A message to the community from the President and Chief Executive Officer

As a Daughters of Charity Health System Local Health Ministry, O’Connor Hospital lives our Mission on a daily basis. We strive to minister with compassion and dignity for all. For over 126 years, O’Connor Hospital has provided health care services to those who come to us without regard of the patient’s ability to pay. In doing so, we have contributed to a healthier community.

Our commitment to addressing the growing health care needs of our community is as strong as ever. O’Connor Hospital recognizes the need to be an essential community partner and to provide community benefit programs and activities for our neighbors in need. The O’Connor Hospital 2013 Community Health Needs Assessment has provided us with a roadmap to help us plan and evaluate our community benefit activities over a three-year period. In 2016, an updated Community Health Needs Assessment will guide our future activities.

Over the last 126 years of service to the people of Santa Clara County, O’Connor Hospital has continually strived to serve those in need of care with compassionate and loving service. We are committed to serving the body, mind, and spirit.

Reflecting on fiscal year 2015, I am proud to report that O’Connor Hospital provided approximately $44,119,822 in benefits to our community. This is our investment in a basic human need -- a right to compassionate and excellent health care. The numbers only tell a small part of the story; the real impact is in the life of each individual O’Connor Hospital has served and cared for.

In 1889, O’Connor Hospital established a standard of excellence in providing quality care that focuses on patient safety and satisfaction; from that standard we have never wavered. It’s not just that we care—it’s the way we care.

We look forward to carrying this proud heritage into the future.

Sister Margaret Keaveney, DC
President and Chief Executive Officer
O’Connor Hospital
About O’Connor Hospital

O’Connor Hospital is 358-bed acute care, not-for-profit, Catholic community hospital located in the heart of San Jose, California. Established in 1889, O’Connor Hospital was built by area philanthropists and operated by the Daughters of Charity of St. Vincent de Paul. O’Connor Hospital and the Daughters of Charity have served Santa Clara County longer than other any hospital in the region. For 126 years, O’Connor Hospital has been providing comprehensive, excellent health care that is attentive and compassionate to the whole person – body, mind and spirit.

Today, O’Connor Hospital continues to thrive, providing excellent medical care with a special focus on the needs of low-income, underserved populations. O’Connor sponsors the Health Benefits Resource Center and the Stanford-affiliated Family Medicine Residency Program. Key services include cardiology, oncology, mother-baby care, orthopedic and joint replacement services, vascular care, wound care and emergency services. O’Connor Hospital is a Joint Commission Certified Center of Excellence for Hip and Knee Replacement, Wound Care and as a Primary Stroke Center. Additionally, the hospital is fully accredited by The Joint Commission, the California Department of Public Health and the Center for Medicare and Medicaid Services.

The O’Connor Hospital team of 1,450 experienced associates provides quality health care to the community, welcoming all patients regardless of their financial circumstances. In fiscal year 2015, O’Connor reported 10,816 acute discharges; 59,396 Emergency Department patient visits; and 2,825 babies born at our hospital.

O’Connor Hospital plays a vital role in the health and well-being of Santa Clara County. We provide comprehensive health care services without delay or limitations and without regard to the patient’s ability to pay. We are a leader in our community in serving the underserved and marginalized. O’Connor Hospital responds to the needs of our community and adapts to provide care and services in needed areas. Our Mission of serving the sick and those living in poverty is what guides us.
About the Daughters of Charity Health System

O’Connor Hospital is a member of Daughters of Charity Health System. The health system is comprised of six hospitals and medical centers that span the California coast from Daly City to Los Angeles.

For more than 375 years, our sponsors, the Daughters of Charity of St. Vincent de Paul, have been serving the sick and the poor through healing ministries around the world. O’Connor Hospital operates with the Mission, Vincentian Values, and Vision of the Daughters of Charity Health System as an integral part of every gathering and policy and decision making.

Mission Statement
In the spirit of our founders, St. Vincent de Paul, St. Louise de Marillac and St. Elizabeth Ann Seton, the Daughters of Charity Health System is committed to serving the sick and the poor. With Jesus Christ as our model, we advance and strengthen the healing mission of the Catholic Church by providing comprehensive, excellent health care that is compassionate and attentive to the whole person: body, mind and spirit. We promote healthy families, responsible stewardship of the environment and a just society through value-based relationships and community-based collaboration.

Vincentian Values
The Charity of Christ urges us to:
Respect
- Recognizing our own value and the values of others.
Compassionate Service
- Providing excellent care with gentleness and kindness.
Simplicity
- Acting with integrity, clarity and honesty.
Advocacy for the Poor
- Supporting those who lack resources for a healthy life and full human development.
Inventiveness to Infinity
- Being continuously resourceful and creative.
Community Needs Assessment

O’Connor Hospital is located in the heart of San Jose, with more than half of the county’s population, 1,894,605, living here. Santa Clara County is the sixth most populated county in California. Santa Clara County’s population is diverse: 32% of residents are White, 35% are Asian, 27% are Hispanic, 3% are African American, and 3% are other races/ethnicities. Approximately 23% of the population is aged 18 and younger, while more than 12% of residents are 65 and older. The median age is 36.

The median household income in the County is $91,702. A large segment of the population is affluent and well-educated. Nearly half the adults have a bachelor’s degree or higher. Despite this fact, 10% of the County’s population live below the Federal Poverty Level. Nearly one half of all households spend more than 30% of their household income on rent. Santa Clara County rental market rate has increased 9.8% over the past year.

Key health findings in Santa Clara County from the 2013 Community Health Needs Assessment include:

- The percentage of uninsured adults in Santa Clara County is 11% and the percentage of persons with MediCal is 13%.
- The percentage of adults in Santa Clara County who are overweight or obese (BMI >25) is 55%.
- The percentage of adults being told they have high cholesterol is 29%.
- The percentage of adults who have been told by a health professional that they have diabetes is 8%.

*Santa Clara County Public Health Department: Data and Statistics.*
O’Connor Hospital’s Focus

O’Connor Hospital acknowledges there are many pressing community needs. We have chosen to focus our efforts on activities that build upon the foundation set by our previous community benefit initiatives (serving the poor, minority populations, elderly and children). The activities O’Connor focused on during fiscal year 2015 fall into two reporting areas: Access to Care and Community Health Education. The programs and activities we support are based on the following:

- Serving the sick and those living in poverty who lack basic resources.
- Developing and implementing community-based programs targeted towards improving health and lifestyle behaviors and illness prevention.
- Promoting and sponsoring events that offer health care services and education to the community at large.
- Providing information and advocating for low-income, uninsured or underinsured people to gain access to medical insurance, government assistance programs, health care services and continuum of care.

For the purpose of this report, the activities O’Connor Hospital prioritized in fiscal year 2015 will be reported and categorized by benefits for persons living in poverty and benefits for the broader community.

<table>
<thead>
<tr>
<th>O’Connor Hospital Community Benefits Fiscal Year 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits for Persons Living in Poverty</td>
</tr>
<tr>
<td>Benefits for Broader Community</td>
</tr>
<tr>
<td><strong>Total Quantifiable Benefits</strong></td>
</tr>
<tr>
<td>Unpaid Costs of Medicare Program</td>
</tr>
</tbody>
</table>

**O’Connor Hospital Community Benefits Activities**

<table>
<thead>
<tr>
<th>Benefits for Persons Living in Poverty</th>
<th>Benefits for Broader Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care</td>
<td>Community Health Education</td>
</tr>
<tr>
<td>Family Medicine Residency Program</td>
<td>Community Health Fairs and Screenings</td>
</tr>
<tr>
<td>Health Benefits Resource Center</td>
<td>Health Professions Education</td>
</tr>
<tr>
<td>Unreimbursed Cost of Public Programs</td>
<td>Partnerships with Community Organizations</td>
</tr>
</tbody>
</table>
Benefits for Persons Living in Poverty

O’Connor Hospital’s Mission and Values drive us to care for and advocate for those living in poverty. In fiscal year 2015, O’Connor provided more than $44 million in community benefit activities, representing 13.5% of O’Connor Hospital expenses. The activities that fall into this category aim to improve access to care for low-income individuals, the medically underserved and other vulnerable populations. These activities include providing health care services to the underinsured and uninsured community members, operating the Health Benefits Resource Center, contributions and partnerships with community programs that care for the homeless.

Health care services to the underinsured and uninsured.

In fiscal year 2015, O’Connor Hospital provided more than $1.3 million in costs of charity care services. Charity care is the cost of care for services provided to individuals with no means of paying. O’Connor Hospital provides radiological examinations for patients referred from the San Jose Clinic.

Family Medicine Residency Program
O’Connor Hospital sponsors the San Jose-O’Connor Family Medicine Residency Program which is affiliated with Stanford University School of Medicine. The program is comprised of 24 family medicine residents and 2 sports medicine fellows who learn how to administer care for underserved population while primarily practicing at O’Connor Hospital and the Indian Health Center of Santa Clara Valley.

Health Benefits Resource Center
The O’Connor Hospital Health Benefits Resource Center (HBRC) is a one-stop informational and referral service that advocates for those living in poverty. The center helps low-income individuals with health insurance enrollment assistance, CalFresh (food stamps) enrollment and reporting and linkage to additional community resources. Services are provided in English, Spanish and Vietnamese. In fiscal year 2015, the net cost for O’Connor Hospital to operate the program which provided health insurance enrollment assistance to 3510 people was $154,721.

Benefits for the Broader Community

O’Connor Hospital supports a wide range of programs and activities that provide information and resources to improve the health and welfare of the broader community, providing more than $33,538 in community benefit activities in fiscal year 2015. Activities included presenting community health education classes, participating in community health fairs and screenings, providing health professions education, and partnerships with community organizations.

Community Health Education
In fiscal year 2015, more than 250 individuals attended one of O’Connor Hospital’s health education classes. The classes address a wide range of health topics including preventative care, physical activity, nutrition, end-of-life decisions and more. Additionally, each month, O’Connor presents a series of childbirth and family education classes for new families to learn more about the birthing process and how to care for newborns. ~445 persons were in attendance.

O’Connor Hospital also provides a variety of support groups with a safe, healing environment where community members can gather together to cope with their illness or learn about an illness in support of a loved one. In fiscal year 2015, eight different support groups met at O’Connor Hospital, including Stroke Support Group, South Bay Neuropathy Support Group, Diabetes Support Group, Chinese Cancer Support Group, ICD Support Group, Silicon Valley Ostomy Support Group, Alzheimer’s Caregiver Learn Circles, and the Northern CA Neuroendocrine Cancer Fighters Support Group. We served approximately 815 attendees.

**Community Health Fairs and Screenings**
Each year, O’Connor Hospital is pleased to partner with and participate in community events and health fairs by providing health education information and screenings. Our community health team provided a variety of health screenings at multiple health fairs and events.

**Partnerships with Community Organizations**
O’Connor Hospital believes in community-based collaboration and is committed to working with partners to build a healthier community. We work with the American Cancer Society, American Heart Association/American Stroke Association, Hep B Free Santa Clara County, Stroke Awareness Foundation and many more organizations to achieve goals that are greater than what the hospital or organization can accomplish alone.
# O’Connor Hospital FY2015 Community Benefit Financial Overview

<table>
<thead>
<tr>
<th>O’Connor Hospital FY2015 Community Benefit</th>
<th>Persons Served</th>
<th>Total Community Benefit Expense</th>
<th>Direct offsetting Revenue</th>
<th>Actual Net Community Benefit Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefits for Persons Living in Poverty</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charity Care at Cost</td>
<td>930</td>
<td>$1,326,588</td>
<td>0</td>
<td>$1,326,588</td>
</tr>
<tr>
<td>Unreimbursed costs of public programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Medi-Cal</td>
<td>40,468</td>
<td>$104,727,805</td>
<td>$64,799,382</td>
<td>$39,928,423</td>
</tr>
<tr>
<td>- Other indigent programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Improvement Services</td>
<td>-</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Health Professions Education¹</td>
<td>-</td>
<td>$3,776,552</td>
<td>$1,100,000</td>
<td>$2,676,552</td>
</tr>
<tr>
<td>Subsidized Health Services</td>
<td>-</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cash and in-kind Contributions to Community Groups</td>
<td>-</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Community Building Activities including CB operations</td>
<td>3,052</td>
<td>$297,368</td>
<td>$142,647</td>
<td>$154,721</td>
</tr>
<tr>
<td><strong>Total quantifiable community benefits for persons living in poverty</strong></td>
<td><strong>44,450</strong></td>
<td><strong>$110,128,313</strong></td>
<td><strong>$66,042,029</strong></td>
<td><strong>$44,086,284</strong></td>
</tr>
<tr>
<td><strong>Benefits for the Broader Community</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Improvement Services</td>
<td>1924</td>
<td>$50,433</td>
<td>$16,895</td>
<td>$33,538</td>
</tr>
<tr>
<td>Health Professions Education</td>
<td>-</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Subsidized Health Services</td>
<td>-</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Research</td>
<td>-</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cash and in-kind Contributions to Community Groups</td>
<td>-</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Community Building Activities including CB operations</td>
<td>-</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total quantifiable community benefits for the broader community</strong></td>
<td><strong>1924</strong></td>
<td><strong>$50,433</strong></td>
<td><strong>$16,895</strong></td>
<td><strong>$33,538</strong></td>
</tr>
<tr>
<td><strong>Total Quantifiable Benefits</strong></td>
<td><strong>46,374</strong></td>
<td><strong>$110,178,746</strong></td>
<td><strong>$66,058,924</strong></td>
<td><strong>$44,119,822</strong></td>
</tr>
<tr>
<td>Net CB as % of total expense</td>
<td></td>
<td></td>
<td></td>
<td><strong>13.5%</strong></td>
</tr>
<tr>
<td>Unpaid Costs of Medicare Program</td>
<td>31,154</td>
<td>$133,384,559</td>
<td>$113,086,096</td>
<td>$20,298,463</td>
</tr>
</tbody>
</table>
This report summarizes the plans for O’Connor Hospital to sustain and develop new community benefit programs that 1) address prioritized needs from the 2013 Community Health Needs Assessment (CHNA) conducted by O’Connor Hospital and the Santa Clara County Community Benefits Coalition and 2) respond to other identified community health needs.

**Target Area**

O’Connor Hospital serves residents of all ages living throughout Santa Clara County, which includes the following cities: Campbell, Cupertino, Gilroy, Los Altos, Los Altos Hills, Los Gatos, Milpitas, Monte Sereno, Morgan Hill, Mountain View, Palo Alto, San Jose, Santa Clara, Saratoga and Sunnyvale.

**Major Needs and How Priorities Were Established**

The 2013 CHNA was conducted by the Santa Clara County Community Benefit Coalition. Members of the Coalition include: El Camino Hospital, Hospital Council of Northern & Central California, Kaiser Permanente, Lucile Packard Children’s Hospital at Stanford, O’Connor Hospital, Saint Louise Regional Hospital, Santa Clara County Public Health Department, Stanford Hospital & Clinics and United Way Silicon Valley. The Coalition contracted with Resource Development Associates to create a compendium of secondary data. The team also contracted with Applied Survey Research to conduct primary research, synthesize primary and secondary data, facilitate the process of identification and prioritization of community health needs and assets and document the process and findings into a report.

Community input was obtained during the fall of 2012 via key informant interviews with local health experts, focus groups with community leaders and representatives, and resident focus groups.

In November 2012, 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 the Coalition using a second set of criteria.

The needs are listed below in priority order, from highest to lowest:

1. Diabetes
2. Obesity
3. Violence
4. Poor Mental Health
5. Poor Oral/Dental Health
6. Cardiovascular Disease, Heart Disease and Stroke
7. Substance Abuse (Alcohol, Tobacco and Other Drugs)
8. Cancer
9. Respiratory Conditions
10. STDs/HIV-AIDS
11. Birth Outcomes
12. Alzheimer’s Disease
13. Access to Health Care Services (note: this cross cutting driver was not included in the prioritization but was identified as an overall need)

How the Implementation Strategy Was Developed
O’Connor Hospital’s Implementation Plan was developed based on the findings and health needs’ priorities established by the 2013 CHNA. The O’Connor Hospital Community Benefits Committee reviewed the prioritized health needs, the hospital’s existing community benefit activities and resources available to address each need.

Description of What O’Connor Hospital Will Do To Address Community Needs
Taking into consideration the magnitude of the need, the Hospital’s resources, Coalition members’ activities and additional community assets, the O’Connor Hospital Community Benefits Committee has identified five priority needs which will be addressed by O’Connor Hospital.

1. Diabetes
2. Obesity
3. Cardiovascular Disease, Heart Disease and Stroke
4. Cancer
5. Access to Health Care Services
**Diabetes** is a health need as marked by relatively high rates of diabetes among adults in Santa Clara County. For example, county-wide, diabetes prevalence is at 8% (no better than the state average), but for the county’s Latino population diabetes prevalence is 11%. Drivers of diabetes rates include poor nutrition and lack of exercise, and physical environment such as availability of fresh food and fast food.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Activities</th>
<th>Evaluation Indicators</th>
<th>Key Community Collaborators</th>
</tr>
</thead>
</table>
| To provide education and resources to individuals in the hope that this will help them make healthier choices when it comes to food and exercise. | 1. To educate associates, physicians and the community on the risks of diabetes.  
2. To provide education and resources to targeted populations.  
3. To provide diabetes screenings in the community. | • Educate Family Medicine Residents on how to diagnose and care for patients living with diabetes.  
• Teach residents a patient self-care model, which will enable patients to manage their diabetes through self-management and group meetings.  
• Present Living Well Community Education Classes on diabetes, nutrition and exercise.  
• Conduct monthly diabetes support group meetings. | • Number of Family Medicine Residents trained.  
• Number of attendees at resident group meetings.  
• Number of people attending Living Well Community Education Classes.  
• Number of attendees at support group meetings.  
• Number of screenings provided to the community.  
• Number of individuals HBRC has helped enroll on CalFresh.  
• Number of seniors referred to Brown Bag Program. | • Indian Health Center of Santa Clara Valley  
• Second Harvest Food Bank  
• Stanford University School of Medicine |
- Conduct glucose screenings at health fairs and provide educational information.
- Promote CalFresh enrollment assistance through our Health Benefits Resource Center.
- Promote Brown Bag Program for seniors through our Health Benefits Resource Center.
**Obesity** is a health need as indicated by high rates of obese youth (24-31%) and adults (21%) in Santa Clara County, and high rates of overweight individuals (14% and 36% respectively). Overall rates miss the Healthy People 2020 targets. Latino and Black/African-American residents have the highest overweight and obesity rates. Drivers of obesity are poor nutrition and lack of exercise, and physical environment such as availability of fresh food and fast food.

<table>
<thead>
<tr>
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<th>Objectives</th>
<th>Activities</th>
<th>Evaluation Indicators</th>
<th>Key Community Collaborators</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide education and resources to individuals in the hope that this will help them make healthier choices when it comes to food and exercise.</td>
<td>1. To educate associates, physicians and the community on the risks of obesity. 2. To provide education and resources to targeted populations. 3. To provide BMI screenings in the community.</td>
<td>• Educate Family Medicine Residents on how to diagnose and care for patients living with obesity. • Teach residents a patient self-care model, which will enable patients to manage their obesity through self-management and group meetings. • Present Living Well Community Education Classes on obesity, nutrition and exercise. • Conduct BMI screenings at health fairs and provide</td>
<td>• Number of Family Medicine Residents trained. • Number of attendees at resident group meetings. • Number of people attending Living Well Community Education Classes. • Number of screenings provided to the community. • Number of individuals HBRC has helped enroll on CalFresh. • Number of seniors referred to Brown Bag Program.</td>
<td>• Indian Health Center of Santa Clara Valley  • Second Harvest Food Bank  • Stanford University School of Medicine</td>
</tr>
</tbody>
</table>
educational information.
• Promote CalFresh enrollment assistance through our Health Benefits Resource Center.
• Promote Brown Bag Program for seniors through our Health Benefits Resource Center.
Cardiovascular Disease, Heart Disease, and Stroke are a health need, as they are among the top ten causes of death in Santa Clara County and California. The overall rate of high cholesterol in the county (29%) is higher than the Healthy People 2020 target (17%), as are the rates for all ethnic populations. Related to poor cardiovascular health are the health behaviors of smoking, drinking, poor nutrition and lack of exercise.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Activities</th>
<th>Evaluation Indicators</th>
<th>Key Community Collaborators</th>
</tr>
</thead>
</table>
| To provide education and screenings to individuals in the hope that they will make lifestyle modifications to lower high blood pressure and cholesterol rates. | 1. To educate associates and physicians on the risks and warning signs associated with cardiovascular disease, heart disease and stroke.  
2. To provide education and resources to targeted populations.  
3. To provide health screenings in the community. | • Present Living Well Community Education Classes on cardiovascular diseases, heart attacks, stroke, nutrition and exercise.  
• Conduct cholesterol, glucose, BMI and blood pressure screenings at health fairs and provide educational information.  
• Offer free weekly blood pressure screenings in our Cardiac Rehabilitation Center.  
• Conduct monthly stroke support | • Number of people attending Living Well Community Education Classes.  
• Number of screenings provided to the community.  
• Number of attendees at support group meetings.  
• Number of events sponsored and dollar amount associated with sponsorship.  
• Number of paid work hours associates spend working with community organizations. | • American Heart Association/American Stroke Association  
• Breathe California  
• Pacific Stroke Foundation  
• Stroke Awareness Foundation |
| Group meetings.  
| • Conduct bimonthly implantable cardioverter-defibrillator (ICD) support group meetings.  
| • Sponsor events that provide education or create awareness.  
| • Have associates who are actively involved with community organizations provide education or create awareness. |
**Cancer** is a health need; Santa Clara County incidence rates for breast, cervical, liver and prostate cancers are higher than benchmarks/state averages. Certain ethnic subgroups experience different incidence and mortality rates. For instance, the overall county liver cancer mortality rate (age adjusted mortality incidence per 100,000) is 6.8, compared with 5.6 for the state, and even worse for county Latinos (9.0) and Asian/Pacific Islanders (11.9). Contributing factors to cancer are health behaviors such as smoking and drinking, and lack of screenings.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Activities</th>
<th>Evaluation Indicators</th>
<th>Key Community Collaborators</th>
</tr>
</thead>
</table>
| To provide education and screenings to individuals in an effort to create awareness, improve early detection and assist those living with cancer. | 1. To educate associates, physicians on the early signs of cancer.  
2. To provide education and resources to targeted populations.  
3. To provide health screenings in the community. | • Present Living Well Community Education Classes on cancer.  
• Conduct hepatitis B screenings.  
• Host bimonthly cancer support group meetings.  
• Sponsor events that provide education or create awareness.  
• Have associates who are actively involved with community organizations provide education or create awareness. | • Number of people attending Living Well Community Education Classes.  
• Number of screenings provided to the community.  
• Number of attendees at support group meetings.  
• Number of events sponsored and dollar amount associated with sponsorship.  
• Number of paid work hours associates spend working with community organizations. | • American Cancer Society  
• Hep B Free Santa Clara County  
• Northern California Neuroendocrine Cancer Fighters |
Access to Health Care Services is a health need in Santa Clara County because socioeconomic conditions (poverty, low levels of education, lack of health insurance) as well as factors such as the size of the health care workforce and linguistic and transportation barriers all affect access to care, which negatively impacts health.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Activities</th>
<th>Evaluation Indicators</th>
<th>Key Community Collaborators</th>
</tr>
</thead>
</table>
| To improve access to health care services. | 1. To provide health care services to all in the community.  
2. To improve the health care workforce.  
3. To provide health education and resources.  
4. To provide health screenings in the community. | ● Provide free radiologic examinations to patients from the San Jose RotaCare Clinic.  
● Operate the Health Benefits Resource Center.  
● Participate in Santa Clara County’s Medical Respite Program so homeless individuals have a place to recover from their acute hospitalization.  
● Refer patients to the New Directions Case Management Program so frequent Emergency Room users have case | ● Number of free radiological exams provided to RotaCare patients.  
● Number of individuals served by the Health Benefits Resource Center.  
● Number of individuals referred to the Medical Respite Program.  
● Number of individuals referred to the New Direction Program.  
● Number of residents trained.  
● Number of clinical students.  
● Number of attendees at Living Well Community Education Classes. | • Hospital Council of Northern & Central California  
• RotaCare Bay Area  
• Stanford University School of Medicine |
management services.
• Sponsor the San Jose-O’Connor Family Medicine Residency Program, which provides clinical training for 24 family medicine residents and 2 sports medicine fellows.
• Be a clinical teaching site for nursing students, radiological technicians, pharmacy students and clinical lab specialists.
• Present Living Well Community Education Classes on a variety of topics in a variety of languages.