STANFORD HEALTH CARE
TRI-VALLEY

2022 Community Benefit Report

2023 Community Benefit Plan

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Stanford MEDICINE | Health Care *Tri-Valley*

Mission Statement

For the benefit of our patients and the community we serve, our mission is

To Care

To Educate

To Discover

Vision Statement

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

Stanford Health Care Tri-Valley: Fiscal Year 2022 Community Benefit Report

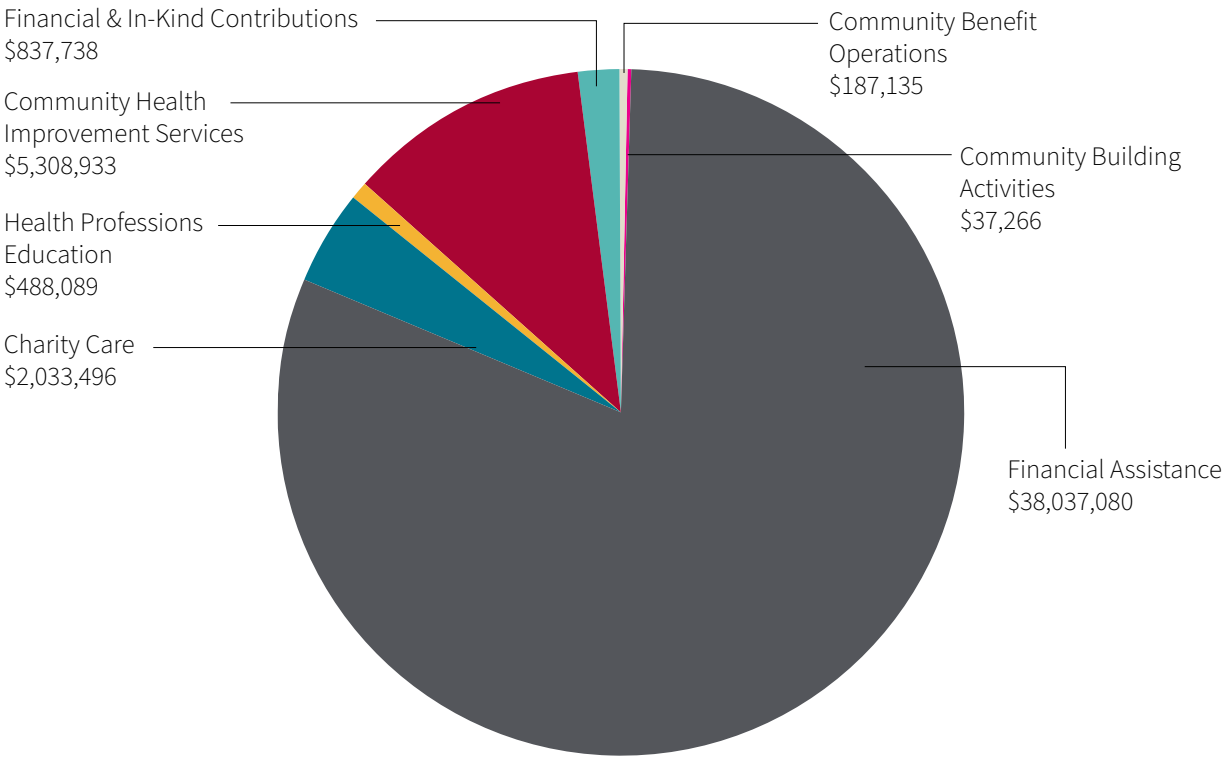
I. INTRODUCTION

Stanford Health Care Tri-Valley (SHC Tri-Valley) has been dedicated to providing high-quality, nonprofit health care to the Tri-Valley and surrounding communities since 1961. It seeks to heal humanity through science and compassion one patient at a time. Its mission is to care, to educate and to discover. SHC Tri-Valley delivers clinical innovation across its medical facilities. SHC Tri-Valley also maintains a strong commitment to the health of its community members and dedicates considerable resources to support its community benefit program.

II. TOTAL QUANTIFIABLE COMMUNITY BENEFIT INVESTMENT FOR FY2022

This report covers fiscal year (FY) 2022 beginning September 1, 2021 and ending August 31, 2022. During this time, SHC Tri-Valley invested over $46 Million[1] in services and activities to improve the health of the communities it serves. In addition to providing details on this investment, this report describes the community benefit planning process and the Community Benefit Plan for FY 2023.

STANFORD HEALTH CARE TRI-VALLEY FY22 COMMUNITY BENEFIT INVESTMENT



Financial Assistance and Charity Care: $40,070,576

- Uncompensated costs of medical services for patients enrolled in Medi-Cal, out-of-state Medicaid and other means-tested government programs: $38,037,080
- Charity Care: $2,033,496

Health Professions Education: $488,089

- Nurse and allied health professions training

Community Health Improvement Services: $5,308,933

- Community health education programs
- Enrollment assistance for the uninsured
- Programs to support healthy lifestyles for seniors
- Programs to support new mothers
- Health Library
- COVID-19 Emergency Response Activities

Financial and In-Kind Contributions: $837,738

- Community clinic capacity building and support
- Community health improvement grants
- Event sponsorships for nonprofit organizations
- Post hospital support - Case management, transportation, clothing

Community Building Activities: $37,266

- Workforce Development

Community Benefit Operations: $187,135

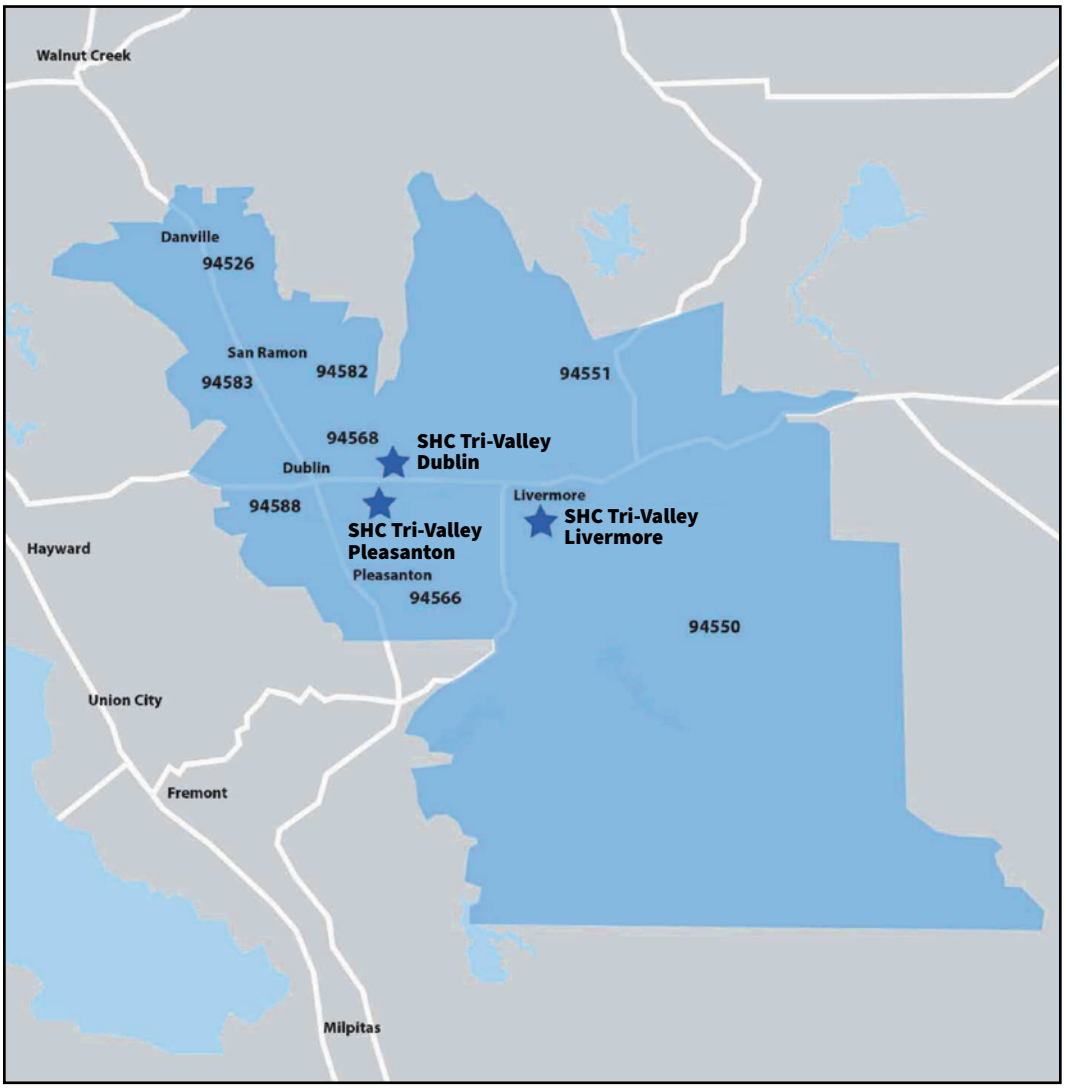
- Community Health Needs Assessment costs
- Dedicated Community Benefit staff
- Reporting and compliance costs

III. COMMUNITY SERVED

SHC Tri-Valley'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. Dublin, Livermore, and Pleasanton are in Alameda County, and Danville and San Ramon are in Contra Costa County. SHC Tri-Valley operates facilities in Dublin, Livermore, and Pleasanton (see Map of the Community Served). The Tri-Valley accounts for the majority of SHC Tri-Valley's inpatient discharges.

The U.S. Census estimates a population of about 379,000 in the Tri-Valley. The area is highly diverse: The two largest ethnic subpopulations are white and Asian (51 % and 28%, respectively). The nonwhite population accounts for 49% of the population in the Tri-Valley area.

MAP OF THE COMMUNITY SERVED



IV. COMMUNITY ASSESSMENT PROCESS AND PRIORITIZATION OF COMMUNITY HEALTH NEEDS

As required by California Senate Bill 697[2], community benefit managers from 13 local hospitals in Alameda and Contra Costa counties ("the Hospitals") contracted with Actionable Insights to produce a community health needs assessment in 2019. The goal was to collectively gather community feedback, understand existing data about health status, and prioritize local health needs in each hospital area. SHC Tri-Valley was an active participant with the Hospitals in this work[3].

Health needs were identified by synthesizing primary qualitative research and secondary data, and filtering those needs against a set of criteria. Needs were then prioritized by SHC Tri-Valley's Community Benefit Advisory Group (CBAG), employing the community's prioritization of health needs and additional criteria. The final health needs were selected by the CBAG after reviewing the data, the prioritization process, and current SHC Tri-Valley community health initiatives. The CBAG then applied another set of criteria[4] from which three significant health needs were selected:

V. COMMUNITY INVESTMENT TO ADDRESS COMMUNITY HEALTH NEEDS

SHC Tri-Valley's annual community investment focuses on improving the health of our community's most vulnerable populations, supporting the health of the broader community, and providing opportunities for health education, research, and training. To accomplish these goals, all community benefit investment addresses the three prioritized community health needs: Health Care Access & Delivery, Behavioral Health, and Healthy Lifestyles (Obesity, Diabetes, Healthy Eating, Active Living).

The tables below describe the programs in which SHC Tri-Valley invested in FY22, by prioritized health need, and indicate which foci (vulnerable populations [VP], the broader community [BC], and/or health education, research, and training [ED]) the programs addressed.

A. HEALTH CARE ACCESS & DELIVERY

Partner	Program	Program Details and FY22 Impact	VP	BC	ED
SENIOR SUPPORT PROGRAM OF THE TRI-VALLEY (SSPTV)	Senior Support Program of the Tri-Valley (SSPTV)	SHC Tri-Valley funded the provision of free, preventive health screenings and exams to low-income seniors. These screenings generally include blood pressure and diabetes checks, complete foot care, education about medication management, alcohol and drug education, as well as referrals, when appropriate. Screenings resumed in June 2022. Persons served: 22	X	X	
HERS BREAST CANCER FOUNDATION	Post-Surgical	Helps support women healing from breast cancer by providing post-surgical products and services, regardless of financial status. HERS stands for Hope, Empowerment, Renewal, and Support. SHC Tri-Valley provided office space to the foundation free of charge.	X	X	
GOODNESS VILLAGE	Housing, Health Resources	Provide funding for a case management specialist. Goodness Village is a tiny home community that provides affordable and permanent housing options in a supportive community for people transitioning out of chronic homelessness.	X		
COMMUNITY EVENTS	First-Aid	Provided first aid at local community events such as the Livermore Rodeo and Little League World Series.		X	

B. BEHAVIORAL HEALTH

Based on the 2019 Community Health Needs Assessment findings, our interventions to improve behavioral health outcomes in our community include both mental health and substance abuse interventions. For more information about SHC Tri-Valley's Community Health Needs Assessment, please visit: https://stanfordhealthcare.org/tri-valley/about-us/community-benefits.html

Partner	Program	Program Details and FY22 Impact	VP	BC	ED
ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES	Santa Rita Mental Health Assessment, Referral and Drop-In Center	SHC Tri-Valley's grant supported Safe Landing, an Alameda County outreach and treatment program. The Drop-In Center is located on the grounds of Santa Rita Jail for people with mental illness, co-occurring conditions, and substance use disorders, assisting them with immediate needs as they are released from jail. The Drop-In Center provides a safe, comfortable, non-threatening, temporary stop-over as next options are considered, and provides assistance/ connection with: locating both immediate and long-term housing, medication, brief counseling and crisis counseling, referrals to further mental health and/or substance use services, signing up for medical insurance and other county benefits, connection to transportation (BART, bus, cab), refreshments and change of clothes. Telephone and/or internet to line up transportation and other post-release necessities. Persons served: 3,367	X		
AXIS COMMUNITY HEALTH	Behavioral Health Program	The grant supports a full-time licensed Marriage and Family Therapist (MFT), which increased capacity to serve uninsured Tri-Valley residents at Axis' clinical site. Axis counseling staff continues seeing patients remotely using telehealth and conducts services via video or phone. They established several unique ways for patients to connect if they are unable to do so at home including drive up telehealth option, in addition to a clinic room set aside specifically for patients to connect with their counselors. Wait times for mental health services appointments at the clinic have been reduced. Persons served: 1,096 patient visits	X		

CRISIS SUPPORT SERVICES OF ALAMEDA COUNTY	Healing Hearts 5K Walk/Run for Suicide Prevention	Provided funds to support this event, which is focused on raising awareness of the tragedy of suicide, reducing the stigma associated with depression and mental illness, educating the community about available services, supporting local suicide prevention programs, and providing a safe place to heal for those who have lost loved ones to suicide. Persons served: 150 visitors to booth		X	

C. HEALTHY LIFESTYLES (OBESITY, DIABETES, HEALTHY EATING, ACTIVE LIVING)

Based on the 2019 Community Health Needs Assessment findings, our interventions to improve Healthy Lifestyles (Obesity, Diabetes, Healthy Eating, and Active Living) in our community are focused on prevention, early intervention, and treatment. For more information about the Community Health Needs Assessment, please visit: https://stanfordhealthcare.org/tri-valley/about-us/community-benefits.html

Partner	Program	Program Details and FY22 Impact	VP	BC	ED
MEALS ON WHEELS	Meals	This hot meal program provides local seniors with the nutrition critical to their health and well-being five days a week. Participating homebound seniors were located in Pleasanton, Livermore, Dublin, and Sunol. Some received several meals a day. SHC Tri-Valley's kitchen prepared the meals. Persons served: 800 people are served 34,420 meals (more than 90 meals per day, 5 days per week)	X		
SPECTRUM	Administrative	Provided office space to Spectrum, the not for profit organization in charge of organizing the Meals on Wheels program in the Tri-Valley area.	X		

CROSSWINDS CHURCH TRI-VALLEY	Operation Cranberry Sauce	Provided funding to support Operation Cranberry Sauce (OCS). OCS food packages feed a family of five for a Thanksgiving meal. Each low- income family received one box of groceries that included staples and nonperishable items and a frozen turkey. Persons served: 1500 food packages fed approx. 9000 low-income family members in Livermore, Pleasanton, Dublin, San Leandro, Castro Valley, Hayward, and Oakland	X		
CULINARY ANGELS	Meals	Provided funds to support culinary Angels, a volunteer, donation-based organization that provides nutrient-rich meals and nutrition education to people going through a serious health challenge. Meals are delivered free-of-charge throughout Livermore, Dublin, and Pleasanton.	X	X	
HEAD START - CAPE, INC. (COMMUNITY ASSOCIATION FOR PRESCHOOL EDUCATION)	Nutrition Services	Head Start -CAPE, Inc.'s primary focus is providing the highest quality Early Childhood Development services that meet the needs of low-income children and their families including health and nutrition. SHC Tri-Valley supported CAPE's provision of meals for preschool-aged children by preparing all the meals. Persons served: 150 preschoolers	X		
OPEN HEART KITCHEN	Meals	This local nonprofit organization, which serves free meals to the hungry, stored food and assembled box lunches in space on SHC Tri-Valley's Livermore campus free of charge.	X		

VI. HOSPITAL AND COMMUNITY-BASED PROGRAMS SUPPORTING COMMUNITY HEALTH IMPROVEMENT

Program	Program Details and FY22 Impact	VP	BC	ED

COVID-19 RESPONSE	Stanford Health Care Tri-Valley remained committed to supporting the broad community needs emerging from the COVID-19 pandemic. Through partnership with federal, state, and local government and public health agencies, other health care providers, and local community-based organizations, during FY22, the COVID-19 response investment totaled over $4,702,310 including:
	• Supported community health improvement activities for patients and the broad community, including administering vaccinations
	  ○ Improved health equity and vaccine access, including providing boosters
	  ○ Provided dedicated and barrier-free scheduling for vaccine appointments to high-risk and vulnerable populations through partnerships with local public health department and community partners.
	While vaccination is a cornerstone of Stanford Health Care Tri-Valley FY22 COVID-19 response, broad COVID-19 support included:
	• Expanded access to care and community-based COVID-19 testing
	• Participated in COVID-19 clinical trials
	• Provided in-kind community-level emergency management expertise
			X	

SUPPORTIVE CARE PROGRAMS FOR CANCER	Provide free, non-medical support services to cancer patients, family members, and caregivers regardless of where patients receive treatment. Services provided include support groups, health education classes, seminars, and symposia, exercise and yoga classes, and healing touch supportive care. Persons served: 652		X	

MEDDATA (PATIENT FINANCIAL ADVOCACY SERVICES)	This program assists low income, uninsured, underinsured and homeless patients in researching their healthcare options. Services, covered by SHC Tri-Valley funding and provided at no cost to the client, included helping individuals research eligibility requirements, identify appropriate health insurance programs, complete applications, compile required documentation, and follow up with county case managers as needed.	X		
WORKFORCE DEVELOPMENT	Partnership with Cristo Rey De La Salle - A rigorous and personalized college preparatory curriculum integrated with a corporate work study experience prepares high school students of limited economic means to succeed in college and in life. Students completed a remote High School Work Study program where they improved their presentation skills and learned how to properly source their findings. Persons served: 4	X		
POST-HOSPITAL SUPPORT	For patients that have limited or no ability to pay for necessary medical and non-medical services, the Social Work and Case Management department provides funding and resources. Services include transportation, medications, clothing and meal assistance. Persons served: 1,003	X		
MATERNAL/CHILD EDUCATION	Held maternal and child education classes to prepare parents for childbirth. These classes were offered to the community at large and were free to low-income parents. In addition, provided education for new mothers on the benefits and importance of breastfeeding their infants. The New Moms Support Group supported new mothers by providing programs focused on breastfeeding as a healthy start to life. Persons served: 785	X	X	
CARDIAC INFORMATION AND EDUCATION	Provided a wide variety of resources and services to the broader community regarding cardiac information and education, including lectures. Persons served: 123	X	X	

DIABETES/OBESITY INFORMATION AND EDUCATION	For those with diabetes, SHC Tri-Valley offered a monthly diabetes support group with occasional guest speakers. Also, offered education to the Tri-Valley community about healthy eating habits. Persons served: 85		X	
WEIGHT LOSS INFORMATION AND EDUCATION	Offered bi-weekly support groups for both bariatric weight loss and medical weight management patients from the broader community. Persons served: 120		X	

VII. HEALTH EDUCATION, RESEARCH, AND TRAINING

Program	Program Details and FY22 Impact	VP	BC	ED
NURSING EDUCATION	Student training programs, including: • Nursing Clinical Experience • Registered Nurse Preceptorship			X
ALLIED HEALTH PROFESSIONS EDUCATION	Student training programs, including: • Cardiac Rehabilitation • Emergency (Paramedic) • Physical & Sports Medicine • Surgical Technologist			X

Stanford Health Care Tri-Valley: Fiscal Year 2023 Community Benefit Plan

COMMUNITY BENEFIT PLAN GOALS & STRATEGIES

Stanford Health Care Tri-Valley plans to invest its community benefit efforts, including grants, sponsorships, in-kind support, and collaboration/partnership activities, in work that benefits the larger community, including health research, health education and training, serving vulnerable populations, charity care, and unreimbursed Medi-Cal and Medicare. This plan represents the first of a three-year strategic investment in community health. The plan is based on documented community health needs disclosed in the 2022 Community Health Needs Assessment. These activities provide essential services for those in need in the community.

For FY23, SHC Tri-Valley's goals and strategies for its Community Benefit Plan are as follows:

A. BEHAVIORAL HEALTH

Key CHNA Findings:

- Mental health in the Tri-Valley is considered by key informants to be at a critical level since the COVID-19 pandemic began and is perceived as especially bad for youth.
- Experts say there is limited access to mental/behavioral health care in the Tri-Valley compared to other parts of Alameda County.
- Substance use and alcohol are issues for Tri-Valley community members; binge drinking is higher in Dublin and Pleasanton than it is statewide.

Goal	Behavioral Health Strategies	Anticipated Impact
A.1 Improve Tri-Valley community members' access to mental/ behavioral health care services	i. Support efforts to coordinate delivery of behavioral health care and physical health care in the Tri-Valley ii. Support efforts to increase access to behavioral/mental health care across all Tri-Valley populations	a. Improved access to mental/ behavioral health programs and services b. Increased proportion of community members served with effective mental/behavioral health services c. Improved coordination of physical and mental/ behavioral health services d. Improved mental/ behavioral health well-being among those served
A.2 Improve mental health and well-being among Tri-Valley community members	i. Participate in collaborations and partnerships on efforts to address behavioral health for Tri-Valley community members	a. Improved mental/ behavioral health among Tri-Valley community members

B. ECONOMIC STABILITY AND HOUSING

Key CHNA Findings:

- The cost of living in the Tri-Valley is extremely high and affordable housing is lacking.
- The COVID-19 pandemic exacerbated existing problems, with many losing jobs and needing to stretch resources further.
- Key informants said food insecurity and homelessness have been on the rise in the Tri-Valley due to the pandemic.
- Educational inequities, such as the completion of college prep courses, were likely made worse by lengthy periods of virtual schooling; this can affect future opportunities of Tri-Valley community members.

Goal	Strategies	Anticipated Impact
B.1 Reduce food insecurity and increase healthy food access for vulnerable community members	i. Support expanded access to food security and food access programs and/or support new programs to increase access to nutrient-dense foods for vulnerable Tri-Valley community members	a. Improved access to healthy food for low-income individuals across the Tri-Valley area b. Improved associated health outcomes c. Increased proportion of low-income individuals in the Tri-Valley who eat three meals per day d. Reduced proportion of individuals in the Tri-Valley experiencing poor health outcomes that are a result of food insecurity e. Reduced proportion of individuals who are food insecure f. Reduced proportion of individuals in Alameda and Contra Costa Counties experiencing poor health outcomes as a result of food insecurity. g. Reduced diabetes/obesity rates
B.2 Reduce barriers to employment/careers that provide community members with a living wage	i. Support efforts to increase workforce-related educational attainment and/or job training	a. Reduced unemployment rates b. Reduced poverty rates in the Tri-Valley area c. Reduced California Self-Sufficiency Standard disparity d. Reduction of pay disparities

B.3 Reduce housing instability among vulnerable community members to support improved health	i. Support programs that expand affordable housing opportunities ii. Support local homelessness prevention and intervention organizations and collaboratives	a. Improved access to stable housing for low-income individuals b. Increased access to social services to prevent homelessness c. Higher rate of community members retaining independence d. Reduced proportion of individuals who are housing insecure

C. HEALTH CARE ACCESS AND DELIVERY

Key CHNA Findings:

- Smaller proportions of adults in Tri-Valley cities had routine annual check-ups compared to all Californian adults.
- Smaller proportions of Tri-Valley cities' adults with high blood pressure were taking medication to manage their condition compared to their peers statewide.
- CHNA participants said there was a shortage of health care providers in the Tri-Valley.
- Key informants pointed to an income gap impacting the ability of many to access care.
- Key informants also highlighted inequities in access to care among low-income, Black, and LGBTQ+ populations and called for diverse and culturally competent providers.

Goal	Strategies	Anticipated Impact
C.1 Improve access to affordable, high-quality health care services for vulnerable community members	i. Allocate resources to support: a. Participation in government-sponsored programs for low-income individuals (i.e., Medi-Cal Managed Care) b. Provision of Charity Care to ensure low-income individuals obtain needed medical services c. Increased health insurance coverage	a. Reduced health care cost barriers for vulnerable populations b. Improved affordability of health care services c. Improved health insurance rates d. Reduced avoidable emergency department and hospital utilization e. Improved access to medical home
	ii. Support wellness strategies (e.g., health fairs, education, screening) that improve equitable health outcomes	a. Increased awareness of preventive care b. Increased use of medical home, including preventive care services c. Reduced avoidable emergency department and hospital utilization d. Improved health outcomes, particularly related to health disparities

	iii. Support equitable access and delivery efforts such as: a. Street medicine b. Care coordination interventions c. Advocacy for telehealth reimbursement	a. Reduced avoidable emergency department and hospital utilization b. Improved access to medical home c. Increased use of preventive care services d. Improved health outcomes, particularly related to health disparities e. Improved housing and economic security by addressing physical health conditions that contribute to housing instability f. Improved equitable access to telehealth

D. HEALTHY LIFESTYLES

Key CHNA Findings:

- The Tri-Valley built environment is not optimal for healthy lifestyles:
  - A larger percentage of Tri-Valley community members have low access to grocery stores than their statewide peers.
  - There are half as many supercenters and club stores in the Tri-Valley per 1,000 people than there are statewide.
  - The walkability index in the Tri-Valley is worse than the California average.
- A smaller proportion of youth in some Tri-Valley cities are healthy (not overweight/obese, engaging in regular physical activity) compared to their counterparts across the state.
- There are ethnic disparities in heart disease deaths and child fitness statistics in the Tri-Valley, with BIPOC community members doing worse than non-BIPOC community members.

Goal	Strategies	Anticipated Impact
D.1 Increase healthy eating and active living among children, youth, and adults in the Tri-Valley area	i. Support efforts such as: a. Supporting schools in promoting healthy eating and physical activity b. In-kind support of community health workers for health education, and as outreach, enrollment, and information agents to increase healthy behaviors c. Programs of education and support for healthy lifestyles across various populations (e.g., older adults, new mothers)	a. Increased knowledge about healthy behaviors b. Increased access to physical activity c. Increased access to healthy foods d. Increased physical activity e. Increased consumption of healthy foods f. Reduced consumption of unhealthy foods g. More policies/practices that support increased physical activity and improved access to healthy foods
	ii. Participate in collaborations and partnerships to promote healthy eating and/or active living, such as health fairs for screening and education	a. Increased knowledge about healthy behaviors b. Increased physical activity c. Increased consumption of healthy foods d. Reduced consumption of unhealthy foods

Endnotes

[1]This figure does not include the cost of unreimbursed Medicare.

[2]SB 697: By January 1, 1996, complete, either alone, in conjunction with other health care providers, or through other organizational arrangements, a community needs assessment evaluating the health needs of the community serviced by the hospital, that includes, but is not limited to, a process for consulting with community groups and local government officials in the identification and prioritization of community needs that the hospital can address directly, in collaboration with others, or through other organizational arrangement. The community needs assessment shall be updated at least once every three years.

[3]Hospitals: John Muir Health, Kaiser Permanente – Diablo Area (Antioch and Walnut Creek Kaiser Foundation Hospitals), Kaiser Permanente – East Bay Area (Oakland and Richmond Kaiser Foundation Hospitals), Kaiser Permanente – Greater Southern Alameda Area (Fremont and San Leandro Kaiser Foundation Hospitals), St. Rose Hospital, San Ramon Regional Medical Center, Stanford Health Care Tri-Valley, UCSF Benioff Children's Hospital Oakland, and Washington Hospital Healthcare System.

[4]SHC Tri-Valley selection criteria: supported by primary data (community priority) and/or secondary data; misses a benchmark (California state average); is one in which disproportionalities exist (i.e., there are disparities or inequities by ethnicity, income, area of residents, gender, sexual orientation, etc.); is one in which existing community partnerships, programs, assets, or emerging opportunities can be leveraged; is one in which SHC Tri-Valley has the required expertise as well as the human and financial resources to make an impact.

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