2020 – 2022

Implementation Strategy Report

Stanford HEALTH CARE
STANFORD MEDICINE

ValleyCare

ValleyCare Fiscal Years 2020-2022 Implementation Strategy

General Information

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Authorized Governing Body that Adopted the Written Plan:	Finance Committee Stanford Health Care - ValleyCare Board of Directors
Name and EIN of Hospital Organization Operating Hospital Facility:	The Hospital Committee for the Livermore-Pleasanton Areas (dba Stanford Health Care - ValleyCare) EIN 94-1429628
Address of Hospital Organization:	1111 E. Stanley Blvd. Livermore, CA 94550

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I. About Stanford Health Care - ValleyCare

Stanford Health Care - ValleyCare (SHC - VC) has been dedicated to providing high-quality, nonprofit health care to the Tri-Valley and surrounding communities since 1961. Through state-of-the-art technology and highly skilled physicians, nurses, and staff, SHC - VC provides a wide range of health care services at its Livermore, Pleasanton, and Dublin medical facilities. SHC - VC has a total of 242 beds and a medical staff of approximately 500, offering an array of inpatient and outpatient services to the community.

II. Stanford Health Care - ValleyCare's Service Area

SHC - VC's primary service area is the Tri-Valley. The Tri-Valley encompasses the suburban cities of Livermore, Pleasanton, Dublin, and San Ramon in the three valleys from which it takes its name: Amador Valley, Livermore Valley, and San Ramon Valley. Livermore, Pleasanton, and Dublin are in Alameda County, and San Ramon is in Contra Costa County. SHC - VC operates facilities in Pleasanton, Livermore, and Dublin. The Tri-Valley accounts for the majority of SHC - VC's inpatient discharges.

The U.S. Census estimates a population of about 750,000 in the Tri-Valley/Central Contra Costa County (TV/C-CCC).[a] The area is highly diverse: The two largest ethnic subpopulations are White and Asian (60% and 18%, respectively). Foreign-born residents account for 25% of the population in Contra Costa County and 32% of the population in Alameda County.[b]

Two key social determinants, income and education, have a significant impact on health outcomes. The median household income in Alameda County is about $80,000, which is higher than California (about $66,000) but lower than neighboring Contra Costa County ($83,000).[a] Median incomes in Alameda and Contra Costa counties differ at the high and low ends. Nearly 45% of people in Alameda County live in households with incomes of $100,000 or more, compared with about 35% in Contra Costa County. More than 30% of the population in both counties have household incomes below $50,000, and the rest are in the middle, with household incomes between $50,000 and $100,000.[a] By comparison, the 2018 Self-Sufficiency Standard for a two-adult family with two children was about $98,300 in Alameda County and about $102,900 in Contra Costa County.[c]

Despite the fact that over a third of households in each county earn more than $100,000 per year, nearly 6% of TV/C-CCC residents live below the Federal Poverty Level.[b] Nearly 6% of people in the TV/C-CCC are uninsured.[a]

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[a] U.S. Census Bureau. (2016). American Community Survey, 5-Year Estimates, 2012–2016.

[b] U.S. Census Bureau. (2017). American Community Survey, 5-Year Estimates, 2013–2017.

[c] The Insight Center for Community Economic Development. (2018). Self-Sufficiency Standard Tool. Retrieved December 2018 from https://insightcced.org/tools-metrics/self-sufficiency-standard-tool-for-california/

Housing costs are high. In Alameda County, the 2018 median home price was about $881,000, and the median rent was $3,157. In Contra Costa County, the median home price in 2018 was about $624,000, and the median rent was $2,749.[d]

Nearly 6% of adults in the TV/C-CCC do not have a high school diploma.

III. Purpose of Implementation Strategy

This Implementation Strategy (IS) Report describes Stanford Health Care - ValleyCare's planned response to the needs identified through the 2019 Community Health Needs Assessment (CHNA) process. It fulfills Section 1.501(r)-3 of the IRS regulations governing nonprofit hospitals. Subsection (c) pertains to IS specifically, and its requirements include a description of the health needs that the hospital will and will not address. Per these requirements, the following descriptions of the actions (strategies) Stanford Health Care - ValleyCare intends to take include the anticipated impact of the strategies, the resources the hospital facility plans to commit to address the health needs, and any planned collaboration between the hospital facility and other facilities or organizations in addressing the health needs.

For information about Stanford Health Care - ValleyCare's 2019 CHNA process and for a copy of the 2019 CHNA report, please visit https://www.valleycare.com/about-community-benefits.aspx.

IV. List of Community Health Needs Identified in the 2019 CHNA

The 2019 CHNA assessed community health needs by gathering input from persons representing the broad interests of the community. Stanford Health Care - ValleyCare's consultants used this primary qualitative input to determine the community's priorities. In addition, quantitative (statistical) data were analyzed to identify poor health outcomes, health disparities, and health trends. The consultants compiled the statistical data and provided comparisons against Healthy People 2020 (HP2020) benchmarks[e] or, if such benchmarks were not available, statewide averages and rates.

To be considered a health need for the purposes of the 2019 CHNA, the need had to be supported by community input and/or by data from at least two secondary sources, and at least one indicator had to miss a benchmark (HP2020 or state average). The 2019 CHNA identified a total of 11 health needs. The health need prioritization and selection process is described in Section VI of this report.

[d] Zillow, data through November 2018. Retrieved from https://www.zillow.com/contra-costa-county-ca/home-values/

[e] Healthy People (www.healthypeople.gov) is an endeavor of the U.S. Department of Health and Human Services, which has provided 10-year national objectives for improving the health of Americans based on scientific data for 30 years. Healthy People sets objectives or targets for improvement for the nation. The most recent objectives are for the year 2020 (HP2020), and they were updated in 2012 to reflect the most accurate population data available.

1. **Behavioral Health**
2. **Health Care Access and Delivery**
3. **Housing and Homelessness**
4. **Healthy Eating/Active Living, Diabetes, and Obesity**
5. **Heart Disease and Stroke**
6. **Economic Stability**
7. **Community and Family Safety**
8. **Oral/Dental Health**
9. **Cancer**
10. **Climate and Natural Environment**
11. **Transportation and Traffic**

V. Those Involved in the Implementation Strategy Development

The SHC - VC's Community Benefit Advisory Group (CBAG) selected the health needs to address. Actionable Insights, LLC, provided guidance and expertise for this process and conducted research on evidence-based and promising practices for each selected health strategy. Actionable Insights is a consulting firm whose principals have experience conducting CHNAs and providing expertise on IS development and IRS reporting for hospitals.

VI. Health Needs that Stanford Health Care - ValleyCare Plans to Address

A. Process and Criteria Used to Select Health Needs

In February 2019, the CBAG met to review the information collected for the 2019 CHNA. The purpose of the meeting was to prioritize the identified significant health needs and then select the needs SHC - VC would address, which would form the basis for SHC's FY2020-2022 community benefit plan and implementation strategies.

After prioritizing the 11 health needs documented in the 2019 CHNA, the CBAG members used the following criteria to select the health needs SHC - VC would address:

- **Community priority.** The community prioritizes the issue over other issues about which it expressed concern during the CHNA primary data collection process.
- **Opportunity to leverage collaboratives for impact.** Opportunity to collaborate with existing community partnerships working to address the need, or to build on current programs, emerging opportunities, or other community assets.

- **Hospital has expertise and resources to apply.** Hospital can make a meaningful contribution to addressing the need because of its relevant expertise and/or unique assets/resources as a health system and because of an organizational commitment to addressing the need.

The CBAG, by consensus, selected the following three community health needs to address:

1. **Behavioral Health**
2. **Health Care Access and Delivery**
3. **Healthy Eating/Active Living, Diabetes, and Obesity**

For the purposes of this IS, SHC - VC's community benefit team renamed the third need "**Healthy Lifestyles**."

B. Description of Health Needs that SHC - VC Plans to Address

See Appendix B for health needs profiles, which summarize key statistical and qualitative data for each health need described below.

BEHAVIORAL HEALTH

More than half of East Bay focus groups and key informants prioritized behavioral health, including mental health and substance use, as a top health need. Depression and stress were the most common issues raised. Community members identified trauma and adverse childhood experiences (ACEs) as drivers of behavioral health problems. A number of participants described the impact of discrimination and institutionalized racism as generational trauma, which has contributed to inequitable health outcomes.

The Mayo Clinic estimates that in 2015, roughly 20% of the adult U.S. population was coping with a mental illness.[f] Mental health (or emotional and psychological well-being, along with the ability to cope with normal, daily life) is key to personal well-being, healthy relationships, and the ability to function in society.[g] Depression and anxiety can affect one's ability for self-care. Likewise, chronic diseases can lead to negative impacts on an individual's mental health.[h]

The use of substances such as alcohol, tobacco, and legal and illegal drugs affects not only the individuals using them, but also their families and communities. Vaping, or inhaling aerosolized nicotine through an electronic smoking device, is an emerging

[f] Centers for Disease Control and Prevention. (2018). *Learn About Mental Health*.
[g] Office of Disease Prevention and Health Promotion. (2018). *Mental Health and Mental Disorders*.
[h] Lando, J. & Williams, S. (2006). *A Logic Model for the Integration of Mental Health Into Chronic Disease Prevention and Health Promotion in Preventing Chronic Disease.* 2006 Apr; *3*(2): A61.

concern, particularly for youth: More than 20% of high school seniors nationwide report vaping in the past month.[i,j] Nicotine is highly addictive and is known to harm brain development through age 25.[k] Substance use can lead or contribute to other costly social, physical, mental, and public health problems, including domestic violence, child abuse, suicide, car accidents, and HIV/AIDS.[l]

In recent years, advances in research have resulted in a variety of effective evidence-based strategies to treat various addictions. Brain-imaging technology and the development of targeted medications have helped to shift the perspective of the research community with respect to substance use.[m] Increasingly, substance use is seen as a disorder that can develop into a chronic illness requiring lifelong treatment and monitoring.[m]

Focus group participants and key informants across the East Bay discussed the co-occurrence of mental health and substance use. Data suggest that alcohol is an issue in the SHC - VC service area: The proportion of household expenditures for alcohol is significantly higher here than the state average, as is the rate for excessive alcohol consumption. The ratio of liquor stores per capita is slightly higher in the local area than the state average.

Domestic violence has negative impacts on the mental health of victims and their families.[n] Domestic violence hospitalizations are significantly higher in the local area than the state average.

HEALTH CARE ACCESS AND DELIVERY

Limited access to health care, and compromised health care delivery, negatively affects people's quality of life and ability to reach their full potential. Barriers to receiving care include lack of availability, high cost, lack of insurance coverage, and lack of cultural competence on the part of providers. These barriers lead to unmet health needs, delays in receiving appropriate care, and an inability to attain preventive services.

Tri-Valley community members conveyed many concerns about health care access and delivery. Focus group participants and key informants discussed issues related to health insurance access, affordability of care (including deductibles), and the lack of access to specialists (including geriatric care), especially for Medi-Cal patients. Access to behavioral health services was a major concern, particularly the size of the behavioral health workforce, which was deemed insufficient to adequately address demand. Lack of access to oral health services was also identified in the SHC - VC service area. The health

[i] Centers for Disease Control and Prevention. (2019). *Quick Facts on the Risks of E-Cigarettes for Kids, Teens, and Young Adults.*
[j] National Institute on Drug Abuse. (2018). *Teens Using Vaping Devices in Record Numbers.*
[k] Office of the U.S. Surgeon General. (2019). *Know the Risks: E-Cigarettes and Young People.*
[l] World Health Organization. (2018). *Management of Substance Abuse*.
[m] Office of Disease Prevention and Health Promotion. (2018). *Substance Abuse.*
[n] City of Oakland. (2018). *Equity Indicators Report*.

care workforce overall was a topic frequently addressed by professionals, who cited low reimbursement rates for clinicians as a barrier to offering services to Medi-Cal patients.

The community also expressed alarm about barriers to access faced by immigrants who are either ineligible for Medi-Cal due to their immigration status or fearful of being deported if they access services for which they are eligible. With regard to health care delivery, the community identified the need for greater language support, culturally appropriate health care services, and whole-person care. Additionally, experts described the difficulty LGBTQ community members, especially transgender individuals, experience in finding medical professionals sensitive to their needs.

In terms of specialty care, Federally Qualified Health Centers (FQHCs) are the only organizations that receive a higher reimbursement rate for dental services. Statistics show, however, that the ratio of FQHCs to residents is significantly worse in the SHC - VC service area than the state. Further, the percentage of Medicare patients whose diabetes is not well-managed is somewhat worse in the service area than the state. This suggests access and delivery issues with respect to preventive care.

Some access and delivery issues may be associated with inequitable health outcomes. The index of premature death based on ethnicity (i.e., premature death for non-Whites versus Whites) is significantly worse in the SHC - VC service area than the state. More people of "Other"[o] ethnicities are uninsured than any other group locally, followed by Pacific Islanders and Latinx residents. Preventable hospital events were highest for residents of African ancestry, and the rate of diabetes management in the service area is lowest among patients of African ancestry.

HEALTHY LIFESTYLES

The community prioritized healthy eating and active living (including access to food and recreation; food insecurity; nutrition, diet, and fitness), diabetes, and obesity as a health need.

ACCESS TO FOOD AND RECREATION

The U.S. Surgeon General's "Vision for a Healthy and Fit Nation 2010" described how different elements of a community can support residents' healthy lifestyles. The various components of the physical environment, including sidewalks, bike paths, parks, and fitness facilities that are "available, accessible, attractive and safe," all contribute to the extent and type of residents' physical activities.[p] Other community elements that support healthy lifestyles include local stores with fresh produce. Residents are more likely to experience food insecurity in communities where fewer supermarkets exist, grocery stores are farther away, and there are limited transportation/transit options.[q]

[o] "Other" is a U.S. Census category for ethnicities not specifically called out in data sets.
[p] Centers for Disease Control and Prevention. (2009). *Healthy Places*.
[q] U.S. Department of Health and Human Services, Healthy People 2020. (2018). *Food Insecurity.*

The Centers for Disease Control and Prevention (CDC) recommends policies and environments that support behaviors aimed at achieving and maintaining healthy weight in settings such as workplaces, educational institutions, health care facilities, and communities.[r] For example, the availability of healthy and affordable food in retail and cafeteria-style settings allows individuals to make better food choices throughout the day. Otherwise, people may settle for caloric foods of low nutritional value.[s]

Public health experts in Alameda County identified the lack of access to recreation and healthy food in certain areas (or "food deserts") as drivers of poor community health. With regard to recreation, focus group participants cited a lack of safe public spaces and community centers where residents can engage in recreational activities and exercise. Some neighborhoods have parks, but many of them are not being used because residents fear becoming victims of crime. Some parks lack appropriate exercise equipment; others offer no programs to encourage or teach residents to exercise. Parents specifically mentioned the lack of free exercise and sports programs as a barrier to physical activity for children.

With regard to the food supply, residents described difficulty accessing grocery stores that carry fresh food, the abundance of fast food restaurants, and their dismay with the unhealthy food served at schools and provided by food banks. Local access to healthy food stores is significantly lower than the state average; service area residents have significantly less access to grocery stores and supermarkets than the average California resident. Finally, the ratio of fast food restaurants to residents is higher locally than the state average.

FOOD INSECURITY

Food insecurity is defined as the "lack of consistent access to enough food for an active, healthy life."[t] Hunger and food insecurity are related but distinct concepts; hunger is the physical discomfort related to "prolonged, involuntary lack of food," while food insecurity refers to a "lack of available financial resources for food at the household level."[u, v] Measurements of various levels of food insecurity, from marginal to low or very low, include anxiety about food insufficiency, household food shortages, reduced "quality, variety, or desirability" of food, diminished nutritive intake, and "disrupted eating patterns."[v] In 2017, approximately one in eight Americans experienced food insecurity, of which more than one third were children.[u]

Individuals who are food-insecure may be more likely to experience various poor health outcomes/health disparities, including obesity. Children who experience food insecurity are also at greater risk for developmental complications and/or delays compared with children who are food-secure. Food insecurity may have a detrimental impact on children's mental health.[q]

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[r] U.S. Department of Health and Human Services, Healthy People 2020. (2015). *Nutrition and Weight Status*.
[s] Centers for Disease Control and Prevention. (2015). *Healthy Food Environments*.
[t] U.S. Department of Agriculture, Economic Research Service. (2018). *Food Security in the U.S.*
[u] Feeding America. (2018). *What Is Food Insecurity?*
[v] U.S. Department of Agriculture, Economic Research Service. (2018). *Definitions of Food Security.*

Community members specifically mentioned food insecurity, and they often expressed a perception that healthy food is more expensive than fast food and packaged foods. Nearly half (47%) of the population in SHC - VC's service area lives in a Census tract identified as a food desert (meaning a "substantial" share of residents has low access to a supermarket or grocery store); this compares with 27% statewide.

Ethnic disparities in food insecurity are evidenced by the differential statistics regarding SNAP benefits, with Pacific Islander, Native American, and "Other" households accessing those benefits at rates higher than the state average and higher than the rates for other ethnic groups in the service area.

NUTRITION, DIET, AND FITNESS

The benefits of maintaining fitness and a healthy, nutritious diet are commonly known and well-documented, yet most people in the U.S. do not follow the recommended healthy food and exercise guidelines.

The community connected healthy eating and active living to good mental health. However, residents noted that the convenience and relatively low cost of fast food and unhealthy grocery items makes buying and preparing fresh food less likely for busy families. Experts discussed the fact that few people walk or bike to work because they have long commutes. In fact, workers from the SHC - VC service area have significantly longer commutes than the state average, driving over 60 minutes each way. This can affect the time they have available for physical activity and healthy cooking/eating. (See also Access to Food and Recreation.)

Residents talked about the lack of motivation and time to exercise, the expense of gym memberships and sports or exercise programs, and the inconvenient scheduling of exercise classes. Regarding physical activity, the community identified the increased use of screens (including video games) among youth as a driver of sedentary lifestyles. The community frequently mentioned the Latinx population as one of particular concern. Latinx youth have the highest levels of physical inactivity in the SHC - VC service area. Specifically, a significantly smaller proportion of children and youth walk or bike to school than the state average. Local children 2 to 13 years old also consume significantly fewer fruits and vegetables than the state average for their age group.

DIABETES

The CDC estimates that 30 million people in the U.S. have diabetes, and that an additional 84 million U.S. adults are pre-diabetic. The more serious health complications of diabetes include heart disease, stroke, kidney failure, adult-onset blindness, and lower-extremity amputations.[w] Nine of 10 diagnosed cases of diabetes are Type 2. Risk factors for Type 2 diabetes include being physically inactive, being overweight, being age 45 or older, having a close family member with Type 2 diabetes, and having pre-diabetes.

[w] Centers for Disease Control and Prevention. (2018). *Diabetes Quick Facts.*

Additionally, certain ethnic groups (African ancestry, Latinx, Native American, Pacific Islanders, and some Asian groups) are at a higher risk.[w]

The rate of diabetes management in the SHC - VC service area is somewhat lower than the state average—and lowest among patients of African ancestry. Most feedback from the community (focus group participants and key informants) identified the need for more public health education to increase healthy eating and active living, which would help prevent obesity, diabetes, high blood pressure, and other chronic diseases. Culturally appropriate health education may be lacking.

OBESITY

Nearly one in five children and nearly two in five adults in the U.S. are obese.[x] Being obese or overweight increases an individual's risk for diabetes, hypertension, stroke, and cardiovascular disease. Obesity can also contribute to poor mental health (anxiety, depression, low self-esteem), stigma, and social isolation. Among children and youth, obesity can also increase the likelihood of bullying.[y] Further, food insecurity and obesity often co-exist because "both are consequences of economic and social disadvantage."[z] Most focus group and key informant feedback pointed to the need for more community health education to increase healthy eating and active living, which would help prevent obesity and other chronic conditions. Culturally appropriate health education may be lacking, according to participants. Parents specifically discussed having difficulty encouraging their children to engage in healthy eating and active living practices to lose weight.

The proportion of the local adult population that is overweight is significantly higher compared to the state proportion. Locally, obesity is highest among Latinx youth and among African Ancestry adults.

VII. Stanford Health Care - ValleyCare's Implementation Strategy

This plan represents a continuation of a multi-year strategic investment in community health. SHC - VC believes that long-term funding of proven community partners yields greater success than short-term investments 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 2019 CHNA process.

[x] Centers for Disease Control and Prevention. (2018). *Overweight and Obesity*.
[y] Mayo Clinic. (2018). *Obesity*.
[z] Food Research and Action Center. (2015). *Food Insecurity and Obesity*.

A. Health Care Access and Delivery

Long-Term Goal: Increase the proportion of Tri-Valley residents who have access to appropriate health care services.

Goal	Strategies	Anticipated Impact
Intermediate Goal A.1: Improve access to quality primary and specialty care and preventive health care services for at-risk community members.	Allocate resources to support: ▪ Participation in government-sponsored programs for low-income individuals (i.e., Medi-Cal Managed Care). ▪ Provision of Charity Care to ensure low-income individuals obtain needed medical services. Provide support for efforts such as: ▪ Providing information and opportunities for students to learn more about health care professions. ▪ Providing the setting (i.e., hospital) for students, interns, and other health professionals to be trained to provide health care. ▪ The Resource Center is accessible to all community members free of charge. ▪ Providing medical supplies, first aid services, and/or athletic training at local community events. ▪ Providing free TB screenings and imaging services at ValleyCare Urgent Care to incoming residents of local homeless shelters. ▪ Supporting wellness strategies such as health fairs. ▪ Educational events and classes open to the public on health topics such as asthma self-management, breast cancer, breastfeeding, CPR, diabetes self-management, and stroke awareness and prevention.	▪ Increased access to health care and health care services. ▪ Increased health care workforce pipeline.

B. Behavioral Health

Long-Term Goal: Improve behavioral health among residents in the Tri-Valley.

Goal	Strategies	Anticipated Impact
Intermediate Goal B.1: Improve mental health and well-being among residents.	Participate in collaboration and partnerships to address mental health in the community such as: ▪ Partnering with behavioral health services organizations or similar collaborations on efforts to address behavioral health.	▪ Increased access to health care and health care services. ▪ Increased health care workforce pipeline.
Intermediate Goal B.2: Improve residents' access to coordinated mental health care.	Provide support for efforts such as: ▪ Supporting coordination of behavioral health care and physical health care, such as co-location of services (e.g., Axis Community Health). ▪ Assessment and referral to behavioral health and social non-medical services for vulnerable reentry populations. ▪ Screening and referral for behavioral health issues among older adults.	▪ Among providers, increased knowledge of the importance of and approaches for routine screening and diagnosis of depression and related disorders. ▪ Improved clinical and community support for active patient engagement in treatment goal-setting and self-management. ▪ Improved access to mental health services among community members.

C. Healthy Lifestyles

Long-Term Goal: Increase healthy living among children, youth, and adults in the Tri-Valley.

Goal	Strategies	Anticipated Impact
Intermediate Goal C.1: Increase healthy eating and active living among children, youth, and adults in the Tri-Valley area.	Provide support for efforts such as: ▪ Assisting schools in implementing guidelines for promoting healthy eating and physical activity. ▪ In-kind support of community health workers for health education, and as outreach, enrollment, and information agents to increase healthy behaviors. ▪ Strategies to increase fruit and vegetable consumption. ▪ Programs of education and support for healthy lifestyles across various populations (e.g., older adults, new mothers). Participate in collaboration and partnerships to promote healthy eating and/or active living such as: ▪ Health fairs for screening and education.	▪ Increased knowledge about healthy behaviors. ▪ Increased access to physical activity. ▪ Increased access to healthy foods. ▪ Increased physical activity. ▪ Increased consumption of healthy foods. ▪ Reduced time spent on sedentary activities. ▪ Reduced consumption of unhealthy foods. ▪ More policies/practices that support increased physical activity and improved access to healthy foods.

VIII. Evaluation Plans

As part of SHC - VC's ongoing community health improvement efforts, SHC - VC partners with local safety net providers and community-based nonprofit organizations to fund programs and projects that address health needs identified through its triennial CHNA. Community partnership grant funding supports organizations and programs with a demonstrated ability to improve the health status of the selected health needs through data-driven solutions and results. Grantees are asked to explain the data and/or information that justifies the need for and effectiveness of the proposed program strategies.

SHC - VC will monitor and evaluate the strategies described above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor activities will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served. In addition, SHC - VC will require grantees to track and report outcomes/impact, including behavioral and physical health outcomes as appropriate.

IX. Health Needs that Stanford Health Care - ValleyCare Does Not Plan to Address

As described in Section VI(A) of this report, the CBAG was careful to recommend a set of health needs to address that could make an impact in the community. The remaining health needs did not meet the criteria to the same extent as the chosen needs did; therefore, SHC - VC does not plan to address them at this time.

- **Cancer:** SHC - VC is better positioned to address drivers of this need via strategies related to healthy lifestyles, and education about this need via health care access and delivery strategies. Additionally, cancer was not a high priority of the community (i.e., the prioritization score was lower) compared to other needs.
- **Climate and Natural Environment:** This topic is outside of SHC - VC's core competencies (i.e., SHC - VC has little expertise in this area) and the facility feels it cannot make a significant impact on this need through community benefit investment. Also, this need was of lower priority to the community than the needs that SHC - VC selected.
- **Community and Family Safety:** This need was of lower priority to the community than the needs that SHC - VC selected. While SHC - VC lacks expertise to address this health need, behavioral health issues such as substance abuse, stress, and anxiety have been shown to be drivers of violence. SHC - VC believes that strategies intended to address the community's behavioral health need have the potential to increase community and family safety as well.
- **Economic Stability:** Many other local community-based organizations support vulnerable populations who lack economic stability. Despite the lack of sufficient

expertise and resources to address this need fully, SHC - VC serves the low-income community through Charity Care and other health care access and delivery strategies. By increasing nutritious food access as a strategy related to healthy lifestyles, one of the key indicators of economic instability in the Tri-Valley area, food insecurity, may be addressed indirectly.

- **Heart Disease and Stroke:** This need was of lower priority to the community than the needs that SHC - VC selected. Moreover, SHC - VC is better positioned to address drivers of this need via strategies related to education about healthy lifestyles and health care access and delivery.
- **Housing and Homelessness:** This topic is outside of SHC - VC's core competencies and the facility feels it cannot make a significant impact on this need through community benefit investment. However, SHC - VC serves individuals experiencing homelessness through Charity Care and other health care access and delivery strategies.
- **Oral/Dental Health:** This need was of lower priority to the community than the needs that SHC - VC selected. SHC - VC is better positioned to address this need through health care access and delivery strategies.
- **Transportation and Traffic:** Transportation and traffic was not a high priority of the community (i.e., the prioritization score was lower) compared to other needs. Also, this topic is outside of SHC - VC's core competencies (i.e., SHC - VC has little expertise in this area).

Appendix A: Implementation Strategy Report IRS Checklist

Section §1.501(r)(3)(c) of the Internal Revenue Service code describes the requirements of the IS Report.

Federal Requirements Checklist	Regulation Subsection Number	Report Section
The IS is a written plan that includes:		
(2) Description of **how the hospital facility plans to address** the health needs selected, including:	(c)(2)	VII
Actions the hospital facility intends to take and the anticipated impact of these actions;	(c)(2)(i)	VII
Resources the hospital facility plans to commit; and	(c)(2)(ii)	VII
Any planned collaboration between the hospital facility and other facilities or organizations in addressing the health need.	(c)(2)(iii)	N/A
(3) Description of why a hospital facility is **not addressing** a significant health need identified in the CHNA. *Note: A "brief explanation" is sufficient. Such reasons may include resource constraints, other organizations are addressing the need, or a relative lack of expertise to effectively address the need.*	(c)(3)	IX
(4) For those hospital facilities that adopted a joint CHNA report, a **joint IS** may be adopted that meets the requirements above. In addition, the joint IS must:	(c)(4)	N/A
Be clearly identified as applying to the hospital facility;	(c)(4)(i)	N/A
Clearly identify the hospital facility's particular role and responsibilities in taking the actions described in the IS and the resources the hospital facility plans to commit to such actions; and	(c)(4)(ii)	N/A
Include a summary or other tool that helps the reader easily locate those portions of the strategy that relate to the hospital facility.	(c)(4)(iii)	N/A
(5) An authorized body **adopts the IS** on or before January 15, 2020, which is the 15th day of the fifth month after the end of the taxable year in which the CHNA was conducted and completed, regardless of whether the hospital facility began working on the CHNA in a prior taxable year.	(c)(5)	General Information
Exceptions: This hospital does not qualify for any exception described in Section (D) for acquired, new, transferred, and terminated facilities.	(d)	N/A
Transition Rule: This hospital conducted its first CHNA in fiscal year 2013 (and not in either of the first two years beginning after March 23, 2010). Therefore, the transition rule does not apply to this hospital facility.	(e)	N/A

Appendix B: Health Needs Profiles

Health needs profiles summarize key statistical and qualitative data related to each need. The following pages contain profiles for the health needs that Stanford Health Care - ValleyCare plans to address:

1. **Behavioral Health**
2. **Health Care Access and Delivery**
3. **Healthy Lifestyles**

Behavioral Health

What's the issue?

Roughly 20% of adults, more than 25% of young adults (ages 18–25), and 50% of adolescents (ages 13–15) in the United States are coping with a mental illness or disorder.[1, 2] Mental health — defined as emotional and psychological well-being, along with the ability to cope with everyday life — is key to a person's overall wellness and ability to have healthy relationships and function in society.[3] Depression and anxiety can affect one's ability for self-care. Likewise, chronic diseases can negatively impact an individual's mental health.[4]

The use of substances such as alcohol, tobacco, and legal and illegal drugs affects not only the individuals who use them, but also their families and communities. Vaping, or inhaling aerosolized nicotine through an electronic smoking device, is an emerging concern, particularly for youth: More than 20% of high school seniors nationwide report vaping in the past month.[5, 6] Nicotine is highly addictive and is known to harm brain development through age 25.[7] In general, the use of substances can lead or contribute to other social, physical, mental, and public health problems, including domestic violence, child abuse, suicide, and car accidents.[8]

What does the data show?

Alcohol is an issue in the Stanford Health Care - ValleyCare ("ValleyCare") service area.[9] The proportion of household expenditures for alcohol is significantly higher locally than the state average, as is the rate of binge drinking (see table). The ratio of liquor stores per capita is somewhat higher in the service area than the state average. While data are still being gathered locally, e-cigarette use among teens is a concern in Alameda County.[10]

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Liquor Store Access (per 100,000 people)	**10.7**	**11.1**
Alcohol Expenditures (% of all household expenditures)	**13%**	**15%**
Excessive Alcohol Consumption, Adults (age 18+)	**17%**	**20%**
Currently Use E-Cigarettes, High Schoolers	**11%**	**12%***

* Alameda County data / SOURCES: Stores: U.S. Census Bureau, County Business Patterns, 2016. Expenditures: Nielsen, 2014. Consumption: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006–2012. E-Cigs: Zhu, S-H., et al., 2019. *Results of the Statewide 2017–2018 California Student Tobacco Survey.* Center for Research and Intervention in Tobacco Control (CRITC), UC San Diego.

Throughout the Bay Area, nearly **15%** of high schoolers in "priority populations" currently use e-cigarettes, compared to 11% of their peers statewide.[11] In Alameda County, Latinx and Pacific

[1] National Institute of Mental Health. (2019). *Mental Illness*.
[2] Centers for Disease Control and Prevention. (2018). *Learn About Mental Health*.
[3] Office of Disease Prevention and Health Promotion. (2018). *Mental Health and Mental Disorders*.
[4] Lando, J. & Williams, S. (2006). *A Logic Model for the Integration of Mental Health Into Chronic Disease Prevention and Health Promotion in Preventing Chronic Disease.* 2006 Apr; *3*(2): A61.
[5] Centers for Disease Control and Prevention. (2019). *Quick Facts on the Risks of E-Cigarettes for Kids, Teens, and Young Adults.*
[6] National Institute on Drug Abuse. (2018). *Teens Using Vaping Devices in Record Numbers.*
[7] Office of the U.S. Surgeon General. (2019). *Know the Risks: E-Cigarettes and Young People.*
[8] World Health Organization. (2018). *Management of Substance Abuse*.
[9] ValleyCare serves the cities of Livermore, Pleasanton, Dublin, and San Ramon in Alameda and Contra Costa counties.
[10] Fewer than half of high school students surveyed by Pleasanton Unified School District perceive great harm in regularly using e-cigarettes. Nearly one third (30%) of 11th graders said they've tried a vaping device. Pleasanton Unified School District. (2019).
[11] The Bay Area represents Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, and Solano counties. "Priority" populations are considered to be African American/Black, Asian/Pacific Islander, Hispanic/Latinx, and LGBTQ. California Department of Public Health, Tobacco Control Program. *Results of the Statewide 2017–2018 California Student Tobacco Survey.* Zhu et al. (2019).

Islander youth (**13%**) are the most likely to have used e-cigarettes (see table).

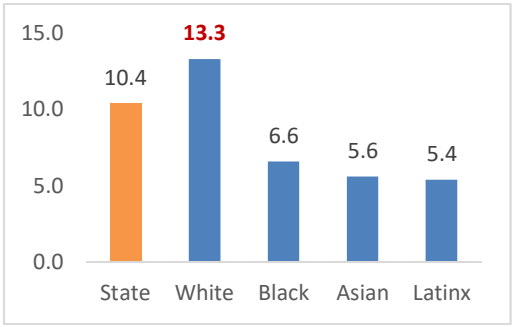
HEALTH NEED INDICATOR	ASIAN	BLACK	LATINX	MULTI-ETHNIC	NATIVE AMER.	OTHER	PACIFIC ISL.	WHITE
E-Cigarette Use, Youth (past year)*	5%	7%	13%	8%	12%	7%	13%	7%

* Alameda County. Values highlighted in red are above the median. / SOURCE: CHKS, California Department of Education, 2013–2015.

The community's input (see next section) was key to understanding mental health needs in the ValleyCare service area, and local suicide statistics suggest that ethnic disparities exist in treatment and intervention (see chart). Domestic violence hospitalizations are also significantly higher in the service area (**6.1** per 100,000 females ages 10 and older) than they are statewide (4.9 per 100,000). Like substance use, domestic violence can negatively affect the mental health of victims and their families.[12]

THE SUICIDE RATE AMONG WHITES IS MORE THAN DOUBLE THE RATE OF OTHER ETHNICITIES.

Suicide rates, ValleyCare service area



SOURCE: National Vital Statistics System, 2011–2015.

What does the community say?

Local experts and residents who participated in the 2019 Community Health Needs Assessment (CHNA) identified behavioral health as a high priority. Focus group and interview participants discussed the co-occurrence of mental health issues and substance use. Depression and stress were the most common issues raised, and adverse childhood experiences and other traumas were cited as drivers of behavioral health problems. Numerous participants described the impacts of discrimination and institutionalized racism as generational traumas that contribute to inequitable health outcomes.

Commitment to community health

ValleyCare collaborated with 13 other hospitals in Alameda and Contra Costa counties on the 2019 Community Health Needs Assessment. Based on the statistics and community input collected, behavioral health emerged as a top health need.

With findings from the CHNA, ValleyCare developed a 2020–2022 Implementation Strategy, which will help determine the investments the hospital makes in the community, including programming and partnerships. Over the next three years, ValleyCare will work to improve behavioral health among residents in the Tri-Valley. Strategies include supporting screening and referral for behavioral health services among vulnerable populations. ValleyCare also will strive to improve residents' access to coordinated mental health care by supporting efforts at co-location of behavioral and physical health care services. The anticipated impacts include greater collaboration and coordination among mental health service providers and greater access to behavioral health care. Results will be measured and reported in the next CHNA.

ValleyCare's CHNA and Implementation Strategy reports are available publicly on its website. Comments are welcome and encouraged.

[12] U.S. Department of Health & Human Services, Office on Women's Health. (2019). *Effects of Violence Against Women*.

Health Care Access & Delivery

What's the issue?

Access to comprehensive, quality health care is important for improving health and increasing the quality of life.[1] For most people, access to care means having insurance coverage, being able to find an available primary or specialty care provider nearby, and receiving timely delivery of care. Delivery of care involves the quality, transparency, and cultural competence/humility with which services are rendered. Limited access to care and compromised delivery affect people's ability to reach their full potential, diminishing their quality of life. As reflected in statistical and qualitative data, barriers to receiving quality care include high cost, lack of availability, lack of insurance coverage, and lack of cultural competence on the part of providers. These barriers to accessing health services lead to an inability to obtain preventive services, delays in receiving appropriate care, and unmet health needs.

What does the data show?

Most low-income households in California receive care at Federally Qualified Health Centers (FQHCs), which are mandated to provide services to people who are uninsured or underinsured. Statistics show, however, that the ratio of FQHCs to residents in the Stanford Health Care - ValleyCare ("ValleyCare") service area[2] is significantly worse than the state (see table).

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Federally Qualified Health Centers	**2.7**	**1.5**
Premature Death, Ethnic Disparity Index	**36.8**	**48.0***

The premature death ethnic disparity index ranges from 0 to 1,000. The higher the index number, the more disparate the proportions of premature deaths of non-Whites compared to Whites. *This statistic is for Tri-Valley/Central Contra Costa County, which includes the city of Walnut Creek. / SOURCES: FQHCs: Medicare and Medicaid Provider of Services File, 2018. Premature Death Disparity: National Vital Statistics System, 2004—2010.

Barriers to health care access and delivery can affect medical outcomes for conditions that could otherwise be controlled through preventive care and proper management. For example, gonorrhea is a sexually transmitted infection that can be prevented by the use of condoms and other safe-sex precautions, but the incidence rate in the ValleyCare service area (**173.6** per 100,0000) is significantly higher than the state rate (164.9).[3] Dental care is another concern: A smaller proportion of children ages 2–11 in San Ramon (**85.6%**) had a recent dental exam than the state average (86.9%).[4] Note that a new FQHC-based dental clinic has recently opened in Dublin, which reduces some barriers to dental care access in the Tri-Valley.

Some access and delivery issues may be associated with inequitable health outcomes. The index of premature death based on ethnicity (i.e., premature death for non-Whites vs. Whites) is significantly worse in the Tri-Valley/Central Contra Costa County (TV/C-CCC)[5] than the state average. More people of "Other" ethnicities[6] are uninsured than any other group in the service area, followed by Pacific Islanders and Latinx residents (see chart, next page). Several access-related statistics are worse for the Black population of the TV/C-CCC than the White population,

[1] Office of Disease Prevention and Health Promotion. (2015). http://www.healthypeople.gov
[2] ValleyCare serves the cities of Livermore, Pleasanton, Dublin, and San Ramon in Alameda and Contra Costa counties.
[3] Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. (2016).
[4] California Health Interview Survey. (2014). Additional analysis by Community Commons.
[5] TV/C-CCC statistics include residents of communities adjacent to the ValleyCare service area, such as the city of Walnut Creek.
[6] "Other" is a U.S. Census category for ethnicities not specifically called out in data sets.

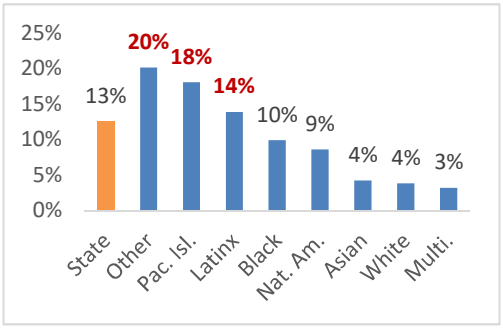
including the rate of preventable hospital events, the percentage of Medicare beneficiaries managing diabetes well, and the percentage of female Medicare beneficiaries screened for breast cancer. The breast cancer incidence rate in the ValleyCare service area (**123.7** per 100,000 women) is slightly higher than the state rate (121.5 per 100,000 women).

HEALTH NEED INDICATOR	STATE AVERAGE	BLACK TV/C-CCC	WHITE TV/C-CCC
Preventable Hospital Events (per 1,000 people)	**35.9**	**50.4**	**32.1**
Diabetes Management, Medicare Beneficiaries	**82%**	**74%**	**83%**
Breast Cancer Screening (Mammogram), Medicare Beneficiaries	**60%**	**56%**	**64%**

SOURCE: All indicators: Dartmouth Atlas of Health Care, 2015.

POPULATIONS ARE UNINSURED AT DISPARATE RATES.

Uninsured populations, Tri-Valley/ Central Contra Costa County



SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

What does the community say?

Local experts and residents who participated in the 2019 Community Health Needs Assessment (CHNA) conveyed many concerns about health care access and delivery. In focus groups and interviews, they discussed issues related to health insurance and affordability of care (including deductibles) as well as a shortage of providers (demonstrated by a lack of access to dentists and other specialists, especially for Medi-Cal patients). Access to behavioral health services was a major concern, particularly the size of the behavioral health care workforce, which was deemed insufficient to adequately address demand. The overall health care workforce came up frequently among professionals, who cited low reimbursement rates for clinicians as a barrier to offering services to Medi-Cal patients.

The community also expressed alarm about barriers to access faced by immigrants who are either ineligible for Medi-Cal due to their immigration status or fearful of being deported if they access services for which they are eligible. In regard to health care delivery, CHNA participants called for greater language support, culturally appropriate services, and whole-person care. Experts described the difficulty LGBTQ patients, especially transgender individuals, experience in finding clinicians sensitive to their needs. These issues highlight the need for increased pipeline diversity and workforce development (i.e., training, recruiting, and hiring practices).

Commitment to community health

ValleyCare collaborated with 13 other hospitals in Alameda and Contra Costa counties on the 2019 Community Health Needs Assessment. Based on the statistics and community input collected, health care access and delivery emerged as a top health need.

With findings from the CHNA, ValleyCare developed a 2020–2022 Implementation Strategy, which will help determine the investments the hospital makes in the community, including programming and partnerships. Over the next three years, ValleyCare will work to increase the proportion of Tri-Valley residents who have access to appropriate health care services. Strategies include supporting the efforts of FQHCs and continuing to provide charity care and care to uncompensated Medi-Care and Medi-Cal patients. ValleyCare will also actively work to ensure the future supply of qualified health care providers through training. The anticipated impacts range from greater access to preventative medicine to fewer unnecessary emergency department visits. Results will be measured and reported in the next CHNA.

ValleyCare's CHNA and Implementation Strategy reports are available publicly on its website. Comments are welcome and encouraged.

Healthy Lifestyles

What's the issue?

Nearly two in five adults and one in five children in the U.S. are obese.[1] Being obese or overweight raises the risk for diabetes, stroke, and other leading causes of preventable death.[2] Obesity also can contribute to poor mental health and social isolation.[1,3] Risk factors of obesity include an unhealthy diet, a sedentary lifestyle, and poor socioeconomic circumstances. Getting regular exercise can reduce the risk of obesity and type 2 diabetes as well as other physical issues. It can also help strengthen the body and promote a longer life.[4, 5] Similarly, maintaining a healthy diet can help prevent high cholesterol and lower the risks of obesity and other health issues.[6] For children, a nutritious diet contributes to physical growth and cognitive function.[7]

A community's physical environment — sidewalks, bike paths, parks, fitness facilities that are "available, accessible, attractive and safe" — contributes to the extent and type of physical activities its residents engage in.[8] Similarly, local stores with fresh produce support healthy eating. Residents are more likely to experience food insecurity in areas where grocery stores are fewer and farther away and transportation options are limited.[9]

What does the data show?

The local food environment is not optimal. The Stanford Health Care - ValleyCare ("ValleyCare") service area[10] has more fast food restaurants, fewer food stores that accept SNAP (formerly known as food stamps), and lower access to healthy food stores than state averages (see table). Perhaps as a result, a smaller proportion of children eat adequate amounts of fruits and vegetables, and a greater percentage of adults are overweight than the state benchmarks.

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Adequate Fruit/Vegetable Consumption, Children (ages 2–13)	**53%**	**47%**
Fast Food Restaurants (per 100,000 people)	**80.5**	**86.5**
Low Access to Healthy Food Stores	**13%**	**21%**
SNAP-Authorized Food Stores (per 100,000 people)	**6.5**	**3.8**
Live Near Public Transit Stop (within 0.5 miles)	**16%**	**11%**
Diabetes Well-Managed (Medicare beneficiaries)	**82%**	**81%**
Overweight, Adults	**36%**	**38%**

SOURCES: Fruit: CHIS, 2011–2012. Fast Food: U.S. Census Bureau, County Business Patterns, 2016. Low Food Access: USDA Food Access Research Atlas, 2015. SNAP Stores: USDA SNAP Retailer Locator, 2019. Transit: EPA Smart Location Database, 2013. Commute: U.S. Census Bureau, American Community Survey, 2013–2017. Diabetes: Dartmouth Atlas of Health Care, 2015. Overweight: Centers for Disease Control and Prevention, BRFSS, 2011–2012.

In the Tri-Valley/Central Contra Costa County (TV/C-CCC), **44%** of workers spend more than an hour each way commuting, compared to the state average (39%).[11] This may increase the

[1] Centers for Disease Control and Prevention. (2018). *Overweight and Obesity*.
[2] Centers for Disease Control and Prevention. (2016). *Childhood Obesity Causes and Consequences*. See also: Centers for Disease Control and Prevention. (2018). *Adult Obesity Causes and Consequences*.
[3] Feeding America. (2018). *What Is Food Insecurity?*
[4] The Mayo Clinic. (2016). *Exercise: 7 Benefits of Regular Physical Activity.*
[5] Harvard Health Publishing. (2013). *Balance Training Seems to Prevent Falls, Injuries in Seniors.*
[6] United States Department of Agriculture. (2016). *Why Is It Important to Eat Vegetables?*
[7] World Health Organization. (2018). *Early Child Development – Nutrition and the Early Years.*
[8] Centers for Disease Control and Prevention. (2009). *Healthy Places.*
[9] Healthy People 2020. (2018). *Food Insecurity.*
[10] ValleyCare serves the cities of Livermore, Pleasanton, Dublin, and San Ramon in Alameda and Contra Costa counties.
[11] TV/C-CCC statistics include residents of communities adjacent to ValleyCare service area, such as the city of Walnut Creek.

amount of time workers are sedentary. TV/C-CCC residents also have a significantly higher rate of stroke mortality (**39.0** per 100,000 people, age-adjusted) than the state overall (35.4).

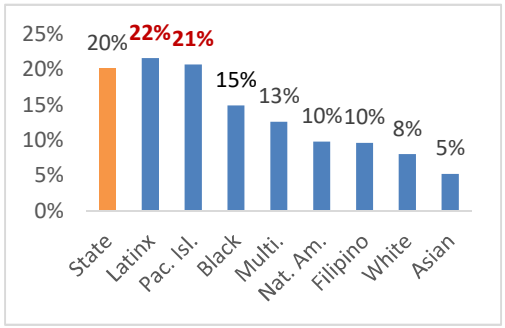
HEALTH NEED INDICATOR	STATE AVERAGE	ASIAN	BLACK	FILIPINO	LATINX	MULTI-ETHNIC	NATIVE AMERICAN	PACIFIC ISLANDER	WHITE
Youth Physical Inactivity	38%	15%	33%	22%	36%	27%	25%	30%	18%

SOURCE: California Department of Education, Fitnessgram Physical Fitness Testing, 2016–2017.

Ethnic disparities exist in the ValleyCare service area: Black residents are the most likely to die of a stroke (**53.2** per 100,000 people) or heart disease (**103.6** per 100,000, age-adjusted) than residents of other ethnicities. Black adults are also the most likely to be obese (**33%**). Among youth, Latinxs and Pacific Islanders have the highest obesity rates (see chart); Latinxs are also the most likely to be physically inactive (see table). In terms of food insecurity (associated with obesity), Pacific Islanders are the most affected (**20%**) among ethnic groups, based on their use of SNAP benefits.

LATINX YOUTH HAVE THE HIGHEST LEVELS OF OBESITY.

Youth obesity in the Tri-Valley/Central Contra Costa County[10]



SOURCE: California Department of Education, Fitnessgram Physical Fitness Testing. 2016–2017.

What does the community say?

Local experts and residents who participated in the 2019 Community Health Needs Assessment (CHNA) expressed specific concerns about food insecurity. Many attributed the problem to the common perception that healthy food is more expensive than other options. They indicated that the convenience and relatively low cost of fast food and pre-packaged items makes buying and preparing fresh food less likely for busy families. Residents talked about the lack of motivation and time to exercise, as well as the expense and inconvenient scheduling of such programs. The increased use of screens among youth was also identified as a driver of sedentary lifestyles. Parents specifically discussed having difficulty encouraging their children to exercise in order to lose weight. Concerns about obesity in the Latinx population came up frequently. Most community feedback identified a need for more public health education to increase healthy eating and active living, which would help prevent obesity, diabetes, and other chronic diseases. Culturally appropriate health education may be lacking.

Commitment to community health

ValleyCare collaborated with 13 other hospitals in Alameda and Contra Costa counties on the 2019 Community Health Needs Assessment. Based on the statistics and community input collected, healthy lifestyles emerged as a top health need.

With findings from the CHNA, ValleyCare developed a 2020–2022 Implementation Strategy, which will help determine the investments the hospital makes in the community, including programming and partnerships. Over the next three years, ValleyCare will work to increase healthy lifestyles among residents in the Tri-Valley. Strategies include expanding access to health education and supporting healthy eating and physical activity in public schools. The anticipated impacts include increases in physical activity and healthy food consumption. Results will be measured and reported in the next CHNA.

ValleyCare's CHNA and Implementation Strategy reports are available publicly on its website. Comments are welcome and encouraged.