

Stanford Health Care Fiscal Year 2016 Community Benefits Plan

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 populations¹

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 Program² (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.³ 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.⁴

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."⁵

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 2009.⁶ In 2012, there were 2,872 hospitalizations and 7,915 emergency room visits due to falls in Santa Clara County.⁷

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 report⁸ states that the Medicare population is not only living longer but that they are also sicker. According to CMS⁹, 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.”¹⁰

In San Mateo County, the top four causes of death are cancer, heart disease, cardiovascular disease and Alzheimer's disease.¹¹ In addition, the prevalence of high blood pressure, high cholesterol, asthma, chronic lung disease and diabetes among adults has markedly increased since 1998.¹²

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 funding¹³

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

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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)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 34,000.¹⁵ 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).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.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.¹⁸ Those numbers were higher for African-Americans (33 percent), Hispanics (20 percent)¹⁹ and Vietnamese (16 percent).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.”²¹

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 funding²²

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.²³

Cancer is the leading cause of death in both San Mateo and Santa Clara counties.²⁴ 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.²⁵

An assessment²⁶ 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) 2020²⁷ 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).²⁸ 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.²⁹ 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.”³⁰

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.

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.sustainableanmateo.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

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- 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
- ¹⁹ Santa Clara County Community Assessment Project; Survey & Policy Research Institute: San Jose State University. Public Opinion Phone Survey Report. 2012
- ²⁰ Status of Vietnamese Health Santa Clara County, Executive Summary, 2011
- ²¹ 2011-12 California Health Interview Survey
- ²² Funding reports available upon request
- ²³ National Cancer Institute Fact Sheet, Cancer Health Disparities, www.cancer.gov; accessed December 18, 2012
- 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
- ²⁸ Sources: Status on Vietnamese Health, Santa Clara County, California 2011. Greater Bay Area Cancer Registry, 2007-2009 and U. S. Census Bureau, American Community Survey 3-Year Estimates, 2007-2009
- ²⁹ <http://smhepbfree.org>
- ³⁰ South San Francisco Patch, Hep B Free Campaign Saving Lives in San Mateo County, September 12, 2012