

El Camino Hospital

Community Benefit Report for FY 2010



El Camino Hospital 2010 Community Benefit Report

El Camino Hospital is a 542-bed, not-for-profit, locally governed, acute care hospital with campuses in Mountain View and Los Gatos. For nearly 50 years, we have strived to provide excellent, comprehensive medical care to meet the needs of people living in the diverse and growing communities of Silicon Valley. Our areas of medical specialty include cancer care, heart and vascular care, neuroscience, genomic medicine, orthopedic and spine care, and women's health. In 2009, we extended our service to the community by opening a second campus in Los Gatos and a new, state-of-the-art, seismically and technologically advanced facility on our Mountain View campus.

In addition to our superior programs and facilities, the keys to excellence at El Camino Hospital are our expert, caring hospital staff and the many skilled physicians on our medical staff. All are dedicated to supporting the hospital's mission of providing quality patient care, improving the health and well being of our community, and treating all people with respect and dignity, regardless of their ability to pay.

Consistent with our hospital's mission and throughout our history, we have worked to improve community health by developing and sponsoring innovative and effective Community Benefit programs. Over the years, El Camino Hospital's investment in Community Benefit has continued to grow. In 2008, the hospital's board of directors voted to substantially increase the funding provided for community health improvement programs and partnerships.

El Camino Hospital takes a carefully planned and measured approach to our Community Benefit efforts. All programs are developed to provide treatment or promote health and healing in response to the documented health needs of the community. The hospital's Community Benefit programs and partnerships are developed by its Community Benefit staff with input from the Community Benefit Advisory Council. The programs are detailed in the annual Community Benefit Plan, which is approved by the El Camino Hospital District Board of Directors. As instructed by the board, funding for Community Benefit programs and partnerships in El Camino Hospital District comes from a portion of the district's tax receipts. Projects and partnerships outside of the district are supported with other hospital funds.

The primary source of information for the annual Community Benefit Plan is the Santa Clara County Health Profile, produced every three years. The profile is developed by the Santa Clara County Community Benefits Coalition, comprised of the Santa Clara County Public Health Department and numerous local hospitals, not-for-profit organizations and associations in the health care field. El Camino Hospital's Community Benefit director sits on the coalition's executive team.

Through our Community Benefit programming, El Camino Hospital has forged long-term, collaborative relationships with many community-based organizations and health care providers working to improve the health status of our area's vulnerable populations. To ensure the success of the programs in the Community Benefit Plan, we maintain a high standard of accountability from our partners. They provide frequent status updates, including quarterly volume data, as well as interim and yearly reports of accomplishments, outcomes metrics and challenges. To track and measure the results of Community Benefit initiatives, we have worked with our partners to develop a very specific set of accountability metrics, which are included in the FY2010 Community Benefit results (dashboard) in this report. By closely monitoring these metrics, we help ensure that resources

El Camino Hospital expenditures on Community Benefit have a measurable, positive impact on the health and well being of the community.

We have also taken a leadership role in facilitating close working relationships between the various community partners to optimize their overall contributions to community health improvement. For example, we conduct an annual forum attended by all the partners so each program can learn about the others and identify opportunities to collaborate. We also meet quarterly with the nurses and administrators in our school health program so they can develop working relationships, share best practices and learn about the latest issues, trends and concerns facing the field of school health. Nurses from the four districts we support have collaborated to improve data collection methods and share information about successes and challenges, so the entire group can benefit from their experiences.

Throughout the year, the hospital's Community Benefit staff conducts site visits to most of the programs and partnerships we support. During these visits, Community Benefit staff members talk directly with people delivering and receiving services. The staff is sometimes accompanied by members of the hospital's board of directors and executive staff, who are all very interested and enthusiastic about the various Community Benefit programs. This year, El Camino Hospital's CEO and two board members visited the Mountain View/Whisman School District, meeting the principal and school nurses and visiting several classes of children, including students with critical medical needs. The Community Benefit staff also communicates regularly in writing and in person with the El Camino Hospital District Board of Directors about the activities and accomplishments of the Community Benefit programs. Board members are very serious about their role as stewards of district funds.

Maintaining a high degree of accountability among our partners and leveraging the strengths of the various organizations and their personnel have helped us to measurably increase the impact and effectiveness of our Community Benefit programming. This, in turn, has helped to improve access to care, strengthen community health, and manage chronic disease, especially as we serve individuals and families with the greatest need.

The following pages present the results of El Camino Hospital's Community Benefit programs during FY2010.

Our Commitment

El Camino Hospital is guided by our mission to improve the health and well being of the community, especially those who are underserved. We place a high priority on investing in Community Benefit because it is an essential value and long-term strategic commitment for our hospital. With the addition of El Camino Hospital Los Gatos, the impact of our Community Benefit support is being felt by many more individuals and families in Silicon Valley.

As a not-for-profit hospital, we are accountable to the people of our service area for the quality of care we deliver. We are also responsible for the impact of our Community Benefit programs on health status and quality of life for those who live here. This accountability can be demonstrated in facts and figures; but, ultimately, it comes down to real people and the difference El Camino Hospital makes in solving the health-related problems individuals and families face on a daily basis.

One critically important reality is, due to a continuing poor economy, the number of people in this area without access to health care continues to rise, according to the Santa Clara County 2010 Health Profile Report:

- High unemployment has contributed to a more than doubling of the percentage of uninsured adults in Santa Clara County in the past nine years (from 8% in 2000 to 18% in 2009).
- During that same period, the percentage of adults who could not see a doctor due to cost or lack of insurance more than doubled (from 5% in 2000 to 13% in 2009).
- Nearly half of all households in Santa Clara County do not earn enough to be financially self-sufficient.
- At the same time, the costs of health care and health insurance keep rising, while government agencies and other support programs lack the financial capacity to provide adequate assistance.

Based on these facts, El Camino Hospital believes a substantial part of our Community Benefit commitment should focus on increasing access to care for the growing number of local residents who are underserved.

For example, we have taken a multifaceted approach to addressing poor access to health care resources for children by working with and providing resources to schools in underserved areas. Our goal is to improve the children's health knowledge and behavior before their health is seriously affected:

- Expanding on last year's very successful school health program, we deployed more nurses and health aides at schools in four school districts in underserved areas.
- We provided additional comprehensive physical and mental health services through the Lucile Packard Children's Hospital Adolescent Health Van. Counseling services from the Community Health Awareness Council and the Columbia Neighborhood Center are also provided to at-risk children in two school districts.
- We helped bring healthy play back to the playgrounds of schools in underserved areas through the innovative Playworks program. This program takes a strategic approach to integrating physical activity into the culture of the school. When all children are involved in organized, healthy play, they are better able to focus on learning in the classroom.

- We began efforts to increase the health literacy of students by introducing the Health Teacher online health education curriculum for K-12 teachers. In late FY2010, we held a forum to announce the Silicon Valley School Health Collaborative in partnership with Packard Children's Hospital. Superintendents from 30 local school districts attended to learn about the Health Teacher program. Nearly 200 schools are now enrolled in the service, and we are moving ahead with the program for the 2010-11 school year.

Calculating Community Benefit

El Camino Hospital's total Community Benefit support represents the value of delivering essential medical care and health improvement services to people who otherwise may not have been able to access these services. It is calculated by adding the cost of uncompensated care to the cost of providing value-added services to the community. We follow the Catholic Health Association 2008 Community Benefit guidelines, which recently removed un-reimbursed Medicare expenses from Community Benefit reporting.

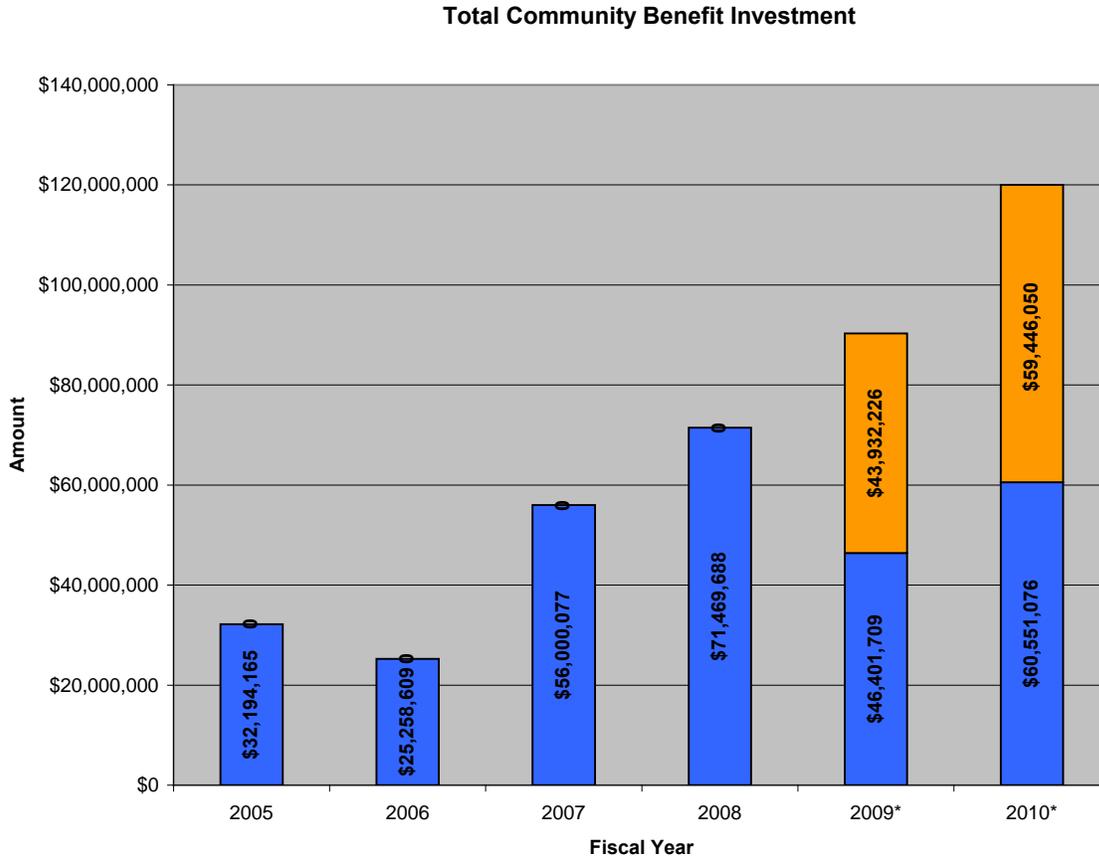
To compute this total, we combine the calculated value of:

- Community health improvement services
- Education and training services
- Community Benefit operations
- Subsidized health services
- Charity care
- Government sponsored health care
- Unreimbursed Medi-Cal
- Healthy Kids

The hospital's investment in Community Benefit has increased each year since 2005. We comply with state requirements to report community benefit expenses with and without uncompensated Medicare. Because we follow the Catholic Health Association community benefit guidelines (as noted above), beginning with the 2009 report our total support no longer includes the cost to the hospital of unreimbursed Medicare expenses.

El Camino Hospital's FY2010 total Community Benefit investment without unreimbursed Medicare was \$60,551,076. The hospital's FY2010 uncompensated Medicare expense was \$59,446,050. Because this amount is not included in the FY2010 report, the total amount is considerably lower than in years prior to FY2009. When unreimbursed Medicare expenses are included, the Community Benefit investment for FY2010 was \$119,997,126.

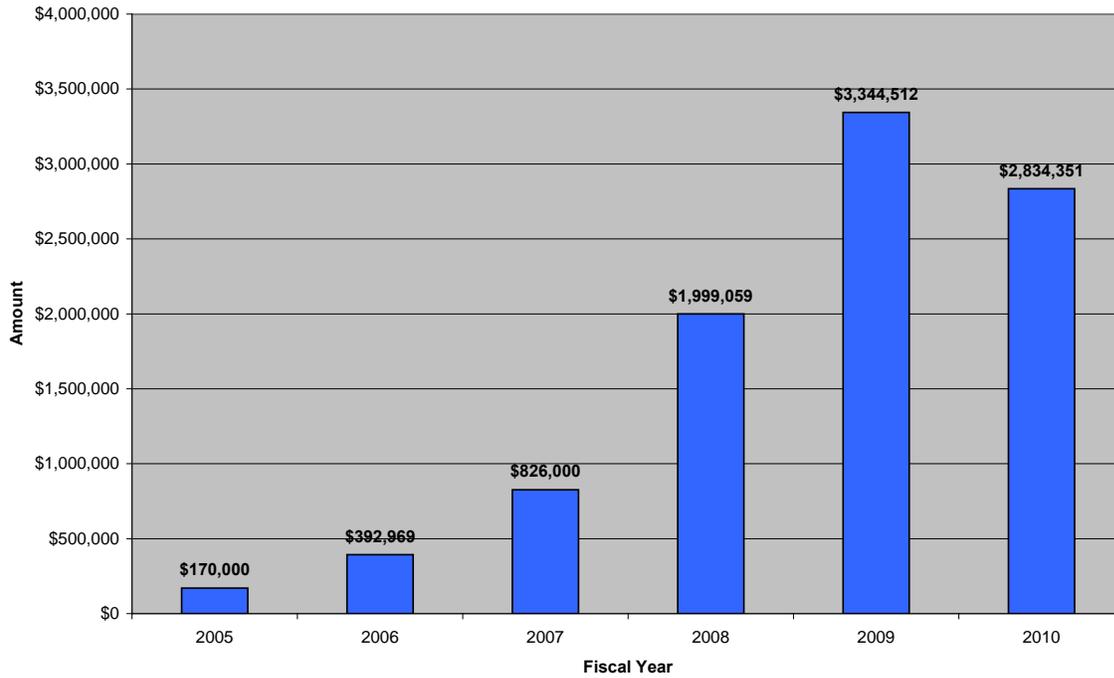
The following chart presents El Camino Hospital's Total Community Benefit Expenditure over the last six years.



*As noted above, El Camino Hospital follows the Catholic Health Association community benefit guidelines, which, in FY2009 removed unreimbursed Medicare expenses from Community Benefit reporting. For FY2009 and FY2010, unreimbursed Medicare expenses are indicated by the orange bar above the blue bar showing Community Benefit investment for that year.

A critical part of a hospital's investment in Community Benefit is charity care expenditure. The following chart represents El Camino Hospital's Charity Care Expenditure over the last six years.

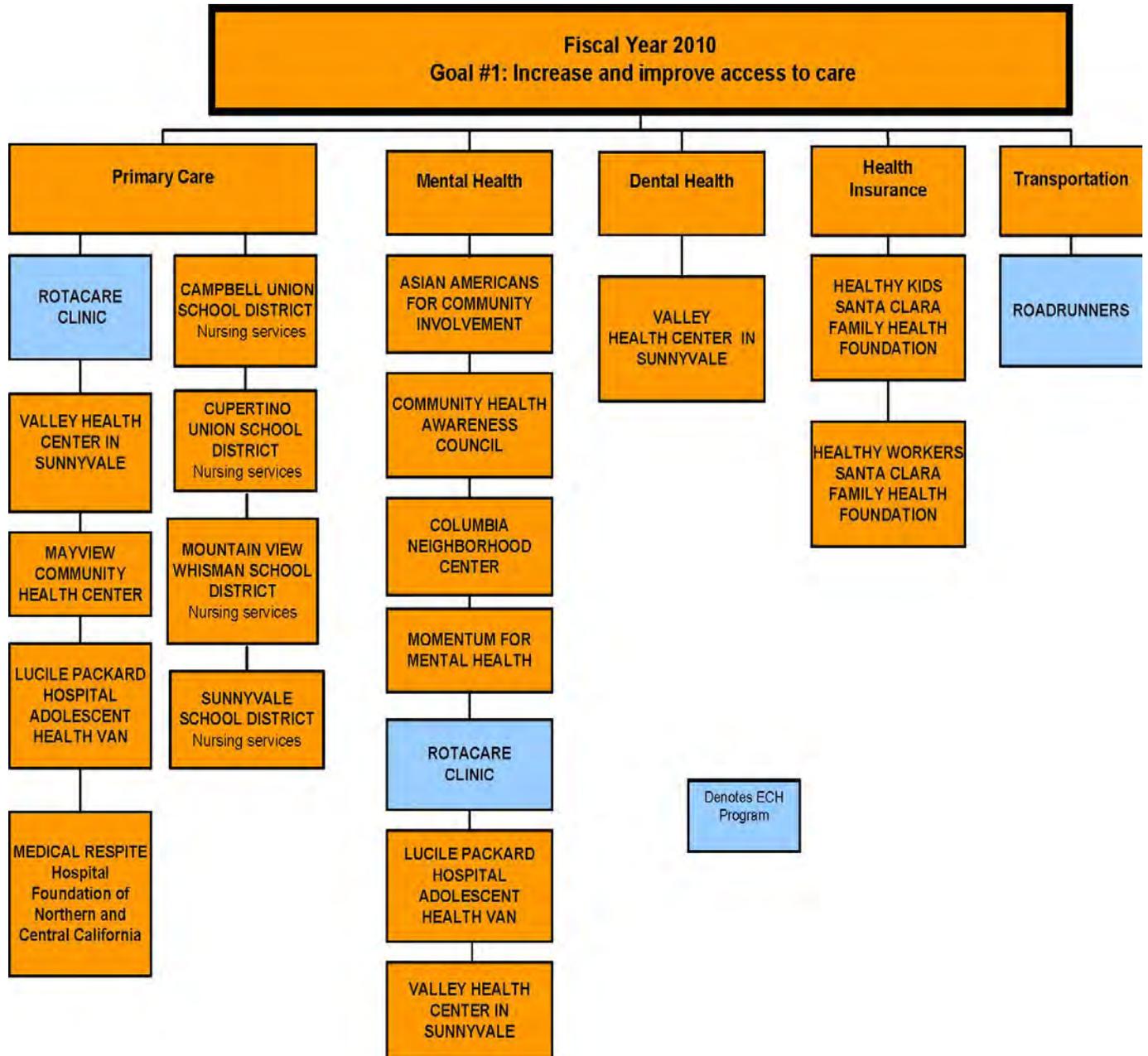
Total Charity Care Expenditure

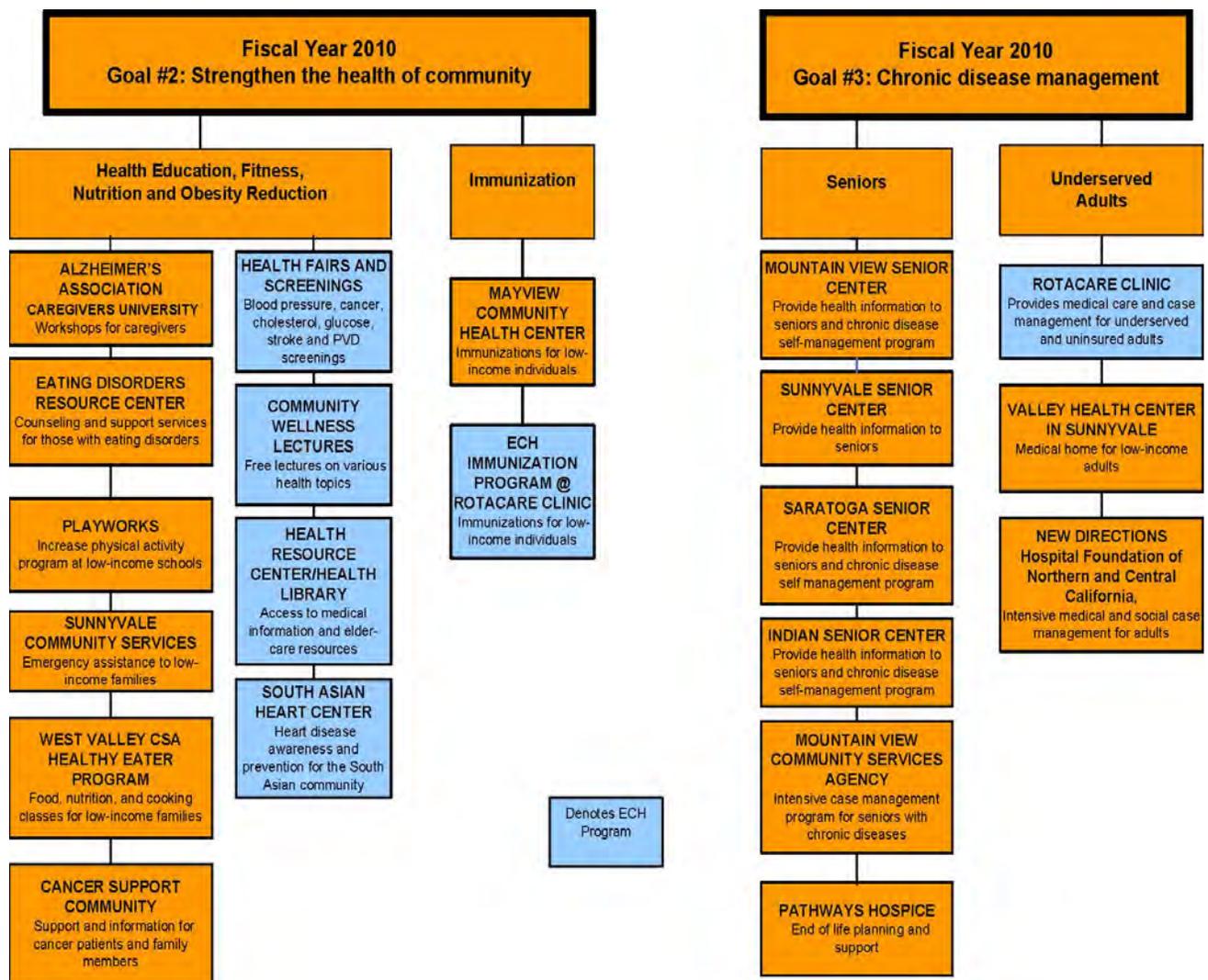


Note: During FY2010, 1,330 people in our community benefited from El Camino Hospital's charity care policy. Charity care amounts are based on cost, not charges.

Overview of Programs and Community Partners

The following charts present El Camino Hospital's community health improvement partnerships.





The hospital's Community Benefit sponsorships include (but are not limited to):

- Asian Americans for Community Involvement (AACI)
- Alzheimer's Association
- American Red Cross
- Avenidas
- Breast Cancer Coalition
- Community Health Awareness Council (CHAC)
- Kids In Common
- City of Sunnyvale – Senior Center
- Clinical Lab Scientist – Hospital Foundation of Northern & Central California
- Coda Alliance – Annual Compassionate Care Conference
- Community Services Agency Mountain View
- DeAnza College Medical Lab Technologist – Hospital Foundation of Northern & Central California
- El Camino YMCA of Silicon Valley
- EMQ Children & Family Services Families First

Los Altos Rotary AIDS Project
MedShare International
Mountain View Senior Center
National Kidney Foundation
PACT: People Acting in Community Together
Pathways Hospice
Peninsula Stroke Association
Playworks
RotaCare Bay Area
Santa Clara Family Health Foundation – Healthy Kids
Saratoga Area Senior Coordinating Council
Silicon Valley Leadership Group Turkey Trot
Valley Medical Center Foundation
YWCA Silicon Valley

Highlights of Community Benefit Accomplishments for FY2010

Goal #1: Increase and improve access to care

The 2010 Santa Clara County Health Profile reports 20% of adults age 18 to 64 do not have health insurance, a major determinant in providing access to care. This percentage has more than doubled in the last 10 years. “Having no or limited access to health care is associated with poor perception of health, poor overall productivity, increases in hospital admissions for conditions that can be managed with outpatient care, and increases in premature death,” according to the Profile report. Santa Clara County residents without health insurance included four of every ten Hispanics and three of every ten African Americans. In addition, one-third of all adults – including half of all Hispanic adults – did not have dental insurance.

- To increase access to health services, El Camino Hospital partners with community clinics that provide primary care. Some are based on a medical home model offering continuity of care for low-income and underserved individuals and families.

In FY2010, the medical safety net of clinics supported by the hospital expanded when Valley Health Center–Sunnyvale (VHC-SV) became fully operational. A partnership with Santa Clara Valley Medical Center, El Camino Hospital’s newest and largest partner, VHC-SV removes barriers to care, making services available to underserved people in northern Santa Clara County. The innovative program provides access to a full spectrum of clinical services – including primary care, dental and behavioral health care – for low-income, uninsured individuals and families. In addition, on-site services including lab and radiology, are available. Providing easy access to these ancillary services removes barriers to care and improves patient compliance with physician orders.

The hospital’s decision to support more dental health services for underserved people in the county was strongly influenced by the lack of adult dental services in northern Santa Clara County and studies that report half of elementary school children in the county have

experienced tooth decay. Sixty percent of patients served by the VHC-SV dental program are low-income adults, most of whom have gone for years without dental care.

In its first year of full operation, VHC-SV's accomplishments include:

Community members served	3,105
Services provided	12,400
Community members receiving dental services	1,114
Dental services provided	2,467

To maintain the essential safety net of health care services, the hospital also continued its support of the RotaCare Clinic in Mountain View and the MayView Community Health Center. FY2010 was an extremely busy year for the RotaCare Clinic, with the number of services provided nearly 30% higher than the annual target (see FY2010 Community Benefit Plan Results). RotaCare staff responded to the needs of underserved patients while dealing with the added challenge of implementing a clinic-wide electronic medical record to improve quality of care and reduce errors.

Ingrid's mother and father had both lost their jobs, so there was no health insurance for the family. When registering Ingrid for school, her parents learned a physical exam and vaccinations would be required, but they had no way to pay for them. The school referred the family to the RotaCare Clinic, where Ingrid was given a physical and the necessary immunizations. When the parents reported that Ingrid had failed a hearing test during the prior school year, RotaCare referred her for audiology testing which showed the girl's hearing deficit had been due to an unresolved cold that would clear up on its own. Now, Ingrid is in school, and her hearing is fine. Both of her parents are back working, so the family once again has health insurance coverage.

Our area's burgeoning population of underserved adults and children was also reflected in an increased demand for primary care services at all of the clinics we support, including the MayView Community Health Center and the Lucile Packard Adolescent Health Van. For example, at VHC-SV, primary care services provided were nearly 25% above the annual target.

Under current economic conditions, availability of services at these clinics has been critically important. Without them, the nearest facility with services for low-income and underserved individuals is Valley Medical Center in San Jose, which is already overburdened with patients. Moreover, a bus trip from the north part of the county requires up to three transfers. People who are employed but have no car are often afraid to take off the extended time needed for transportation to VMC for fear of losing wages and possibly their job.

A few years ago, 55-year-old Mary had only one place to go when she needed care for her complex and painful medical condition – the hospital emergency room. She was afraid and depressed. Mary suffers from Crohn’s disease, high blood pressure, high cholesterol, anxiety-induced asthma and shortness of breath, autoimmune arthritis and pre-diabetes. She had no insurance coverage and could not afford to pay for a primary care doctor to help manage her difficult condition. Since coming to the MayView Community Health Center, she is on regular medication, has received nutrition counseling and has stopped smoking. Mary feels much better, her bouts of depression have gone away, and she is thankful for the excellent care she now receives at MayView.

- To improve the nurse-to-student ratio in public schools and increase access to health care for children, the hospital funded six nurses in four school districts throughout the community. The hospital’s school nurse program began with three nurses in FY2009, and was tremendously successful in its first year; however, it was evident that more help was critically needed. In FY2010, three more nurses and health assistants were added in the Mountain View/Whisman and Sunnyvale School Districts. Support for a school nurse was also initiated in the Campbell Union School District. In addition to working within their districts, the nurses have networked between the districts to share best practices, enhance their data collection skills and improve their accountability to the communities they serve.

Through the school nurse program, our partnership has significantly improved access to health care for students. Nurses at these schools can now address:

- Completing all the required student health screenings, such as vision, hearing and scoliosis, and pro-actively following up with families of children who fail a screening to ensure they receive the proper care and assistance. For example, in the Campbell Union School District, the percent of students who had failed vision screening and were contacted by the nurse and received appropriate vision resources was 69%, up from 0 the previous year.
- Developing complete plans of care for high-needs children and those with chronic illness like asthma or diabetes.
- Evaluating students with serious chronic illnesses and following up on the details of daily care, such as the use of an inhaler at school
- Helping lower absentee rates among students who have a chronic illness and frequently miss school
- Training other school personnel to administer basic first aid and respond to emergencies when a nurse is not present
- Connecting low income families with needed community resources
- Helping families through the complicated and sometimes difficult process of enrolling in available health coverage benefits, such as Healthy Kids. For example, during 2010, after an additional nurse was provided in the Mountain View/Whisman School District, the number of uninsured children dropped by 35%. (The target had been a drop of 18%.)

When the school nurse in Sunnyvale School District did a vision screening on 6-year-old Hector, she saw immediately that he had serious developmental and communication problems. In-depth evaluations by psychological and educational experts revealed that Hector was functioning in the 3- to 4-year-old range, and his academics were far below grade level. Working with the child's family, the nurse informed his pediatrician of the findings. The doctor followed up with referral to a developmental specialist with the possibility of further evaluation and treatment at an autism spectrum disorder clinic. Hector is getting the help he needs because the nurse was able to identify the problem and bring the right resources together.

- Whenever possible, El Camino Hospital leverages available funding and other resources to grow Community Benefit programs and increase their impact on the community. An example of this effective strategy is the hospital's support of the Santa Clara County Children's Health Initiative Healthy Kids, to which we have contributed since 2003. The program provides health insurance coverage for low- or moderate-income children, helping ensure that each child has access to a medical home. As a longtime supporter of Healthy Kids, we challenged nearby cities to join in covering premiums for kids in their area through community development block grants. The cities of Mountain View, Cupertino, Los Altos, Sunnyvale and Campbell responded. This year, with the hospital's presence in Los Gatos, we provided additional funding to cover Healthy Kids premiums for children in the Campbell and Los Gatos area.
- The Medical Respite Center is another partnership that increases access to health care for underserved members of the community. The program offers people who are homeless a safe place where they can recuperate and stabilize after a hospitalization. They also receive recovery support and are connected to other community resources to help maximize their overall health and stop the cycle of homelessness. The program has been very successful in substantially lowering the rate of costly rehospitalizations among people who are homeless.

After leaving the hospital, Willie faced the prospect of recuperating from surgery in a dirty sleeping bag under a bridge. He had no idea how he was going to keep his bandages clean or find healthy food to help him regain his strength. At the Medical Respite Center, Willie was able to rest on a bed with clean sheets. The staff helped him keep track of his medications and get to his medical appointments. After a case manager helped him find a permanent place to live and enroll for Medi-Cal benefits, Willie was able to leave the center feeling healthier, stronger and without worrying that he might end up back in the hospital. Willie comments: "Thank you for saving my life and treating me with respect."

Studies show mental health services are among the first to be eliminated when budgets are cut. And yet, a high percentage of at-risk and underserved people suffer from some form of mental illness or emotional impairment. El Camino Hospital partners with a range of programs to help

make mental and behavioral health services available to low-income children and adults. Partners include Asian Americans for Community Involvement (AACI), Columbia Neighborhood Center, Community Health Advisory Council (CHAC), Momentum for Mental Health, the Lucile Packard Children's Hospital Adolescent Health Van, RotaCare Clinic and Valley Health Center-Sunnyvale (VHC-SV), where mental health professionals are integrated into the overall care team for each patient. Schools benefit considerably when underserved students are given access to mental health services.

Feelings of grief and abandonment were common in 14-year-old Cara's life. She came to the Columbia Neighborhood Counseling Center after teachers and staff at her middle school recognized that she was "at risk" and needed extra support. Cara's father was murdered when she was 3, and her mother left Cara, her brothers and sisters to be cared for by their grandparents when Cara was 8. She needed help dealing with her unresolved feelings along with the social stressors facing many teenagers today. Counseling was a great benefit to Cara. She worked through her grief and learned how her emotions were affecting her life. Counselors also helped her learn coping and communication skills. Cara has ended counseling, but knows there are resources available if she should need more help and support.

"Childhood mental health problems are among the most common health conditions affecting one of every five school-aged children and adolescents. Schools are desperate for help," says Monique Kane, executive director of the Community Health Awareness Council.

- El Camino Hospital provided first-year funding to help launch the innovative Healthy Workers program, a voluntary program that expands health care coverage to uninsured working adults in the county, giving them access to a broad network of public and private providers. The program makes health insurance coverage available at very affordable rates to workers in small companies with between two and 50 employees. The program launched in spring 2010.
- We continue to support RoadRunners, a critically-needed transportation program that enables frail seniors and individuals who are medically at-risk to get to doctors' appointments and other needed health-related services.

Goal #2: Strengthen the health of the community and reduce health disparities

El Camino Hospital is committed to supporting programs that offer wellness and prevention services. Through health education, public awareness building and health screenings, we can make a substantial difference in efforts to prevent illness and chronic disease in our community, particularly for those who lack access to care or are underserved in other ways.

The Santa Clara County Health Profile for 2010 says, “. . . a deeper look (at Santa Clara County) reveals disparities that show certain populations are more at risk for poor health and disease than overall measurements would indicate.” For example, 56% of adults in the county are now overweight or obese. This includes 68% of adults with annual household incomes less than \$20,000, compared to 40% of those with annual household incomes of \$70,000 or higher. The percentage of adults who had been told by a health professional that they have diabetes increased from 5% in 2000 to 8% in 2009. This group now includes 11% of Hispanics, 7% of whites and 5% of Asians in the county.

- In FY2010, the hospital continued to partner with the Alzheimer’s Association to support its Caregiver’s University program helping families understand and cope with the stresses of providing care to someone with Alzheimer’s disease. All educational events were well attended and, this year, Chinese-speaking caregivers were also served through the addition of classes in Mandarin.

The wife of a man with Alzheimer’s disease said after taking a Caregiver’s University program: “This is valuable information for people like me. My husband’s health is deteriorating, and it’s so comforting to know that there is help. I can care and think about my husband without feeling guilty or useless. We’ve been married for 56 years, and I want to be able to pray for him on a hopeful note.”

- We provided support to the Eating Disorders Resource Center (EDRC), which educates and supports people who suffer from eating disorders, now at epidemic levels in the U.S. The center is one of the few programs in this region that provides education and counseling for nurses, including school nurses, and physicians about how to identify and treat people with eating disorders. Our partnership with EDRC has enabled the organization to build relationships with many of our other Community Benefit partners, such as school districts, the Community Health Awareness Council and Valley Health Center-Sunnyvale, providing these organizations with resources and information about how to respond to the serious health threat posed by eating disorders.
- El Camino Hospital has continued our partnership with the highly successful program Playworks, which provides children with opportunities for physical activity and safe, meaningful play at elementary schools with large populations of at-risk students. During FY2010, in addition to the three schools receiving support for the program, the hospital increased funding to add a fourth school in the Campbell Union School District.

Teachers have observed that many of the children at the target schools have difficulty playing, and recess can be a chaotic time filled with conflict and commotion. At each school, Playworks has turned the situation around, according to teachers and principals, who enthusiastically report

the program has literally transformed the culture at their school. Teachers comment that Playworks has made the playground a positive experience for many students, helping them to understand they can succeed at school. This, in turn, improves their ability to learn.

As reported in our FY2010 Community Benefit Plan Results, 2,140 students were served by Playworks this year. Principals and superintendents at all five schools are extremely enthusiastic about the program, reporting:

- A majority of students are now engaged in vigorous physical activity at recess.
- There is increased physical activity throughout the school day.
- The Playworks program has improved the school climate.

About Playworks, the principal at Monta Loma School in Mountain View says: *"It has never been like this. The grass area used to be completely empty. Now there are activities going on all the time. I love watching the kids high-fiving the coach as they head back to class. They think they have the best coach ever. Of course, they're right."*

- The hospital's continued support of the Sunnyvale Community Services Agency was especially critical during FY2010, as the unemployment rate in the county continued to be high. The agency provided emergency assistance to 748 people, more than twice its annual target. Every community member who came to the agency requesting support for medications or medical supplies was served, with no one turned away.
- With financial assistance from El Camino Hospital to cover rental and remodeling costs, the Cancer Support Community opened a beautiful new location in Mountain View, serving patients in the El Camino Hospital District. The organization has specific outreach services for underserved community members suffering from cancer and their families.
- Our hospital partnered with the West Valley Community Services' Community Access to Resources and Education program to teach parents and children who come to the agency's food pantry about healthy eating. More than 430 participants learned how to shop for and cook low cost, healthy foods. Pre- and post-tests showed the program had a major impact on the behavior of class members, including making healthier food choices, decreasing fast food consumption and increasing physical activity.

Tanya had hard time during the first few days of the West Valley Community Services "Raising a Healthy Eater" program. Finally, she blurted out: *"I don't know anything about food! My mom used to just buy us a box of donuts, put it on the counter and say to eat it because it's filling." This was a concern shared by many members of the class. After taking the course, S. knows how to prepare healthy meals for herself. She is motivated to make good nutrition part of a healthier lifestyle for the future.*

- El Camino Hospital continued to support wellness and early detection of disease such as cancer, diabetes, heart disease and vascular problems by sponsoring screenings and health fairs in the community. The Health Resource Center and Health Library at El Camino Hospital, with satellites in five community locations, make information on a wide range of important health-related topics available to the public in various formats and languages. As part of this service, a series of free public lectures and classes is offered. The library also provides an eldercare consultation service that assists people in finding resources for an aging parent or friend.
- With our hospital's support, the South Asian Heart Center continued its important work of increasing awareness among people of South Asian descent that they are at greater risk for coronary artery disease and the preventive and/or diagnostic measures they should take.
- The immunization program in collaboration with the RotaCare Clinic was extremely busy during 2010. More than 10,200 services were provided. When the potential H1N1 flu epidemic was announced, the dedicated clinic staff worked tirelessly to administer a total of 2,480 immunizations for seasonal and H1N1 flu, a 61% increase over the previous year. Staff reached outside the clinic to provide immunizations at locations in the community, and special efforts were made to immunize adults and children who were at greatest risk.

Goal #3: Improve chronic disease self management

Chronic disease is a persistent problem for our community, particularly among people who are underserved and uninsured. The 2010 Santa Clara County Health Profile states, "Chronic disease like heart disease, cancer, stroke, and diabetes continues to be the major cause of death and disease" in our county. The report goes on to observe that risk factors leading to chronic disease, such as obesity and high blood pressure, are affecting a growing percentage of people in our area. More than half of adults and a quarter of middle and high school students in the county are either overweight or obese. Two in five adults (40%) have high blood pressure, high blood cholesterol or diabetes.

- In partnership with The Health Trust, the hospital offered a series of workshops on chronic disease self-management at community and senior centers throughout the community. The classes are targeted to low-income seniors, many of whom are at high risk for chronic diseases, such as heart disease, hypertension, chronic obstructive pulmonary disease, asthma and diabetes.
- El Camino Hospital also supported efforts to teach people how to manage their chronic disease though many of the other programs we sponsor, such as Valley Health Center-Sunnyvale, the RotaCare Clinic, the MayView Community Health Center, Mountain View Community Services Agency, the Medical Respite program, and New Directions, an intensive case management service for low-income individuals in the our service area.

As mentioned earlier, El Camino Hospital's Community Benefit partners are held to specific accountability standards. Below are the metric results for FY2010.

Community Benefit Plan Results Fiscal Year 2010

Category	Partner	Goals/Metrics – Printed 9/8/2010	Annual Target	Year End Results	■ ■
Access to Health Care for the Underserved	Campbell Union School District <i>School nurse program</i>	<ul style="list-style-type: none"> ▪ Students served: ▪ Parents of students with failed vision screening who were contacted by nurse and received appropriate resources (baseline 0%) ▪ Parents of students with failed hearing screening who were contacted by nurse and received appropriate resources (baseline 0%) ▪ Increase from baseline (10%) of eligible students signed up for Medi-Cal 	2,312 40% 40% 75%	2,465 69% 63% 23%	■ ■ ■ ■
	Columbia Neighborhood Center <i>Counseling for at-risk youth and families</i>	<ul style="list-style-type: none"> ▪ Students served: ▪ Counseling sessions provided: ▪ Students who received counseling services increased test scores on the Cooper-Smith Self Esteem Inventory Survey ▪ Students who received counseling services demonstrated increased strength or decreased difficulties after counseling Measurement tool - Strength and Difficulties Questionnaire (SDQ) 	165 880	143 1,034 * *	■ ■
	Community Health Awareness Council <i>Counseling for at-risk youth and families</i>	<ul style="list-style-type: none"> ▪ Students served: ▪ Students who improved internal and external asset scores ▪ Students who reduced high-risk behavior scores ▪ Students who improved in teacher-assessed classroom behavior 	480 15% 10% 10%	543 12% 20% 19%	■ ■ ■ ■
	Cupertino Union School District <i>School nurse program</i>	<ul style="list-style-type: none"> ▪ Students served: ▪ Uninsured students at targeted schools who applied for health coverage by 5/30 ▪ Failed vision screening students who were seen by eye specialist by 5/30 	3,380 80% 50%	3,397 95% 76%	■ ■ ■
	Healthy Kids	<ul style="list-style-type: none"> ▪ Patients Served: ▪ Children who visited primary care physician in past 12 months ▪ Children whose health insurance was renewed after initial year of coverage 	150 80% 70%	150 83% 77%	■ ■ ■
	Lucile Packard FND <i>Mobile health services for at-risk students</i>	<ul style="list-style-type: none"> ▪ Students served: ▪ Eligible students who received all 3 Hepatitis B vaccinations ▪ Eligible students who received both seasonal and H1N1 influenza vaccinations 	45 45% 70%	54 83% 80%	■ ■ ■

Category	Partner	Goals/Metrics– Printed 9/8/2010	Annual Target	Year End Results	■ ■
Access to Health Care for the Underserved	MayView Community Health Center <i>Primary medical care for low-income and uninsured patients</i>	<ul style="list-style-type: none"> ▪ Patients served: ▪ Diabetic registry patients who reduced LDL-cholesterol levels to <130mg/dL ▪ Diabetic registry patients who reduced HbA1c levels to <9 ▪ Diabetic registry patients who received flu shots by 3/1 	1,145 70% 70% 80%	1,145 82% 82% 39%	■ ■ ■ ■
	Medical Respite <i>Medical care and shelter for homeless ECH patients</i>	<ul style="list-style-type: none"> ▪ Daily patient census ▪ Patients who were linked to primary care home ▪ Patients successfully linked to benefits and services they were entitled to receive 	15 100% 80%	17 100% 100%	■ ■ ■
	Momentum for Mental Health <i>Psychiatric treatment for uninsured patients from RotaCare and ECH</i>	<ul style="list-style-type: none"> ▪ Patients served: ▪ Patients and their families completing case management regarding medication compliance ▪ Patients avoiding psychiatric hospitalization 	50 75% 90%	62 100% 98%	■ ■ ■
	Mountain View - Whisman School District <i>School nurse program</i>	<ul style="list-style-type: none"> ▪ Students served: ▪ Decrease uninsured students @ four low-income schools ▪ Students screened for vision, hearing and scoliosis (baseline 60%) ▪ Students with failed health screenings seen by a provider 	3,066 18% 85% 50%	3,086 35% 99% 66%	■ ■ ■ ■
	RotaCare Clinic @ ECH <i>Primary and specialty care for uninsured patients</i>	<ul style="list-style-type: none"> ▪ Patients served: ▪ Services Provided: ▪ Chronic disease patients vaccinated for flu by 2/1 ▪ Chronic disease patients who decreased LDL-cholesterol from greater than 150mg/dL to less than 105mg/dL ▪ Chronic disease patients who decreased HbA1c from 9.0 to ≤7.5 	2,200 8,500 75% 60% 60%	2,390 10,980 84% 69% 56%	■ ■ ■ ■ ■
	RoadRunners @ ECH <i>Transportation for seniors</i>	<ul style="list-style-type: none"> ▪ Rides Provided: ▪ Increase the number of volunteer hours (baseline 9828) ▪ Meet client requests for transportation services 	13,000 10% 92%	13,139 12% 95%	■ ■ ■
	Sunnyvale School District <i>School nurse program</i>	<ul style="list-style-type: none"> ▪ Students served ▪ Students screened for health insurance ▪ Uninsured students applied for health coverage by 5/30 ▪ Students with failed vision screening seen by provider by 5/30 ▪ 1st grade students completing CHDP (Children's Health & Disability Prevention) physical 	4,134 100% 80% 50% 85%	4,329 100% 81% 69% 90%	■ ■ ■ ■ ■

Category	Partner	Goals/Metrics– Printed 9/8/2010	Annual Target	Year End Results	■ ■
Access to Health Care for the Underserved	Valley Health Center – Sunnyvale <i>Integrated primary care and dental services</i>	Primary Care: <ul style="list-style-type: none"> ▪ Patients served: ▪ Services provided ▪ Diabetic patients who reduced HbA1c levels <9 ▪ Patients taking statins ▪ Inappropriate utilization of emergency department by registry patients 	3,000 10,000 70% 60% <30%	3,105 12,442 72% 53% 16%	■ ■ ■ ■ ■
		Dental: <ul style="list-style-type: none"> ▪ Patients served: ▪ Services provided: ▪ Patients who completed treatment plan ▪ Patients who moved from Level 3-4 to Level 2 	1,200 2,400 60% 50%	1,114 2,467 84% 61%	■ ■ ■ ■
Strengthen Health of Community, Reduce Health Disparities	Alzheimer's Association <i>Caregiver's university training for caregivers</i>	<ul style="list-style-type: none"> ▪ Participants: ▪ Participants who stated they learned critical information they could use in their own family situation 	300 95%	356 95%	■ ■
	Eating Disorder Resource Center <i>Education and support services for those with eating disorders</i>	<ul style="list-style-type: none"> ▪ Community members served: ▪ Health care professionals educated about Eating Disorder symptoms ▪ Community members provided with Eating Disorder support groups 	805 200 85	1,459 700 237	■ ■ ■
	ECH Chinese Health Initiative <i>Health education and screenings for Chinese community</i>	<ul style="list-style-type: none"> ▪ Participants: ▪ At-risk participants who received stroke screening ▪ At-risk participants who received Hepatitis B screening 	235 82 150	236 83 153	■ ■ ■
	Health Library and Resource Center <i>Medical information and ElderCare resources</i>	<ul style="list-style-type: none"> ▪ Community members served: ▪ Increase in library membership ▪ Successful ElderCare placement for community members ▪ Increase in library services used at local Senior Centers 	24,900 30% 75% 20%	31,450 118% 82% 48%	■ ■ ■ ■
	Health screenings for seniors and the underserved	<ul style="list-style-type: none"> ▪ Community members served: ▪ Increase community members screened from a baseline of 1,200 	1,320 10%	1,406 17%	■ ■
	Immunization Program @ ECH	<ul style="list-style-type: none"> ▪ Patients served: ▪ Services provided: ▪ Increase in flu vaccinations ▪ Patients compliant with TB testing protocol 	4,425 9,500 5% 80%	3,540 10,217 61% 84%	■ ■ ■ ■

Category	Partner	Goals/Metrics– Printed 9/8/2010	Annual Target	Year End Results	■ ■
Strengthen Health of Community, Reduce Health Disparities	Playworks <i>School-based physical activities program for at-risk students</i>	<ul style="list-style-type: none"> Students served: Principals reporting that majority of students are engaged in vigorous physical activity at recess Principals reporting increased physical activity throughout school day Principals reporting improved school climate due to Playworks program Teachers reporting increased capacity to lead activities that increase physical fitness 	1,600 70% 70% 70%	2,140 100% 100% 100% 97%	■ ■ ■ ■ ■
	South Asian Heart Center <i>Health education and lifestyle modification for South Asian community</i>	<ul style="list-style-type: none"> Participants: Percentage of participants who improved metabolic risk factors Participants who received case management for 1 year 	900 8% 500	938 32.5% 485	■ ■ ■
	Sunnyvale Community Services <i>Emergency assistance</i>	<ul style="list-style-type: none"> Community members served: Percentage of community members requesting support for medications and medical supplies who received assistance 	300 90%	748 100%	■ ■
	West Valley Community Services Agency <i>Healthy Eater Program for low-income families</i>	<ul style="list-style-type: none"> Participants: Participants who improved healthy food choices Participants who decreased fast food consumption Participants who increased physical activity 	350 75% 65% 50%	437 84% 62% 79%	■ ■ ■ ■
	Community Service Agency Mountain View <i>Senior intensive care management</i>	<ul style="list-style-type: none"> Daily patient census Case managed seniors readmitted to the hospital within 30 days of discharge Case managed seniors readmitted to the hospital for the same chronic condition 1 year post discharge 	33 <10% <20%	33 1% 8%	■ ■ ■
Improve Chronic Disease Self Management	Chronic Disease Self Management <i>Support and education for seniors with chronic diseases</i>	<ul style="list-style-type: none"> Participants served: Participants who attended 4 of 6 sessions 	60 75%	79 73%	■ ■
	Pathways Hospice <i>Hospice care for the uninsured</i>	<ul style="list-style-type: none"> Patients served: 	30	39	■
Improve Chronic Disease Self Management	New Directions <i>Intensive case management services for low income frequent users at El Camino Hospital</i>	<ul style="list-style-type: none"> Daily patient census Reduce inpatient re-admissions for patients at ECH Reduce ED patient visits 	10 20% 10%	12 56% 12.5%	■ ■ ■

Summary

El Camino Hospital is an independent organization that is accountable first and foremost to our community. In addition to providing the highest quality care to patients, our commitment to the health and well-being of those we serve is demonstrated in both the substantial resources identified for Community Benefit programs and in the oversight required by the El Camino Hospital Board of Directors. The hospital's Community Benefit partnerships have increased in scope and number over the years, achieving exceptional results. In the coming year, we intend to enhance the robust and far-reaching impact of these partnerships to further improve the health status and quality of life for all who live and work in our community.

Organization: El Camino Hospital
Multi Executive Summary Including Non Community Benefit (Medicare and Bad Debt)
For period from 7/1/2009 through 6/30/2010

	<u>Persons</u>	<u>Benefits</u>
Community Health Improvement Services (A)		
Community Health Education (A1)	42,396	815,021
Community Based Clinical Services (A2)	9,420	1,346,48
Health Care Support Services (A3)	2,090	205,251
**** Community Health Improvement Services	53,906	2,367,120
Health Professions Education (B)		
Nurses/Nursing Students (B2)	362	1,113,241
Other Health Professional Education (B3)	68	377,789
Other (B5)	3	346
**** Health Professions Education	433	1,491,376
Subsidized Health Services (C)		
Emergency and Trauma Services (C1)	1,028	7,461,017
Other (C10)	1,028	0
Renal Dialysis Services (C6)	699	10,996,383
Behavioral Health Services (C8)	664	4,415,119
**** Subsidized Health Services	3,419	22,872,519
Research (D)		
Clinical Research (D1)	83	822,886
**** Research	83	822,886
Financial and In-Kind Contributions (E)		
Cash Donations (E1)	0	266,262
Grants (E2)	24,853	3,067,835
In-kind Donations (E3)	0	132,000
**** Financial and In-Kind Contributions	24,853	3,466,097
Community Benefit Operations (G)		
Assigned Staff (G1)	0	183,976
Other Resources (G3)	0	39,230
**** Community Benefit Operations	0	223,206
Traditional Charity Care		
Traditional Charity Care	1,330	2,834,351
**** Traditional Charity Care	1,330	2,834,351

Government Sponsored Health Care		
Unpaid Cost of Medicaid	6,347	26,323,521
Means-Tested Programs	150	150,000
**** Government Sponsored Health Care	6,497	26,473,521
Totals - Community Benefit	90,521	60,551,076
Unpaid Cost of Medicare	13,919	59,446,050
Totals with Medicare	104,440	119,997,126