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Implementation Strategy

Healing humanity through science and compassion, one patient at a time

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STANFORD
HOSPITAL & CLINICS

Stanford Hospital & Clinics
Implementation Strategy: FY14

About Stanford Hospital & Clinics

Stanford Hospital & Clinics (SHC) is dedicated to providing leading-edge and coordinated care to each and every patient. It is internationally renowned for expertise in areas such as cancer treatment, neuroscience, surgery, cardiovascular medicine, and organ transplant, as well as for translating medical breakthroughs into patient care. Throughout its history, Stanford has been at the forefront of discovery and innovation, as researchers and clinicians work together to improve health on a global level. SHC's vision is healing humanity through science and compassion, one patient at a time. Its mission is to care, to educate, to discover.

Hospital	
Licensed beds	613 (475 staffed)
Licensed ICU beds	67 (66 operating)
Operating rooms	49
Staff	
Medical	2,136
Interns and residents	711
RNs	2,154
LVNs	15
Nursing assistants	141
Nonmedical employees	2,779
Total	**7,936**
Admissions Per Year	
Inpatient visits	25,164
Outpatient visits	643,806
ER visits	53,908

Stanford Hospital & Clinics' Implementation Strategy

This document summarizes the 2013 Community Health Needs Assessment (CHNA) process that determined the health needs of the community served by SHC and the prioritization process and criteria used by the SHC Community Partnership Steering Committee to further refine those health needs. It also details how selected health needs will be addressed and lists the health needs that will not be addressed and the rationale.

Adoption of the Implementation Strategy

This implementation strategy, developed in accordance with requirement in IRS Notice 2011-52, was adopted by the Finance Committee of the SHC Board of Directors on April 25, 2013.

Community Served

SHC is a regional referral center for an array of adult specialties, drawing patients from throughout California, across the country, and internationally. However, a majority of SHC's patients are residents of San Mateo and Santa Clara counties. Therefore, for purposes of its community benefit program initiatives, SHC has identified these two counties as its target community. SHC maintains a strong commitment to the health of its community members and dedicates considerable resources to support its community partnership program.

SANTA CLARA COUNTY

With 1.8 million residents, Santa Clara County (SCC) is the sixth most populated of California's 58 counties, and the most populated county in the Bay Area. More than half of the residents live in San Jose. SCC's population is projected to grow from the current level to more than 2.3 million by 2030.

The North County area is extensively urbanized. Thirteen of the county's 15 cities and more than 88 percent of the county's residents are located in the North County. Gilroy and Morgan Hill, with approximately 5 percent of the county's population, are located in the South County, which remains predominantly rural, with low-density residential developments scattered though the valley and foothill areas.

According to the 2010 US Census, approximately 36 percent of the population in SCC was born outside of the United States, outpacing the rate for California by nearly 10 percent. SCC's racial/ethnic composition is 47 percent White, 32 percent Asian, 27 percent Latino and 3 percent African American. In the most recent census, approximately 12 percent selected "some other race" and 5 percent selected "more than one race." The predominantly reported sub-groups of the Asian population are Chinese (27 percent), Vietnamese (22 percent), Asian Indian (22 percent) and Filipino (15 percent). More than 100 languages and dialects are spoken in SCC.

Latinos represent the fastest-growing demographic. According to the Silicon Valley Latino Report Card, 82 percent of Latinos in Silicon Valley are from Mexico, with another 8.5 percent from Central America. The Vietnamese population is another demographic that is growing rapidly in SCC. While there are currently more Chinese (27 percent) in SCC than Vietnamese (22 percent), the Vietnamese population has grown very quickly in the last few decades, from 11,717 in 1980 to 134,525 in 2010. The population is the second largest of any county in the U.S., surpassed only by Orange County, California. San Jose has the largest Vietnamese population of any U.S. city.

People ages 60 and older make up slightly less of the population in SCC than in California as a whole (16.1 percent vs. 16.8 percent); however, according to the Council on Aging Silicon Valley, "In the coming years, seniors will comprise a larger and larger share of the local population. In 1990, fewer than 1 in 8 county residents was age 60 or older. By 2010, that ratio had grown to 1 in 6. By 2030, over 1 in 4 county residents will be over age 60."[1]

While SCC is one of the most diverse counties in the US, the older adult population is less diverse. Nearly 60 percent of the county's senior residents are White (non-Latino), 24 percent are Asian and 12 percent are Latino (any race). It is projected that by 2030, the demographic makeup of the county will change dramatically among the population of adults who are ages 60 and older. By 2030, about 47 percent of older adults will be White, 29.5 percent will be Asian, and 17.8 percent will be Latino.

On the other hand, young people (ages 17 years and younger) are more diverse than the general population. These young people make up about 25 percent of SCC's population. While Latinos are 27 percent of SCC's overall population, they represent more than 35 percent of the youth population. In 2011, more than 25 percent of children were English-language learners.

The percentage of children living below the Federal Poverty Level (FPL) has increased by 2.6 percent since 2000. In SCC, more Hispanic/Latino and African-American children are living in poverty compared to children

[1] Council on Aging Silicon Valley Area Plan 2012-2016; 2012

of other racial/ethnic groups and the county overall. In 2012, the national FPL for a family of four was $23,050. According to this measure, nearly 1 in 10 children (11 percent) and 1 in 12 adults (9 percent) are living in poverty.

Because the FPL does not take into consideration local conditions such as cost of living, other measures of economic security are used to provide a more realistic measure of poverty in SCC. 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) to meet their most basic expenses; this is equivalent to more than four full-time minimum-wage jobs.[2]

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[3] (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 just 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.

SAN MATEO COUNTY

San Mateo County (SMC), located on the San Francisco Peninsula is made up of 20 cities and towns, bordered by the City of San Francisco on the north, the San Francisco Bay on the east, Santa Clara County on the south, and the Pacific Ocean on the west. SMC is a mix of urban and suburban industrial, small business, and residential use. The coastal area is a mix of suburban and rural with significant agricultural, fishing, small business and tourism land use. According to the 2010 U.S. Census, the county's population is 719,467. SMC's population is expected to increase by 14 percent from 2010 to 2050.

SMC is among the richest counties in terms of ethnic diversity. From 2006 to 2010, 34 percent of the county population was foreign born and nearly half (45 percent) of those ages 4 and older spoke a language other than English at home. Over the next four decades, the White population is expected to decrease by nearly 50 percent, while Hispanic and Asian/Pacific Islander populations are expected to increase dramatically. By the year 2050, the ethnic makeup of the county is projected to be 38 percent Hispanic, 32 percent Asian/Pacific Islander, 22 percent White, 5 percent African-American, and 4 percent other/multi-race.

While other age groups will decrease in terms of the percentage of the county population from 2010 to 2050, those ages 60 and older will increase from 18.9 percent to 30.9 percent. Asian/Pacific Islander and Hispanic seniors will comprise the largest proportion of seniors in SMC in 2050. At the other end of the age spectrum, the ethnic makeup of children ages 14 and younger is projected to be Hispanic, Asian/Pacific Islander, White, African-American, and multi-race in 2050.

In 2010, median income for SMC residents ages 25 and older was $47,060 and the average weekly wage was $1,450, down 13 percent from 2000. According to the U.S. Census Bureau, from 2006 to 2010, the percentage of SMC individuals below the FPL was 7 percent, with 9.1 percent of children ages 18 and younger below the FPL.

[2] 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

[3] 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.

According to the FESSS, a single parent with two children living in SMC must earn approximately $78,000 annually to meet the family's basic needs, the equivalent of nearly five full-time minimum-wage jobs.

According to the Elder Index, 36 percent of seniors struggle to cover basic expenses and if their annual income exceeds the FPL ($10,830), they may be ineligible for public-assistance programs.

Community Health Needs Assessment (CHNA) Teams

A separate CHNA was conducted in each county. The assessment team members are listed below.

The Santa Clara County Community Benefit Coalition— a collaboration of eight local non-profit hospitals, Santa Clara County Public Health Department, Hospital Council of Northern and Central California, and United Way Silicon Valley— worked together to complete the CHNA. Non-profit hospital members included El Camino Hospital, Kaiser Permanente Santa Clara, Kaiser Permanente San Jose, Lucile Packard Children's Hospital at Stanford, O'Connor Hospital, Saint Louise Regional Hospital, and Stanford Hospital & Clinics. This team contracted with Applied Survey Research (ASR) and Research Development Associates (RDA) to assist with the CHNA in 2012.

The Healthy Community Collaborative of San Mateo County is a coalition of seven local non-profit hospitals including Kaiser Permanente South San Francisco, Kaiser Permanente Redwood City, Lucile Packard Children's Hospital at Stanford, Sequoia Hospital, Seton Medical Center, Stanford Hospital & Clinics, and Sutter Health Peninsula Coastal Region as well as San Mateo County Health System, Health Plan San Mateo, Hospital Consortium of San Mateo County, San Mateo County Human Services Agency, Peninsula Health Care District, San Mateo Medical Center, and San Mateo County Health System. The collaborative conducted the SMC CHNA with assistance from ASR and Professional Research Consultants, Inc. (PRC) in the prioritization of health needs and the collection of primary data.

Identification of Health Needs

The Santa Clara County Community Benefit Coalition and the Healthy Community Collaborative of San Mateo County began the CHNA process in 2012. The goal was to collectively gather community feedback, understand existing data about health status, and prioritize local health needs in each county.

In Santa Clara County, community input was obtained during the fall of 2012 through interviews with local health experts, focus groups with community leaders and representatives, and resident focus groups. The secondary data was collected, synthesized, and analyzed from multiple sources by RDA.

In San Mateo County, resident input was gathered through the 2013 Community Health Needs Assessment: Health & Quality of Life Survey. The survey was conducted using a random sample of 1,000 adults in San Mateo County via landline and cell phones. In addition to the countywide random sampling, additional surveys were conducted in Coastside zip codes as well as oversampling of African-American residents and low-income residents, resulting in a total of 1,724 interviews. The secondary data was collected from multiple sources. It was then synthesized and analyzed by San Mateo County Health System.

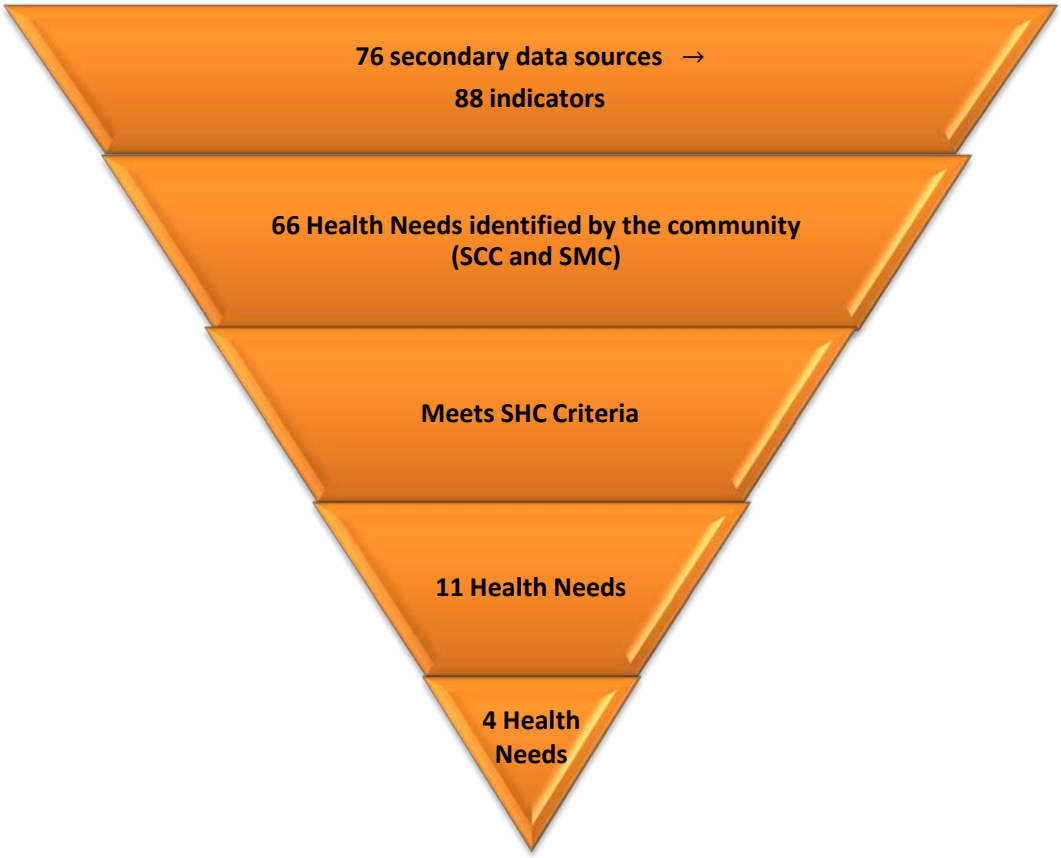
In late 2012 through early 2013, health needs were identified by synthesizing primary qualitative research and secondary data, and then filtering those needs against a set of criteria. Needs were then prioritized by countywide groups consisting of members of the county coalitions and community leaders using another set of criteria. The coalitions then met again to identify the community resources available to address the health needs identified through the CHNA process, including hospitals, clinics, and community-based programs and services.

Development of the Implementation Strategy

In February 2013, the SHC Community Partnership Program Steering Committee met to review the data collection and prioritization process that occurred in the community. The purpose of the meeting was to find those health needs that met certain criteria and would form the basis for SHC's implementation plan.

The prioritization process is outlined in the pyramid below. The 66 health needs[4] were identified by community input in both counties and the 88 indicators were selected from multiple secondary data sources.

PROCESS PYRAMID



Applying the following criteria to the list of health needs, the SHC Community Partnership Program Steering Committee identified 11 health needs (shown in the table on page 6):

- Supported by primary data (community input) and secondary data
- Misses a benchmark (HP 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 and human and financial resources to make an impact

[4] The basic 66 health needs identified by community input have not been assessed against secondary data at this point.

The committee also reviewed SHC's current community health improvement initiatives and, along with the health needs from the CHNA process, selected four of the health needs to address: cancer, access to care, chronic disease, and unintentional injuries (falls). Of the seven other health needs, four are indirectly addressed through the current Community Partnership Program health initiatives: diabetes, cardiovascular disease and stroke, arthritis, and respiratory conditions such as asthma and COPD.

11 Health Needs Identified by CHNA Process
4 Health Needs Selected by SHC Steering Committee

Health Needs
1. Diabetes
2. Mental health
3. Obesity/overweight
4. Cancer
5. Cardiovascular Disease, heart disease, stroke
6. Access to health care
7. Arthritis
8. Chronic disease
9. Alzheimer's/dementia
10. Unintentional injuries (falls)
11. Respiratory conditions (asthma, COPD, allergies)

SHC developed its implementation plan for investments in improving the health and well-being of the community based on:

- The health needs identification and prioritization process conducted in each county, which synthesized primary and secondary data
- the health needs prioritization and selection process undertaken by the SHC Community Partnership Program Steering Committee
- A review of SHC's current community health improvement initiatives

Fiscal Year 2014 Implementation Strategy

This plan represents a continuation of a multi-year strategic investment in community health. SHC believes that long-term funding of proven community partners yields greater success in improving the health and well-being of community members. The plan continues to be based on documented community health needs. Modifications to the plan are the result of new data and information collected during the 2012-13 CHNA process as well as process assessments and reports submitted by community partners on their progress toward mutually developed goals and objectives for improving community health.

Health Initiative I: Improve the Health and Well-Being of Older Adults

This health initiative aims to address the health needs unintentional injuries (falls) and chronic Disease identified by the CHNA process.[5]

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

Target Population: Adults ages 60 and older 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 evidence-based programs at five local senior centers

- Strong for Life, a group exercise program that helps older adults increase strength, balance and mobility, and reduce isolation
- Chronic Disease Self-Management[6] , a behaviorally-oriented program that teaches participants how to manage their chronic conditions and helps them develop confidence in managing their health

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

Strategy 2: Provide two evidence-based fall prevention programs to low-income older adults in Redwood City, Menlo Park, Palo Alto, East Palo Alto, Sunnyvale and Mountain View.

Tactics:

- Provide a Matter of Balance to older adults in Redwood City, Menlo Park or East Palo Alto
  - Matter of Balance, a program that is geared to the older adult who may have a fear of falling, a significant risk factor for falling (recommended by the National Council on Aging and the Centers for Disease Control and Prevention as a best-practice)
- Increase referrals to Farewell to Falls in targeted communities
  - Farewell to Falls, a fall prevention program in which occupational therapists provide home visits and review multiple risk factors for falls.

[5] Indirectly addresses diabetes, cardiovascular disease, heart disease, stroke, arthritis and respiratory conditions

[6] 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."

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

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

Tactic:

- Provide support for two countywide collaboratives that focus on preventing falls in older adults

Needs Statement

The number of Medicare recipients in the United States is growing rapidly, with "baby boomers … reaching the eligibility age of 65 at the rate of 10,000 a day."[7]

According to one report,[8] nearly 1 in 4 San Mateo County residents will be ages 65 and older by 2030. The report further states that unless things change significantly, "this population will need health care and community-based services far beyond what our public and private systems can provide." According to the San Mateo County Projection Model, by 2030 there will a 50 percent increase in demand for doctors, a 34 percent increase in acute hospital days and a 59 percent increase in demand for hospital beds as a result of this changing demographic.

The situation is much the same in Santa Clara County, where the senior population has grown faster in the past 20 years than the state and national rates.[9] By 2030, more than 1 in 4 county residents will be ages 60 and older.[10]

Fall Prevention

The key findings section of the 2011 Community Needs Assessment: Health & Quality of Life in San Mateo County identified falls as being a "key issue leading to hospitalization, loss of independence and death among seniors. More resources should be directed toward this preventative condition."

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.

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[11] states that the Medicare population is not only living longer but they are also sicker. According to Centers for Medicare and Medicaid Services[12], 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 rises to 17 times higher for a person with five or more chronic conditions.

Risk factors that lead to chronic disease, such as obesity, are on the rise in Santa Clara County. The top three causes of death are cancer, heart disease and Alzheimer's disease. One-third of adults reported having one or more chronic conditions. Among those reporting, 57 percent reported frequent health care use, defined as four or more doctor visits or one or more emergency room visits, in the past 12 months.

[7] Centers for Medicare and Medicaid Services , April 23, 2012
[8] Maintaining the Health of an Aging San Mateo County, fall 2010
[9] 1990, 2000, 2010 US Census
[10] Council on Aging Silicon Valley Area Plan 2012-2016; 2012
[11] Trendwatch, American Hospital Associations, December 2012
[12] Centers for Medicare and Medicaid Services; Chronic Conditions Among Medicare Beneficiaries; 2011

In San Mateo County, the top four causes of death are cancer, heart disease, cardiovascular disease and Alzheimer's disease.[13] In addition, the prevalence of high blood pressure, high cholesterol, asthma, chronic lung disease and diabetes among adults has increased markedly since 1998.[14]

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.

Health Initiative II: Improve Access to Care

This health initiative aims to address the health need access to care identified by the CHNA process.[15]

Goal: Improve access to quality, culturally appropriate health care for vulnerable community members

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

Health Outcomes:

- Homeless patients have a seamless transition from acute care settings and receive appropriate follow-up medical and supportive services
- 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 Clinic (Arbor and Pacific), MayView Community Health Center in Palo Alto and Samaritan House Redwood City Free Clinic

Tactics:

- Assess the health needs of community clinic partners
- Provide funding and other resources, such as SHC lab and radiology services, to address identified needs of clinics
- Provide funding and support to establish linkages between free clinics and community health centers to provide a medical home for free-clinic clients with chronic conditions
- Provide funding for Stanford University Community Health Advocacy Program, which combines a year-long Stanford course with clinic shifts and capacity-building projects at community clinics

Strategy 2: Identify and support local programs that provide appropriate medical care and supportive services for homeless individuals transitioning out of acute care hospitals

Community Partners: EHC LifeBuilders,[16] Valley Medical Center, Hospital Council of Northern and Central California and local hospitals

[13] California Department of Public Health, Death Statistical Data Tables 2010
[14] California Department of Public Health, Death Statistical Data Tables 2010
[15] Indirectly addresses diabetes, cardiovascular disease, heart disease, stroke, arthritis and respiratory conditions
[16] EHC LifeBuilders: leading provider of shelter, housing, and supportive services to people in crisis and those experiencing homelessness in Santa Clara County

Tactics:

- Provide funding and other support for patient beds and case management at the Medical Respite Center[17]

Strategy 3: Establish a partnership with Stanford School of Medicine's Office of Community Health to provide a community health training program for health care staff

Tactics:

- Hold workshops at SHC's Center for Education and Professional Development and open class registration to all health professionals in the community
- Establish a panel of community-based organizations to present volunteer opportunities and community placements for workshop participants

Health Outcome:

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

Strategy 4: Maintain and enhance a system to enroll children in appropriate assistance programs

Health Outcome:

- A greater percentage of eligible children treated in SHC's emergency department are enrolled in health insurance and other assistance programs

Tactic:

- Partner with San Mateo County in a program designed to link uninsured pediatric patients treated in SHC's emergency department with programs such as Medi-Cal, Healthy Families and other assistance programs

Strategy 5: Provide appropriate financial assistance for uninsured and underinsured patients

Health Outcome: A greater percentage of eligible individuals receive necessary hospitalization and health care

Tactic:

- Maintain and enhance a system for providing free and discounted care for and individuals whose family income is 400 percent of the FPL

Strategy 6: Train the next generation of health care providers

Target Population: Broader community

Tactics:

- Provide funding and a setting for training medical students, residents and fellows from Stanford School of Medicine
- Provide funding and a setting for training physician assistant, nursing, clinical laboratory, physical therapy, respiratory therapy, occupational therapy, speech therapy, radiology, nuclear medicine, and psychology students
- Provide funding and a setting for training pharmacy residents

[17] Medical Respite Center: 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

Health Outcome:

- A consistent source of high-quality health care providers is available to the community

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, the ability to fill prescription medications and having an ongoing source of health care are assessed.

While the numbers of insured will increase as health care reform is fully implemented, there will be a significant number of people who will remain uninsured. In addition, the same barriers to accessing care that existed before health care reform will still exist: lack of health care providers, inability to pay, language or cultural barriers, lack of adequate transportation, inadequate childcare options, and limited hours of service.

In San Mateo County, there are currently 80,000 uninsured individuals. Estimates for post-Affordable Care Act (ACA) implementation place the number of those remaining uninsured at more than 34,000.[18]

The percentage of Santa Clara County's uninsured, ages 18-64, increased from 9 to 21 percent from 2000 to 2009, and is now higher than both state and national figures. A higher percentage of Whites (90 percent) reported having health insurance than Asian/Pacific Islanders (86 percent), African Americans (68 percent) and Hispanics (60 percent).[19] Even with implementation of ACA, estimates for the number of uninsured people countywide are 130,000-150,000 (2014) and 120,000-140,000 (2019).[20]

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 filling their prescriptions or receiving medical service in the past year due to the cost.[21] Additionally, the percentage of Santa Clara County adults reporting that they could not see a doctor when needed in the past 12 months because of cost or lack of insurance more than doubled from 5 to 13 percent between 2000 to 2009. Those numbers were higher for African-Americans (33 percent), Hispanics (20 percent)[22], and Vietnamese (16 percent).[23]

A regular source of health care can serve as a guide to the health care system, helping individuals 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, including the working poor. Nearly 30 percent of adults in San Mateo County and about 20 percent of adults in Santa Clara County with incomes between 100 and 300 percent of the FPL reported that they do "not have a usual source of care."[24] Studies by Nancy Ewen Wang, MD, Associate Director of Pediatric Emergency Medicine at Stanford Hospital, showed that uninsured children are less likely to receive routine care due to the fear of financial hardship on their families.

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 will also ease the demand on emergency departments and help prevent unnecessary hospitalizations, thereby helping to reduce health care costs.

[18] San Mateo County Health System, 2012
[19] Santa Clara County Department of Public Health, 2000-2009 Behavioral Risk Factor Survey
[20] UC Berkeley Center for Labor Research & Education, Ken Jacobs; November 13, 2012
[21] UCLA Center for Health Policy Research: Health Profiles Santa Clara County, 2012
[22] Santa Clara County Community Assessment Project; Survey & Policy Research Institute: San Jose State University. Public Opinion Phone Survey Report. 2012
[23] Status of Vietnamese Health Santa Clara County, Executive Summary, 2011
[24] 2009 California Health Interview Survey

Health Initiative III: Reduce Cancer Health Disparities

This health initiative aims to address the health need cancer identified by the CHNA process.

Goal: Reduce cancer health disparities in minority and underserved populations by increasing access to culturally appropriate cancer education, screening, clinical trials and other services

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

Tactic:

- Partner with community-based organizations that work with specific ethnic and underserved populations and fund programs that provide culturally appropriate cancer education, awareness, screenings, and information and referral services

Health Outcome:

- Ethnic minorities, women, and other underserved populations are accessing culturally appropriate 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, such as those of low socioeconomic status (SES), experience cancer disproportionately. SES, more than race or ethnicity, is predictive of one's access to education, certain occupations, health insurance and safe, healthy living conditions. These factors are associated with the risk of developing cancer. Those who are poor, lack health insurance, and are medically underserved often carry a greater burden of disease than the general population. Medically underserved populations are also more likely to be diagnosed later, limiting effective treatment options and the chances of cure.[25]

Cancer is the leading cause of death in both San Mateo and Santa Clara counties.[26] Breast, prostate and lung cancer top the list of expected new cancer cases, while the top three types of expected cancer deaths in both counties are lung, colorectal and breast cancers.[27]

An assessment[28] 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 cancer 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[29] 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.

[25] National Cancer Institute Fact Sheet, Cancer Health Disparities, www.cancer.gov; accessed December 18, 2012
[26] California Department of Public Health, Death Statistical Data Tables 2010
[27] California Cancer Facts & Figures, American Cancer Society, California Division, Inc., 2012
[28] Status of Vietnamese Health Santa Clara County, Executive Summary, 2011
[29] 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

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).[30] 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 1.8 million people. Santa Clara County's Vietnamese population is the second largest of any county in the U.S., only surpassed by Orange County, California.[31]

San Mateo Hep B Free was founded by the San Mateo County Medical Association. 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.[32] 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."[33]

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. African-Americans, although only 3.34 percent[34] of the county's population, have a relatively high incidence of liver cancer at 11.3/100,000.[35]

Health Needs Not Being Addressed

Of the 11 health needs identified by the CHNA process, SHC selected four to address. Of the seven other health needs, four are indirectly addressed through the health initiatives described in the implementation strategy: diabetes, cardiovascular disease, heart disease, stroke, arthritis and respiratory conditions. The remaining three health needs—obesity, mental health and Alzheimer's disease— are not currently addressed in the implementation strategy.

Obesity is a health need that is a focus of multiple hospitals and other organizations in both counties. SHC, as an adult hospital, addresses the health needs of an older population. Obesity is a health issue that is best addressed in children and youth. Lucile Packard Children's Hospital at Stanford has many interventions focused on obesity in children and youth.

Mental Health is another health need that is not currently addressed in this implementation strategy. Although there is a dearth of mental health services in both counties, mental health is not an issue that SHC has the expertise or resources to undertake.

Alzheimer's disease will be a major issue in both counties in the next decade and beyond. While SHC does not have the resources to address this health need at this time, its Aging Adult Service Department is developing interventions to address the multiple health issues facing our aging population, including Alzheimer's disease. In the future, these services will be explored with an eye toward community implementation.

[30] 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
[31] Status of Vietnamese Health Santa Clara County, 2011
[32] http://smhepbfree.org
[33] SouthSanFranciscoPatch, Hep B Free Campaign Saving Lives in San Mateo County, September 12, 2012
[34] County of San Mateo, 2010-2012 profile
[35] National Cancer Institute, State Cancer Profiles, 2005-2009; accessed December 19, 2012