY 2015. These activities provide essential services for those most in need in our communities.

SHC supported seven community clinics and a transitional medical unit in a homeless shelter as part of its Improve Access to Care health initiative. Community partners include Cardinal Free Clinics (Arbor and Pacific), Ravenswood Family Health Center, MayView Community Health Center, Samaritan House Redwood City Free Clinic, Peninsula HealthCare Connection, Asian Americans for Community Involvement (AACI) Health Center and the Medical Respite Center at Home First’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 Clinics (CFC)**, located in east Menlo Park and East San Jose, provide 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 2015, SHC provided more than 3,100 free lab and pathology tests, including chemistry, hematology, microbiology and virology, as well as screening for diseases such as Hepatitis B.

In addition to the lab tests, SHC provided funding to support the Cardinal Free Clinics’ technology infrastructure to build capacity for services and to support improved operational efficiencies and patient care. With earlier SHC funding, CFC implemented an electronic medical record (EMR) system in FY 2011 and in 2015 continued to refine it, as well as to train student and physician volunteers on the new system, with more than 150 volunteers trained. Building on this work, in FY 2015, CFC worked to maintain internet connectivity to ensure access to the EMR system. The system has facilitated and enhanced lab orders, referrals to primary and specialty care, clinic flow, and charting. The EMR system also provides easy access to necessary information during the week when the clinics are not operating.

Arbor Free Clinic, located in Menlo Park, provided 528 patient visits to 476 patients in FY 2015. Most of Arbor’s clients (91 percent) are uninsured; 43 percent are unemployed; and 22 percent require language interpretation services. The clinic serves a diverse population; primarily Asian/Pacific Islander, Hispanic and White.

Pacific Free Clinic (PFC), located in East San Jose, provided 820 patient visits to 418 patients in FY 2015. Over 60% of PFC patients are Vietnamese, and the remaining are mostly Latino or other Asian/Pacific Islander patients. Most PFC patients are 45-64 years old and have at least one chronic illness such as diabetes, hypertension, dyslipidemia, or chronic Hepatitis B.

**Ravenswood Family Health Center (RFHC)** is another important community partner. Located in East Palo Alto, the health center serves a diverse, low-income population. In FY 2015, RFHC provided 14,043 unduplicated patients with 69,032 medical, dental, optometry, and behavioral health visits. Among RFHC’s patients, 97% were living at or below 200% of the Federal Poverty Level. Furthermore, 38% of RFHC’s patients were uninsured and 62% were enrolled in public health coverage programs. Additionally, 71% of RFHC’s patients were limited-English speakers with Spanish and Tongan being the languages most frequently spoken. In the past several years, RFHC has received ongoing funding from SHC to support its Stanford Public Interest Network (SPIN) Fellows. RFHC’s SPIN Fellows provide critical, high-level support across various RFHC departments at both administrative and patient care levels to help increase access to care for the underserved, vulnerable patients and communities that RFHC serves.

In 2010, 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 conducts research on condition-specific health topics for RFHC patients and staff, as well as for community members. In FY 2015, the librarian assisted in over 2200 interactions with library patrons.
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 patients with chronic diseases, particularly diabetes. The additional provider hours allowed MayView’s Palo Alto Clinic to serve 2,393 patients in FY2015, an increase of 10 percent from FY 2014 (2,153 patients). This includes 414 diabetic patients seen at least twice (2.5 times as many of the 166 diabetic patients seen in FY 2014). Over 27 percent of MayView's clients are uninsured and an estimated 90 percent are low-income (below 200 percent of the FPL). Mayview’s patients are primarily Hispanic (63 percent Hispanic or Latino White), Asian/Pacific Islander (17 percent) and White (25 percent Non-Hispanic White).

SHC committed multi-year funding for the *Medical Respite Program (MRP)*. The program, located in a multipurpose homeless facility in San Jose, is a 20-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 2015, 331 homeless patients were referred to the MRP. Of those 331, 193 were accepted. The most frequent reason for not accepting patients was "no bed available." A total of 102 patients completed the program. Of those patients, 91% were enrolled in a medical home, 96% were enrolled in some type of healthcare coverage upon discharge, and 78% were placed in some type of housing.

In FY 2015 SHC continued its support of *Samaritan House Free Clinic of Redwood City*. The clinic provided nearly 4,600 patient visits serving 1,155 unduplicated clients in fiscal year 2015. The patient population is largely Hispanic (92 percent) and 100 percent are uninsured. The patients served have very low incomes, face language and cultural barriers, and are 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 and rheumatology.

**Peninsula Healthcare Connection (PHC).** PHC is a non-profit, fully licensed medical facility providing free, direct services to all in need. It is the only local clinic focused on meeting the needs of the homeless. Its mission is to promote integrated primary and mental health care and advocacy for local community members who are homeless or at risk of becoming homeless, regardless of their ability to pay. In addition to primary care, PHC offers psychiatry, dermatology care, case management, wellness classes, vaccinations and dental care.

PHC, located in Palo Alto, provided over 1300 visits to 603 unique patients in FY 2015. Many of PHC’s clients are homeless (65 percent) and uninsured (about 40 percent). The clinic serves a diverse population: 15 percent of PHC clients are Hispanic, 44 percent are White, 13 percent are Asian/Pacific Islander, 24 percent are African-American, and 4 percent are “other.”

SHC’s newest community partner is *Asian Americans for Community Involvement (AACI)*. AACI provides underserved individuals and families in Santa Clara County with culturally competent health, mental health and wellness programs and services. AACI’s staff members speak more than 40 languages and dialects. Providing primary care services since 2000, AACI Health Center became a Federally Qualified Health Center in 2013. AACI serves predominantly low-income, first-generation immigrant, and limited English proficient patients. In FY15, AACI Health Center served 3,092 unduplicated patients through 12,004 patient visits. Among AACI’s patients, 94
percent were enrolled in public health coverage programs for low income individuals and families such as Medicare and Medi-Cal. These patients were largely Asian (85 percent) and White (7 percent) and 60 percent were 65 years of age or older. Over 74 percent were limited-English speakers with Mandarin and Vietnamese being the languages most frequently spoken. AACI has received funding from SHC to support expanding access to health care services for underserved populations and continuing AACI’s progress toward recognition as a Level 3 Patient Centered Medical Home (PCMH) from the National Committee for Quality Assurance (NCQA).

SHC’s Emergency Department Registration Unit partnered with the counties of San Mateo and Santa Clara in a program designed to link uninsured pediatric patients treated in the emergency department with assistance programs such as Medi-Cal, Healthy Families and Healthy Kids. This program resulted from studies by Ewen Wang, MD, associate director of Pediatric Emergency Medicine, Stanford School of Medicine, which showed that uninsured children are less likely to receive routine care due to the fear of financial hardship on their families. In FY 2015, a total of 438 referrals were made to county staff. Other those referrals, 240 children were enrolled in some type of health insurance program.

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.

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 the Social Work and Case Management department provided funding to defray the costs. Medical equipment, transportation, temporary housing, medications and meal assistance, among other items and services, are funded and/or coordinated by these hospital departments.

Minority Populations

An important goal of SHC’s community benefit program is to reduce cancer health disparities. It is a goal SHC shares with the Stanford Cancer Institute. In FY 2015, SHC funded the following projects that provided access to community-appropriate cancer education and supportive services for minorities, women, and underserved populations:

St. James Community Foundation: Culturally competent, hands-on education regarding preparing healthy foods for at-risk communities, primarily African-American, Hispanic and Pacific Islander Latinas Contra Cancer: Psychosocial support for Spanish-speaking cancer patients Hep B Free Santa Clara: Cancer education and Hepatitis B screening education and promotion for the Chinese and Vietnamese communities of Santa Clara County Heart of Hope Hospice: End-of-Life (palliative care) all day seminar for Chinese-speaking patients, family members and caregivers Ethiopian Community Services: Cancer education for Ethiopian community immigrants about risk reduction, cancer screening, cancer treatment options and clinical trials

The Stanford Medical Youth Science Program is a five-week science- and medicine-based enrichment program that takes place annually and is open to low-income and ethnically diverse high
school sophomores and juniors. The goal of the program is to promote the representation of ethnic minority and low-income groups in the health professions. SHC staff from various departments such as orthopedics, pharmacy, LifeFlight, physical therapy, emergency and others mentor the students.

**Older Adults**

According to one report, nearly one in four San Mateo County residents will be over the age of 65 by 2030. The situation is much the same in Santa Clara County. By 2030, more than one in four county residents will be age 60 or older. SHC prepared 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 medical alert 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 150 free or reduced-cost Lifeline subscriptions were provided to low-income older adults in FY 2015.

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 five evidence-based programs, free of charge, at local senior centers and in low-income communities. Those programs are Strong for Life, Farewell to Falls, Matter of Balance, Stepping On and Chronic Disease Self-Management.

AAS’s **Strong for Life** is a group exercise program whose goals are to help older adults increase strength, balance and mobility, and reduce isolation. In FY 2015, this program was provided to more than 200 individuals at eight senior centers, five of which serve primarily low-income older adults.

AAS also provides a program called **Chronic Disease Self-Management**, a behaviorally oriented program that teaches older adults how to manage their chronic conditions. Participants 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 three, six-week workshops in FY 2015.

SHC’s Trauma Services Community Outreach and Injury Prevention staff continued to offer a best-practice model of fall prevention to residents in San Mateo and Santa Clara counties called **Farewell to Falls**, a fall prevention program. 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 304 older adults into the program in FY 2015.

SHC’s Trauma Services Community Outreach and Injury Prevention staff provided several no-cost, evidence-based programs to help older adults in San Mateo and Santa Clara. In FY 2015, four seven-session **Stepping On** programs were provided in Santa Clara County. The goal of this program is to empower older adults to change behaviors that can help reduce the risk of falling. Participants work with a physical therapist on strength and balance exercises, hear lectures from a pharmacist and vision specialist, and participate in discussions facilitated by an occupational therapist. Over 53 older adults participated at four sites and completed the Stepping On program.
**Matter of Balance**, another free, evidence-based program, is also provided by Trauma Services. Staff works with older adults in a group setting to help reduce the fear of falling. 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. Trauma Services provided 11 eight-session MOB classes in FY 2015 at sites in Menlo Park, Mountain View, Sunnyvale and Belmont.

In addition to those participating in in-home and center-based fall prevention programs, an estimated 351 older adults were reached through educational presentations and health fairs by Trauma Services Community Outreach and Injury Prevention staff.

SHC also supports the work of two countywide collaboratives engaged in improving the health and well-being of older adults with fall prevention education: the **San Mateo County Fall Prevention Task Force** and the **Santa Clara County Fall Prevention Task Force**.

Concerned with the growing incidence of falls among older adults in San Mateo County, a task force of 50 organizations representing community provider agencies, hospitals, nonprofit organizations, senior centers and private service providers came together to form the **San Mateo County Fall Prevention Task Force**. 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. This past year’s activities have included conducting needs assessments with medical providers and home-bound older adults through Meals on Wheels as well as focus groups in English, Spanish and Chinese with community-dwelling older adults.

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. FY 2015 activities included educational speakers on topics related to fall prevention, distribution of information on fall prevention in English and Vietnamese and a strategic planning session.

### Category 2: Benefits for the Larger Community

SHC supported a wide range of activities to benefit the broader community in FY 2015, contributing nearly $4.5 million to support these activities.

**The Stanford Health Library**

The Stanford Health Library provides scientifically based health information to assist people in making informed decisions about their health and health care. The health library has five branches located in Palo Alto, East Palo Alto and a new branch at the Stanford Cancer Center South Bay. All health library services are provided to community members free of charge at a cost of nearly $1.28 million annually. The library has an extensive collection of online health and wellness resources including vetted medical websites, 1000 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 2015, approximately 22,000 community members visited health library branches. An additional 800 individuals were provided services by library staff and volunteers via e-mail and phone, and 3500 more were reached by other library programs such as its lecture series. In addition, there were over 300,000 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 also the health navigators at the clinic who deal directly in patient education. The health library’s medical librarian conducts research on their behalf and provides them with 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 (SCSCP)**

SCSCP provides non-medical support services to cancer patients, family members and caregivers regardless of where patients receive their treatment. The over 55 different services include support groups for many types of cancer (lung, head and neck, GYN, breast, leukemia, multiple myeloma, brain to name a few), classes on topics related to the effects of cancer treatment, clinical trials, caregiver workshops, exercise and yoga classes for cancer patients, art and writing workshops, Healing Touch classes, Healing Partners, spiritual workshops and guided imagery workshops. All programs are provided free of charge to ensure that those in need of services receive it regardless of their economic circumstances. In FY 2015, over 34,105 encounters were provided by SCSCP to individuals whose lives were affected by cancer.

**Support Groups**

The Social Work and Case Management Department facilitates support groups for patients, families and community members. Support groups include adult liver transplant; heart transplant; caregiver training for families of patients receiving bone marrow or solid organ transplants; gynecological oncology; pulmonary hypertension; brain tumor; heart/lung and lung transplant; and head and neck cancer.

**Traffic and Bicycle Safety**

Trauma Service Community Outreach and Injury Prevention staff worked collaboratively with many community groups and coalitions on issues related to traffic safety including the State Teen Safe Driving Coalition on distracted driving. Presentations were made to parent and teen groups and at health fairs at high schools in San Mateo County. Staff also worked with the Traffic Safe Communities Network in Santa Clara County on Safe Routes to School, a program that encourages walking and biking to school safely. In addition to participating in monthly planning meetings, staff helped develop a manual for parent coordinators at the schools. SHC Trauma Services and Emergency Department worked with a Menlo Park high school as well as fire and police on the program *Every 15 Minutes*, a program to teach students the consequences of drinking and driving. In addition to these programs, staff worked with the Silicon Valley Bicycle Coalition, law enforcement, Department of Motor Vehicles and Santa Clara County Public Health Department (SCCPHD) on infrastructure issues related to safe bicycling in Santa Clara County.
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, phone line, email query service, information kiosk, and clinical trial search app. Staffed by a clinical trials team, the goal of this program is to increase awareness of cancer clinical trials and link cancer patients to appropriate trials. In FY2015, the patient information website received 22,790 hits, the information kiosk reported 6,449 user sessions, the mobile clinical trial search application had a total of 345 users and 785 phone call/email queries from the public were serviced.

LifeFlight is a SHC-operated helicopter air medical and critical care ground transport program available 365 days/year, 24 hours/day, serving Northern CA in the transport of critically ill and injured adult, pediatric, and neonatal patients to definitive care, regardless of the patient’s ability to pay. Life Flight transports 70% of the program’s flight volume from outside hospitals to Stanford or other medical major medical centers, and the remaining patients are transported directly from accident scenes or medical emergencies to Trauma Centers or specialty medical centers (e.g., such as stroke and burns). In FY 2015, Life Flight transported 403 adult and pediatric patients to major Bay Area medical centers.

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.

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 2015, SHC contributed over $58.2 million to support health research, education, and training. Of this amount, nearly $51 million was spent to train medical residents and interns.

In addition to training physicians, SHC supports the training of other health professionals. In FY 2015, SHC invested more than $6.7 million in this training. Hospital departments such as Rehabilitation Services, Respiratory Care Services, Radiology, Nuclear Medicine, Nursing, and Clinical Labs provided preceptors and clinical rotations for students from local colleges and
universities. SHC also provided a training ground for pharmacy residents and students and psychology graduate students.

The Community Health Advocacy Program provides undergraduate students with year-long Stanford-based coursework as well as placements and capacity-building projects in community health clinics and social service organizations. The 18 student advocates participating in FY 2015 provided more than 2,160 hours of direct service and completed 16 capacity-building/quality improvement projects designed to meet the clinic or organizations’ self-identified needs. Community partner sites in FY 2015 included: Arbor Free Clinic (Menlo Park), Pacific Free Clinic (East San Jose), Boys and Girls Club of the Peninsula (Menlo Park), Day Worker Center (Mountain View), MayView Community Health Center (Palo Alto), Puente de la Costa Sur (Pescadero), Samaritan House Free Clinic (Redwood City) and Second Harvest Food Bank (San Jose).

Stanford LifeFlight conducts helicopter landing-zone training classes for local fire departments and law enforcement. 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. LifeFlight participated in an estimated 350 hours of landing zone training in FY2015.

Students enrolled in Clinical Pastoral Education come from a wide range of religious traditions, the majority of whom are preparing for a career in chaplaincy or seeking continuing education in the field of pastoral/spiritual care. Upon completion of the year-long program, most students use their training as clergy (pastors, priests, rabbis, chaplains, etc.) to provide effective spiritual care to individuals and families facing health challenges and other hardships such as death, dying and bereavement. This program served approximately 7,500 individuals in FY 2015.

As part of its support for its community partners and other community-based agencies, SHC hosted two workshops in FY 2015 for clinical and non-clinical staff. The workshops, titled “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 and funded by SHC. Open to staff at SHC as well as staff from other hospitals in the community, these workshops prepared individuals for effectively working in community-based settings. The workshops were also useful for recruiting volunteers to work in the community.

The Office of Research, staffed by research scientists and research coordinators, conducts and facilitates research studies and clinical trials to improve the health and treatment of patients, wherever they receive their care. One such study, conducted with Santa Clara County Emergency Medical Services and major county stroke centers, focused on improving stroke identification.

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

ii Where available, data were updated for this report

iii SCC Public Health Department, 2014 Santa Clara County Community Health Assessment

iv 2014 population estimates Santa Clara County; U.S. Census Bureau State and County QuickFacts (online, accessed October, 2015)

v Only major ethnic/race categories are included so percentages may not equal 100
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

Seniors’ Agenda – 2014 Annual Report; Social Services Agency, Department of Aging & Adult Services

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.


2014 population estimates San Mateo; U.S. Census Bureau State and County QuickFacts (online, accessed October, 2015)


Center for Women’s Welfare, online at http://www.selfsufficiencystandard.org/ (accessed October, 2015)

SB 697: By January 1, 1996, complete, either alone, in conjunction with other health care providers, or through other organizational arrangements, a community needs assessment evaluating the health needs of the community serviced by the hospital, that includes, but is not limited to, a process for consulting with community groups and local government officials in the identification and prioritization of community needs that the hospital can address directly, in collaboration with others, or through other organizational arrangement. The community needs assessment shall be updated at least once every three years.

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 Stanford, 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 Health Care, Sutter Health Peninsula and Coastal Region

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 Stanford, 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 Health Care, United Way Silicon Valley

SHC selection criteria: supported by primary data (community input) and secondary data; misses a benchmark (Healthy People 2020 or California state average); cuts across both San Mateo and Santa Clara counties; affects a relatively large number of individuals; if left unaddressed, is likely to become more serious; has a serious impact at the individual, family, or community level; is one in which SHC has the required expertise as well as the human and financial resources to make an impact

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

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

Council on Aging Silicon Valley Area Plan 2012-2016; 2012
The Fiscal Year (FY) 2016 community benefit (CB) plan is based on the Community Health Needs Assessment (CHNA) conducted by Stanford Health Care (SHC) in collaboration with two not-for-profit hospitals coalitions in San Mateo and Santa Clara counties in 2013. This process is in alignment with SB 697 requirements of conducting a CHNA every three years. Based on those assessments, SHC remains committed to its three health initiatives:

I. Improve the Health and Well-Being of Older Adults
II. Improve Access to Care
III. Reduce Cancer Health Disparities

The CB plan described below represents SHC’s strategic investment in the community for FY 2016. Oversight and approval of the plan rests with the Community Partnership Program Steering Committee and two committees of the Board of Directors, Finance and Audit/Compliance committees.

**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 management

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

**Health outcomes:**

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

**Strategy 1:** Provide two free, evidence-based program at local senior centers, community service agencies and housing communities that serve low-income older adults

- Strong for Life (SFL)
- Chronic Disease Self-Management Program (CDSMP)

**Community Partners:** Fair Oaks Adult Activity Center, East Palo Alto Senior Center, Little House, Menlo Park Senior Center, Avenidas, Lewis and Joan Platt Family YMCA East Palo Alto, El Camino YMCA, Palo Alto Housing Corporation

**Objectives:**

- To enhance program delivery and effectiveness, SFL will increase the number of volunteers who work with SFL participants by 20 percent
- SFL will conduct a chair test of all new participants to assess program effectiveness
- The number of CDSM workshops will increase to five
Strategy 2: Continue outreach efforts to low income communities of East Palo Alto, Menlo Park, Redwood City, Mountain View and the mobile home parks in Sunnyvale to enroll older adults at risk for falling into the Farewell to Falls program, Matter of Balance (MOB) and Stepping On, three evidence-based fall prevention programs.

Objectives:
- Provide Stepping On to at least 30 mostly low-income older adults in Sunnyvale, Palo Alto and surrounding communities
- Provide MOB to at least 100 older adults, with sites in low income communities to reach at least 50 of those older adults.

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

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

Objective:
- Provide funding and/or staff support for two countywide collaboratives that focus on preventing falls in older adults

NEEDS STATEMENT

Seniors are the fastest growing population segment in San Mateo County (SMC). Between 2000 and 2011 the senior population grew by more than 19 percent. The situation is much the same in Santa Clara County (SCC). By 2030, one in four SCC residents will be over the age 60. The fastest growing segment of this population is 85 years and older. The increase of individuals over the age of 60 will have a significant impact on the county’s ability to provide services to meet the needs of this burgeoning population.

Fall Prevention

In SMC, falls account for 80 percent of accidental injury deaths in residents over the age of 85 and 20 percent in ages 75 to 84. Individuals aged 85 years and older are 50 times more likely to be hospitalized as a result of a fall than a 25-34 year old and 120 times more likely to die from it. “Fall prevention strategies are, therefore, an important tool for public health officials and healthcare providers to reduce the burden and risks from falls in the senior population.”

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. In 2012, there were 2,872 hospitalizations and 7,915 emergency room visits due to falls in Santa Clara County.

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 health care services.

An American Hospital Association report states that the Medicare population is not only living longer but that they are also sicker. According to CMS, in 2008 two-thirds of all Medicare recipients had two or more chronic conditions. The report further states that health care expenses for an
individual with one chronic condition are about three times higher than those for a person without chronic conditions. That figure goes up to 17 times higher for a person with five or more chronic conditions.

“Chronic diseases and injuries/violence are responsible for at least 4 of every 5 deaths in Santa Clara County. Cancer, heart disease, Alzheimer’s disease, stroke, chronic lower respiratory disease are the top five causes of death in this County.”

In San Mateo County, the top four causes of death are cancer, heart disease, cardiovascular disease and Alzheimer’s disease. In addition, the prevalence of high blood pressure, high cholesterol, asthma, chronic lung disease and diabetes among adults has markedly increased since 1998.

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 primary care and preventive health care services for at-risk community members

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

**Health Outcomes:**
- Homeless patients have a seamless transition from acute care settings and receive appropriate follow-up medical and supportive, social 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 health care services

**Community Partners:** Ravenswood Family Health Center, Cardinal Free Clinics (Arbor and Pacific), MayView Community Health Center, Samaritan House Redwood City Free Clinic, Peninsula HealthCare Connection and Asians Americans for Community Involvement (AACI) Health Center.

**Objectives:**
- Assess the needs of community clinic partners to determine the type of assistance needed to achieve the goal of improving access to care for the target population
- Provide funding and other resources, e.g. SHC services such as lab and radiology and/or staffing resources to address needs identified by community partner clinics
- Clinics will submit funding reports detailing achievement of objectives and how they contributed to improving access to care as a result of the funding

**Strategy 2:** Identify and support local programs that provide appropriate medical care and supportive, social services for homeless individuals transitioning out of acute care hospitals
Community Partners: Home First – Where Homelessness Ends, Valley Medical Center, Hospital Council of Northern and Central California, local hospitals

Objectives:
- Provide funding for patient beds and case management at the Medical Respite Program (MRP)\(^\text{14}\)
- MRP will link a minimum of 75 percent of clients completing the program with appropriate health insurance programs and living situations

Strategy 3: Through SHC’s partnership with Stanford School of Medicine’s Office of Community Health (SOM-OCH), provide a community health training program

Objectives:
- Hold two workshops, open to all health professional in the community, in FY16 at SHC’s Center for Education and Professional Development
- At least 18 individuals will attend each workshop
- Establish panel of community-based organizations to present volunteer opportunities and community placements to workshop participants

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

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 and having an ongoing source of health care are assessed.

While the numbers of insured have increased with implementation of the Affordable Care Act (ACA) and Covered California (CC), there are still a significant number of individuals that remain uninsured. In addition, the same barriers to accessing care that existed before ACA and CC implementation still exist: shortage of health care providers, inability to pay, language or cultural barriers, lack of adequate transportation and limited hours of service.

In San Mateo County in 2012, there were 80,000 uninsured individuals. Estimates for post-ACA and CC implementation placed the number of those remaining uninsured at over 34,000.\(^\text{15}\) In Santa Clara County, post-ACA and CC estimates for the number of uninsured people are 130,000-150,000 (2014) and 120,000-140,000 (2019).\(^\text{16}\)

Affordability is a key barrier to access to health care in Santa Clara County. The UCLA Center for Health Policy Research stated that 20 percent of Santa Clara County adults reported delaying prescription drugs or medical service in the past year due to the cost.\(^\text{17}\) Additionally, 11 percent of Santa Clara County adults reported they could not see a doctor when needed in the past 12 months due to cost.\(^\text{18}\) Those numbers were higher for African-Americans (33 percent), Hispanics (20 percent)\(^\text{19}\) and Vietnamese (16 percent).\(^\text{20}\)

A regular source of health care can serve as a guide to the health care system, helping individuals to 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 such as the working poor. Nearly 30 percent of adults in San Mateo County and over 22 percent of adults in Santa Clara County with incomes between 100 and 199 percent of the Federal Poverty Limit reported that they do “not have a usual source of care.”

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 also will ease the demand on emergency departments and help prevent unnecessary hospitalizations, thereby helping to reduce health care costs. These strategies form the basis of SHC’s second health initiative, Improve Access to Care.

### Health Initiative III: Reduce Cancer Health Disparities

**Goal:** Reduce cancer health disparities in minority and underserved populations by increasing access to cancer education, services, clinical trials and programs.

**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 community appropriate cancer education programs and supportive services that raise awareness, increase knowledge and encourage positive attitudes and behavioral changes regarding cancer

**Objectives:**
- Partner with community-based organizations that work with ethnic and underserved populations
- Fund three to five projects that provide community appropriate cancer education, awareness, services and information/referral for target populations
- Projects will provide funding reports detailing how they contributed to reducing cancer health disparities as a result of the funding

**Health Outcome:**
- Ethnic minorities, women and other underserved populations are accessing 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 may experience cancer burdens disproportionately. For example, medically underserved populations are more likely to be diagnosed with cancer at later stages, limiting effective treatment options and decreasing chances of survival.

Cancer is the leading cause of death in both San Mateo and Santa Clara counties. Breast, prostate and lung cancers top the list of expected new cancer cases, while the top three types of expected cancer deaths in both counties are lung, colon/rectum and breast cancers.
An assessment 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 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 Healthy People (HP) 2020 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. Given these data, a collaboration of community-based organizations, government agencies, policymakers, funders and community members in Santa Clara County selected “cancer/cancer screening” as one of the top three health issues in the Vietnamese community.

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 all Asian/Pacific Islander at 25, Latino 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). 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 1.78 million people.

San Mateo Hep B Free was founded by the San Mateo County Medical Association in 2009. It is a coalition of health care providers, community organizations, local government and concerned citizens with the overall goal of providing hepatitis B screening and vaccination for Asian, Pacific Islander and other high-risk residents of San Mateo County. 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.”

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.

In partnership with the Stanford Cancer Institute, SHC is committed to addressing the issue of unequal burden of cancer in medically underserved populations by providing culturally appropriate cancer education programs and supportive services through its Health Initiative III: Reducing Cancer-Related Health Disparities.

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1 “Underserved” is defined by socio-economic data and resource availability.
2 A meta-analysis of evaluation studies by the Centers for Disease Control and Prevention on Stanford’s Chronic Disease Self-Management Program (CDSMP) showed that “CDSMP results in significant, measurable improvements in patient outcomes and quality of life … also saves enough through reductions in healthcare expenditures to pay for itself within the first year.”
3 www.sustainablesanmateo.org; Senior Health in San Mateo County – Current Status and Future Trends (2012)
4 Seniors’ Agenda – 2014 Annual Report; Social Services Agency, Department of Aging & Adult Services
5 www.sustainablesanmateo.org; Senior Health in San Mateo County – Current Status and Future Trends (2012)

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

7 Fall Prevention of Santa Clara County Task Force

8 Trendwatch, American Hospital Associations, December 2012

9 Centers for Medicare and Medicaid Services; Chronic Conditions Among Medicare Beneficiaries; 2011

10 Santa Clara County Center for Chronic Disease and Injury Prevention, https://www.sccgov.org/sites/sccphd/en-us/partners/cdip/Pages/default.aspx

11 California Department of Public Health, Death Statistical Data Tables 2010

12 2011 Community Assessment – Health and Quality of Life in San Mateo County

13 Funding reports available upon request

14 Medical Respite Program: 20 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

15 San Mateo County Health System, 2012

16 UC Berkeley Center for Labor Research & Education, Ken Jacobs; November 13, 2012

17 UCLA Center for Health Policy Research: Health Profiles Santa Clara County, 2012

18 2013 Santa Clara County Behavioral Risk Factor Survey


20 Status of Vietnamese Health Santa Clara County, Executive Summary, 2011

21 2011-12 California Health Interview Survey

22 Funding reports available upon request


24 California Department of Public Health, Death Statistical Data Tables 2010

25 California Cancer Facts & Figures, American Cancer Society, California Division, Inc., 2012

26 Status of Vietnamese Health Santa Clara County, Executive Summary, 2011

27 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


29 http://smhepbfree.org

30 South San Francisco Patch, Hep B Free Campaign Saving Lives in San Mateo County, September 12, 2012