



STANFORD HEALTH CARE
COMMUNITY PARTNERSHIP
PROGRAM

2021

Community
Benefit Report

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Letter from the President & CEO

At Stanford Health Care, our dedication to the health of our community extends well beyond our hospital walls. Through our Community Partnership Program, we touch people's lives where they live, delivering well-rounded services that foster healthy individuals and communities.

In FY2021, Stanford Health Care invested \$464 million in services and activities to improve the health of our neighbors through financial assistance, community health improvement, and the training of the next generation of health providers. In FY2021, Stanford Health Care continued to support COVID-19 pandemic response activities. Our COVID-19 response included efforts to improve COVID-19 vaccine access and equity among our most vulnerable, high-risk local communities. In partnership with our local public health departments and community leaders, Stanford Health Care operated 12 community vaccination sites that have provided more than half a million vaccine doses to our local community.

Every three years, we survey the community to discover ways to serve our area residents best. We uncover gaps in care and pinpoint barriers that hold people back from achieving their potential. These become our health initiatives moving forward and serve as our blueprint for our community health improvement work. We continue our efforts to improve access to care, homelessness prevention and housing, and the healthy food and economic security challenges of our most vulnerable community members. These efforts are possible thanks to our exceptional partners, who deliver outstanding outcomes.

Driven by a desire to serve with empathy and compassion, Stanford Health Care works diligently to improve our patients, families, and neighbors' lives. I invite you to take the opportunity to learn more about our partnerships and programs that help so many achieve better health.

Sincerely,



David Entwistle
President and CEO, Stanford Health Care



Stanford Health Care (SHC) is a leading academic health system and is part of Stanford Medicine. 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 delivers clinical innovation across its inpatient services, specialty health centers, physician offices, virtual care offerings and health plan programs. SHC also maintains a strong commitment to the health of its community members and dedicates considerable resources to support its community benefit program.

This report covers fiscal year 2021 beginning September 1, 2020, and ending August 31, 2021. During this time, Stanford Health Care invested over \$464 million 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 fiscal year 2022.

Total Quantifiable Community Benefit Investment for FY2021



Stanford Health Care FY21 Community Benefit Investment

FINANCIAL ASSISTANCE AND CHARITY CARE: \$410,937,881

- Uncompensated costs of medical services for patients enrolled in Medi-Cal, out-of-state Medicaid, and other means-tested government programs: \$395,413,420
- Charity Care: \$15,524,461

HEALTH PROFESSIONS EDUCATION: \$136,910,432

- Resident physician, fellow, and medical student education costs (excluding federal graduate medical education reimbursement)
- Nurse and allied health professions training

COMMUNITY HEALTH IMPROVEMENT SERVICES: \$(203,084,748)

- Stanford Children's Health initiative
- Community health education programs
- Patient Financial Advocacy – Health Advocates Program
- Programs to support healthy lifestyles for seniors
- Stanford Health Library
- Stanford Supportive Care Programs for Cancer and Neuroscience
- COVID-19 emergency response activities (detailed on pages 18-20)

SUBSIDIZED HEALTH SERVICES: \$3,016,464

- Stanford Life Flight

RESEARCH: \$20,591

- Research into improved care delivery and better health outcomes

FINANCIAL AND IN-KIND CONTRIBUTIONS: \$115,876,886

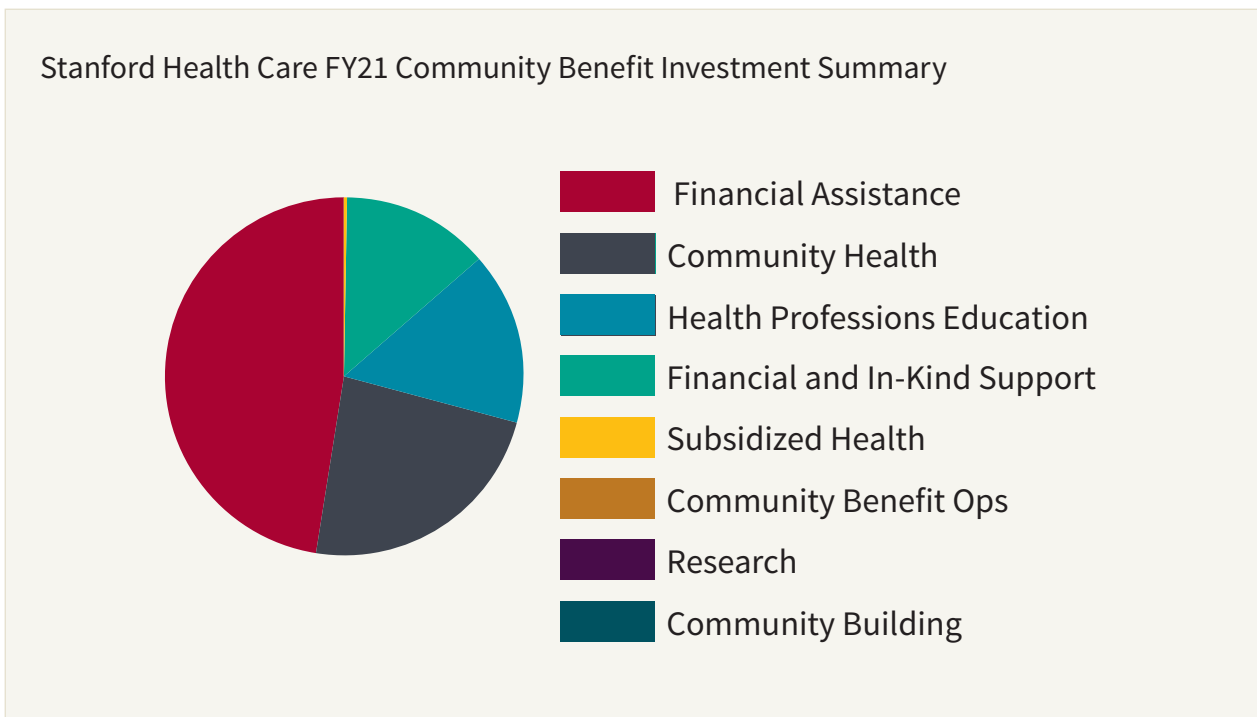
- Community clinic capacity building and support
- Community health improvement grants
- Donations of medical equipment, supplies, and food
- Fundraising support for nonprofit organizations
- Stanford University health professions education, community health improvement and access to care, and research

COMMUNITY BUILDING ACTIVITIES: \$14,045

- Nonprofit sponsorship support
- Support for community emergency management

COMMUNITY BENEFIT OPERATIONS: \$311,249

- Community health needs assessment costs
- Dedicated Community Benefit staff
- Reporting and compliance costs
- Training and staff development





Community Served

Stanford Health Care (SHC) is a regional referral center for an array of adult specialties, drawing patients from throughout California, across the country, and internationally. However, due to its location in Palo Alto, at the northern end of Santa Clara County bordering San Mateo County, more than half of SHC's patients reside in San Mateo and Santa Clara counties. Therefore, for purposes of its community benefit initiatives, SHC has identified these two counties as its target community.

State of California

In 2018, the Insight Center published *The Cost of Being Californian*, which cites significant income, ethnic, and gender disparities exist across California. Some key findings of that report:

- California households of color are twice as likely as White households to lack adequate income to meet their basic needs.
- 52% of Latinx households in California are struggling to get by compared with 23% of White households.
- California households of color make up 57% of all households statewide but 72% of households that fall below the California Self-Sufficiency Standard.
- Women in California are more economically disadvantaged than men across many factors, including earning lower pay, taking unpaid time to care for children or family members, being underemployed, and experiencing occupational segregation.
- Having children nearly doubles the chance of living below the California Self-Sufficiency Standard.
- Policy change to increase wages, institute comprehensive paid family leave, curb rising housing costs, and establish universal child care are needed.

⁴ Defined as a household where no one aged 14 years or older speaks English “very well.” U.S. Census Bureau American Community Survey, 5-Year Estimates, 2012-2016.

⁶ The Federal Poverty Level, the traditional measure of poverty in a community, does not take into consideration local conditions such as the high cost of living in the San Francisco Bay Area. The California Self-Sufficiency Standard provides a more accurate estimate of economic stability in both counties.

⁷ The Insight Center for Community Economic Development. Self-Sufficiency Standard Tool. Retrieved March 2019 from <https://insightcced.org/tools-metrics/self-sufficiency-standard-tool-for-california/>

⁸ Zillow, data through May 31, 2018: <https://www.zillow.com/santa-clara-county-ca/home-values/>

⁹ National Center for Education Statistics. NCES-Common Core of Data. 2015-2016.

¹⁰ U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012-2016.

Our Service Area

	Santa Clara County ³	San Mateo County ³
Population	1.94 million (2017 census) ¹ 6th largest county in California	771,410 (2018 census) ²
Cities	18 and large areas of unincorporated rural land	19 cities and more than two dozen unincorporated towns and areas 2
Largest City	San Jose 1.03 million people 53% of the county's total population	Daly City 107,000 people 14% of the county's total population
Median Age	36.8	39.5
Residents under the age of 18	17%	22%
Residents over the age of 18	12%	15%
Income	\$101,173 ⁴	\$98,546 ⁴
Median Home Price	\$1.3M ⁵	\$1.4M ⁵

RACE/ETHNICITY

	Santa Clara County ³	San Mateo County ³
White	50.8	57.8
Asian	37.2	30.1
Latinx (of Any Race)	26.3	25.1
Black/African Ancestry	3.4	3.4
American Indian/Alaskan Native	1.3	1.0
Native Hawaiian/Pacific Islander	0.8	2.0
Some Other Race	11.7	11.3
Two or More Races	4.8	5.0

¹Santa Clara County Public Health Department. "City and Small Area/Neighborhood Profiles." <https://www.sccgov.org/sites/phd/hi/hd/Pages/city-profiles.aspx>

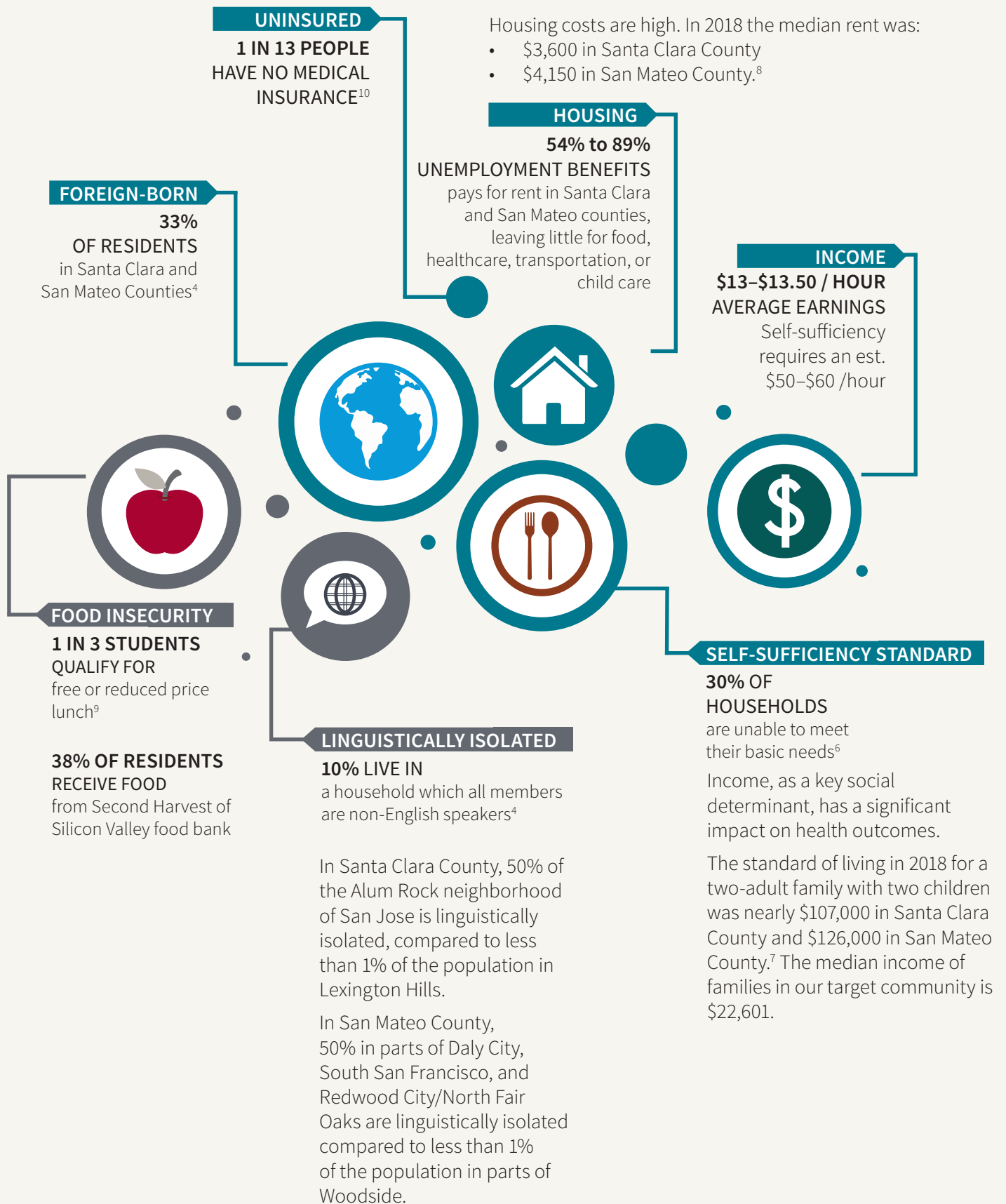
²San Mateo County Assessor-County Clerk-Recorder and Chief Elections Officer. (2015). Roster of Towns and Cities Located in San Mateo County.

³U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2012–2016. Total percent of county alone or in combination with other races. Percentages do not add to 100% because they overlap.

⁴U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012-2016.

⁵Zillow, data through May 31, 2018: <https://www.zillow.com/santa-clara-county-ca/home-values/>

Target Community



As required by California Senate Bill 697ⁱⁱ, the Santa Clara County Community Benefit Coalition and the Healthy Community Collaborative of San Mateo County each produced 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 county. Stanford Health Care (SHC) was an active participant in both collaboratives^{iii iv}.

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 countywide groups consisting of county coalition members and community leaders. The final health needs were selected by the SHC Community Partnership Program Steering Committee (CPPSC) after reviewing the data, countywide prioritization processes, and current SHC community health initiatives. The CPPSC then applied another set of criteria^v from which six significant health needs were selected:

- Access to Care & Care Delivery
- Housing & Homelessness
- Economic Stability
- Obesity & Diabetes
- Behavioral Health
- Oral Health

Community Assessment Process and Prioritization of Community Health Needs





Stanford Health Care (SHC) understands that good health is achieved through access to high-quality care as well as social and physical environments that promote good health. As such, all community grant investment from FY20 – FY22 will improve access to and delivery of care and/or the social determinants of health for our most vulnerable community members, including the medically underserved, low-income, and populations affected by health disparities.

Community Investment to Address Community Health Needs

Access to Care

Based on SHC's 2019 Community Health Needs Assessment findings, SHC's interventions to improve access to care in our community include behavioral health (mental health and substance abuse), obesity and diabetes, and oral health interventions.

For more information about Stanford Health Care's Community Health Needs Assessment, please visit: <https://stanfordhealthcare.org/about-us/community-partnerships.html>.

AVENIDAS – ROSE KLEINER CENTER | Community-Based Home Health Program

This program provides intensive care coordination for low-income seniors with highly complex medical, cognitive, and behavioral health conditions.

- 82% reduction in participants' emergency room visits over previous year
- 92% reduction in participants' hospital admissions over previous year
- 95% of family caregivers reported reduced stress levels due to interaction with the Community-Based Home Health Program

Investment: \$150,000 • Persons served: 35

OPERATION ACCESS | Access to Surgical Services and Specialty Care

The program partners with local hospitals and health systems to link donated surgical, preventive, and specialty care to uninsured and underinsured patients in San Mateo and Santa Clara Counties at no charge to patients.

- Provided 128 surgical procedures and diagnostic services
- 96% of patients reported improved health or quality of life
- 87% of patients reported reduced pain post-procedure
- Emergency department use reduced by 33%

Investment: \$80,000 • Persons served: 97

PENINSULA HEALTHCARE CONNECTION | Backpack Medicine Team Expansion and Clinic Billing Support

Through a full-time Medical Assistant, the Backpack Medicine Team has considerably helped expand COVID-19 services. Through a 0.5 FTE Medical Biller, clinic services have grown, which has expedited clients receiving affordable services and resources, such as essential prescriptions.

- Wait times for prescription refills decreased by 25%
- 100% of patients received screening for depression
- As of June 30, 2021, 16 outreach events resulted in 421 COVID-19 tests conducted among chronically homeless patients.

Investment: \$135,000 • Persons served: 1,605

RAVENSWOOD FAMILY HEALTH CENTER | Ultrasound Machine Upgrade

Through the purchase of three new ultrasound machines, Ravenswood Family Health Network (a local Federally Qualified Health Center) expanded access to and reduced wait time for women's health services.

- Provided 312 OB/GYN ultrasounds
- Reducing the need for a referral to a specialist,
 - 50% of 1st trimester bleeding was diagnosed and/or treated during the primary care physician visit
 - 95% of common gynecological complaints were diagnosed and treated in the primary care physician office

Investment: \$110,210 • Persons served: 254

ROTACARE BAY AREA, INC. | San Jose Free Clinic Re-Opening Support

Following the clinic's closure due to COVID-19, funding supported access to care and clinic operations, including implementation of telemedicine services and expanded diabetes and hypertension prevention and treatment services.

- 56 unduplicated diabetic patients received 160 telemedicine visits
- 100% of patients were screened for health insurance and received enrollment support as eligible
- 100% of patients received blood pressure, blood glucose, and urinalysis testing

Investment: \$21,250 • Persons served: 124

SAMARITAN HOUSE | Free Clinic Care Coordination and Care Delivery Redesign

Adopting the Rush University Total Health Collaborative model, the program improves health outcomes through reduced inequities caused by social, economic, and structural determinants of health.

- 38 patients accessed additional supportive services
- Provided 3,703 medical and dental visits
- Provided 398 visits for diabetes care
- 75% of participants with diabetes were controlled <140/90

Investment: \$100,000 • Persons served: 864

SONRISAS DENTAL HEALTH, INC. | Oral Health Access to Care Program Expansion

The program increases critical access to high-quality dental and oral health care for low-income adults in San Mateo County. The Access to Care Program provides a range of high-quality dental services, including diagnostic, preventative, and restorative procedures, for patients facing financial barriers.

- 382 new patients received dental care
- 75% of new patients established a dental home with 2+ visits within the previous 12 months
- 100% of patients received oral health prevention education at time of visit
- Less than 1% of patients visited the emergency department for a dental issue

Investment: \$61,000 • Persons served: 80

SONRISAS DENTAL HEALTH, INC. | Operatory Build Out

As the leading independent dental provider for Medi-Cal Dental and uninsured patients in San Mateo County, funding supported the construction of two new dental operatories.

- Increased access to specialty and emergency dental care, including dental implants, dentures, treatment of gum disease, and oral surgery
- Increased access to preventive and routine dental care
- Developed new partnerships with local federal qualified health centers to support specialty and emergency dental care needs of patients

Investment: \$110,000 • Additional annual patient visits: ~2,300

Economic Stability

Based on Stanford Health Care's 2019 Community Health Needs Assessment findings, Stanford Health Care's interventions to improve economic stability in our community are focused on healthy food access and transportation. For more information about Stanford Health Care's Community Health Needs Assessment, please visit: <https://stanfordhealthcare.org/about-us/community-partnerships.html>.

AVENIDAS – ROSE KLEINER CENTER | Senior Planet Program

This program delivers instruction and information to help older adults master the technology they want and need to make their lives better.

- 400 interactive sessions delivered
- 89% of those who enrolled in health sessions achieved one health goal
- 92% of those who enrolled in a financial literacy class reported a new financial skill mastered
- 97% reported feeling more connected and less isolated

Investment: \$150,000 • Persons served: 150

SECOND HARVEST FOOD BANK | Lean Proteins for Local Food Distribution Centers

The program provided a 5-month supply of lean proteins (dairy, eggs, poultry, fish, peanut butter, and almonds) for local food bank sites.

- Provided proteins to 38 local affordable and supportive housing sites
- Linked 346 new clients referred from health providers to food bank services
- 2,596 clients received CalFresh screening and connections to eligible services

Investment: \$360,000 • Persons served/month: 29,437

THE HEALTH TRUST | Food is Medicine

Meals on Wheels

The Meals on Wheels (MOW) program provides daily delivered meals and wellness checks for isolated, vulnerable, and disabled seniors.

- 298,189 meals provided to 1,180 clients under the age of 60 with no other meal delivery option
 - 121 clients were enrolled in the Medically Tailor Meals program
 - 99% of clients reported the program was important to their daily well-being
-

Medically Tailored Meals

Medically Tailored Meals (MTM) programs support patients with customized nutrition to support the dietary needs associated with chronic and acute health conditions, including diabetes and congestive heart failure. MTM program is part of a California study to assess the efficacy of medically tailored meals as a Medi-Cal covered benefit.

- 85 new clients enrolled in MTM
- 64% of MTM clients were not readmitted to the hospital during the 12-week program
- 88 MTM clients received nutrition education and therapy sessions with a Registered Dietician

Investment: \$350,000 • Persons served: 1,168

Housing and Homelessness

Based on Stanford Health Care’s (SHC) 2019 Community Health Needs Assessment findings, SHC’s interventions to housing and homelessness outcomes in our community include homelessness prevention, expanded supportive care and social services for self-sufficiency, and access to care for those experiencing and/or at-risk for homelessness. For more information about Stanford Health Care’s Community Health Needs Assessment, please visit: <https://stanfordhealthcare.org/about-us/community-partnerships.html>.

DESTINATION: HOME | Homelessness Prevention System

The program offers a coordinated system for preventing homelessness across Santa Clara County. Through intensive case management, services include immediate and flexible financial assistance, supportive services, employment development, and rehousing and legal aid when necessary.

- 93% of households remained stably housed while receiving assistance
- 96% of households remained stably housed at least 12 months after receiving assistance
- 90% of households did not return for services within two years after receiving assistance

Investment: \$500,000 • Households served: 2,841

DOWNTOWN STREETS TEAM | Work Exchange Program for Chronically Homeless Individuals

Unhoused team members volunteer in work experience teams, beautifying their community in exchange for basic needs stipends, case management, and employment services.

- Team waitlists reduced from four to less than two weeks
- 849 team members achieved self-sufficiency and overcame employment barriers (Examples: enrolled in government programs, received personal identification and employment application support)

Investment: \$172,698 • Persons served: 180

MEDICAL RESPITE PROGRAM | Intensive Case Management and Behavioral Health Services

This program provides health care and supportive care services to address the “total health” needs of homeless patients post-hospital discharge, intensive case management, behavioral health (mental health and substance abuse) services, and connections to community-based social services.

- 606 hospital days avoided
- 782 individual behavioral therapy sessions provided
- 43 patients linked to intensive case management services upon program discharge, resulting in:
 - 98% of patients secured temporary housing
 - 23% of patients secured permanent housing

Investment: \$525,645 • Persons served: 148

COVID-19 Response

Stanford Health Care remains committed to supporting the broad community needs emerging from the COVID-19 pandemic, particularly through contributions that increase equitable access to COVID-19 health care and resources.

One-third of Stanford Health Care's more than 500,000 COVID-19 vaccine doses administered to-date were provided at community vaccination sites located in and in partnership with local underserved communities. Improved health equity and vaccine access was achieved at these sites through a new strategic partnership model involving Stanford Health Care, local public health departments, and community partners.

While vaccination is a cornerstone of Stanford Health Care's FY21 COVID-19 response, broad COVID-19 support includes:

CUTTING EDGE CLINICAL CARE AND RESEARCH

Stanford Health Care offers emerging COVID-19 treatments such as monoclonal antibody therapies (mAb). In partnership with Stanford University School of Medicine, Stanford Health Care studies the effectiveness of new COVID-19 prevention, diagnosis, and treatment interventions.

COVID-19 VACCINATION AND TESTING

Twelve community sites provided high-quality, equitable, and convenient COVID-19 vaccination and testing. To overcome access barriers identified by the community, sites offered interpreters and multilingual support, extended and weekend hours, walk-in availability, and community health worker outreach and on-site education and navigation.

MOBILE VACCINE SERVICES

Mobile clinics supported vaccination and testing for populations with barriers to accessing community-based sites. These populations included homebound seniors and underserved schools.

VACCINE APPOINTMENT SCHEDULING

When vaccine supply was extremely limited, Stanford Health Care provided dedicated and barrier-free scheduling to high-risk and vulnerable populations as identified by local public health departments and community nonprofits.

EMERGENCY MANAGEMENT

Provided personnel, expertise, supplies, and resources to support federal, state, and local government agencies' emergency pandemic management efforts.

HEALTH EDUCATION

Offered accurate, timely, easily accessible, and culturally competent information related to COVID-19 prevention, testing, treatment, and vaccination. For more information, please see the [Stanford Health Library](#).

PERSONAL PROTECTIVE EQUIPMENT AND MEDICAL SUPPLIES

Stanford Health Care donated supplies to local safety-net providers and nonprofits to ensure that critical health care and social services remained available and operating safely.

VOLUNTEERS

Stanford Medicine faculty, providers, and staff were connected with community-based organizations that sought support for various clinical and operational needs to address challenges presented by COVID-19.

COVID-19 Financials

Accounting for Stanford Health Care's COVID-19 Response:

	<u>FY20</u>	<u>FY21</u>	<u>Two Year Total</u>
Expenses (gross)	\$405M	\$183.5M	\$588.5M
Offsetting Revenue	\$102M	\$392M	\$494M
Total Uncompensated COVID-19 Response	\$303M	\$(208.5)M	\$94.5M

Stanford Health Care also provided operations and capacity-building support for local social services providers responding to the increased community health needs resulting from the COVID-19 pandemic.

Partner	Program Details and Impact
AVENIDAS ROSE KLEINER CENTER Investment: \$17,565	Supported Avenidas' site re-opening preparation and operations costs
DESTINATION: HOME Investment: \$300,000	Supported financial assistance for households served through Destination: Home's financial assistance network
DOWNTOWN STREETS TEAM Investment: \$55,066	Supported basic living stipends for homeless clients
OPERATION ACCESS Investment: \$50,000	Supported patient financial assistance fund supporting ancillary costs and patient reimbursements
PENINSULA HEALTHCARE CONNECTION Investment: \$50,000	Supported access to COVID-19 testing, medical care, vaccination, and connection to social services for homeless patients

<p>RAVENSWOOD FAMILY HEALTH NETWORK Investment: \$53,000</p>	<p>Supported COVID-19 related health and safety upgrades for the Ravenswood Family Health Center’s clinics</p>
<p>ROOTS COMMUNITY HEALTH CENTER Investment: \$50,000</p>	<p>Supported COVID-19 community vaccination events</p>
<p>SAMARITAN HOUSE Investment: \$300,000</p>	<p>Financial Assistance to support basic needs of individuals and families impacted by COVID-19. Funds support: rent, utilities, medical expenses, food, etc.</p>
<p>SECOND HARVEST FOOD BANK Investment: \$300,000</p>	<p>Supplied two months of healthy proteins for local food bank sites to meet increased demand for services</p>
<p>THE HEALTH TRUST Investment: \$100,000</p>	<p>Provided a one-year supply of Asian and Vietnamese-diet meals for Meals on Wheels program clients</p>

Hospital-Based
Programs
Supporting
Community Health
Improvement



Program	Program Details and Impact
<p>COMMUNITY EMERGENCY RESPONSE Investment: \$9,045</p>	<p>As the only Level 1 Trauma Center between San Francisco and San Jose, Stanford Health Care (SHC) plays a key role in disaster planning for the community. Through the Office of Emergency Management, SHC collaborates with local municipalities, county government, and other hospitals to coordinate planning, mitigation, response, and recovery activities for events that could adversely impact the community. The goal of these activities is to minimize the impact on life, property, and the environment from catastrophic events such as pandemic flu, earthquakes, and other disasters.</p> <ul style="list-style-type: none"> • Coordination with emergency management services (EMS) in joint disaster exercises, disaster planning and mitigation, and best practices • Maintains caches of emergency medical equipment and supplies for ready access and deployment in the case of a disaster or emergency • Provides regular inventory review and 24/7 security to ensure that these EMS supplies are service-ready at all times • Leader among COVID-19 emergency management and response. <i>For more information, please see COVID-19 Emergency Response beginning on page 18</i>
<p>EMERGENCY DEPARTMENT REGISTRATION UNIT Investment: \$5,545</p>	<p>In partnership with Santa Clara and San Mateo counties, this program links uninsured pediatric patients treated in Stanford Health Care’s Emergency Department with health insurance including Medi-Cal, Healthy Kids, Healthy Families, etc.</p>
<p>MEDDATA (Patient financial advocacy services) Investment: \$1,874,184</p>	<p>This program assists low income, uninsured, underinsured, and homeless patients in researching their healthcare options. Services are provided at no cost to the client, and include helping individuals research eligibility requirements, identify appropriate health insurance programs, complete applications, compile required documentation, and follow-up with county case managers as needed.</p>

<p>POST-HOSPITAL SUPPORT Investment: \$350,521</p>	<p>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 skilled nursing facility and/or home health care costs, medical equipment, transportation, temporary housing, medications, and meal assistance.</p>
<p>STANFORD HEALTH LIBRARY Investment: \$1,837,646 Persons served: 17,428</p>	<p>The Health Library provides scientifically-based health information to assist in making informed decisions about health and health care. Staffed with health librarians at all five branches, including at the Ravenswood Family Health Center in East Palo Alto, culturally-competent services, resources, and health education is provided to the community free of charge.</p>
<p>STANFORD LIFE FLIGHT Investment: \$3,016,464</p>	<p>Helicopter transport of critically ill and injured adult, pediatric, and neonatal patients to definitive care, regardless of the patient’s ability to pay.</p> <ul style="list-style-type: none"> • 73% of flight volume transports critically ill patients from partner hospitals to major medical centers, including Stanford Health Care • 27% of flight volume is transported from accident sites or medical emergencies to trauma centers or specialty medical centers, such as stroke or burn centers
<p>STANFORD SUPPORTIVE CARE PROGRAM (Cancer and Neuroscience) Investment: \$1,306,343 Persons served: 12,811</p>	<p>The Supportive Care Program provides free, non-medical support services to cancer and neuroscience patients, family members, and caregivers regardless of where patients receive treatment.</p> <ul style="list-style-type: none"> • 60+ services are provided, including support groups, health education classes, caregiver workshops, exercise and yoga classes, and art therapy classes
<p>SUSTAINABILITY PROGRAM OFFICE Investment: \$1,169,975</p>	<p>This program coordinates donations of medical supplies, food, equipment, and furniture to local, national, and international charitable organizations.</p>



Community-
Based Programs
Supporting
Community Health
Improvement

Program	Program Details and Impact
<p>AGING ADULT COMMUNITY HEALTH EDUCATION PROGRAMS</p> <p>Investment: \$2,198</p>	<p>Offering a variety of community-based health education courses, such as caregiver support groups, exercise classes, and home safety, seniors and their caregivers have access to resources, tools, and the support needed to manage their health and live an enriched life.</p>
<p>BOARD SERVICE</p> <p>Investment: \$13,082</p>	<p>To support improved community health and access to care for vulnerable populations, Stanford Health Care leaders and staff offer expertise, advocacy, and resources to local and national professional organizations, nonprofit community service organizations, and advocacy groups.</p>
<p>COMMUNITY HEALTH EDUCATION PROGRAMS</p> <p>Investment: \$250,339</p> <p>Persons served: 1,647</p>	<p>Health education has an important role in preventing disease and injury, improving health, and enhancing quality of life. As such, Stanford Health Care offers numerous community health education programs at a reduced or no cost to patients and the broad community. The following are among SHC’s community health education offerings:</p> <ul style="list-style-type: none"> • COVID-19 prevention and treatment • Smoking cessation • Falls and other injury prevention • Life-saving techniques • Palliative Care • Rehabilitation • Spiritual Care
<p>REBUILDING TOGETHER</p> <p>Investment: \$5,000</p>	<p>Stanford Health Care provides funding and volunteer support for housing and infrastructure improvements for low-income community members and not-for-profit organizations.</p>
<p>SUBSIDIZED HEALTH SERVICES</p> <p>Investment: \$955,302</p>	<p>To expand access to health care for vulnerable residents, Stanford Health Care providers offer services at federally qualified health centers, county health systems, and government first responders.</p> <p>FY21 provider services include:</p> <ul style="list-style-type: none"> • Internal Medicine • Family Medicine • Psychiatry • Emergency Medicine

SUPPORT GROUPS

Investment: \$63,403

Persons served: 450

The Social Work and Case Management Department facilitates support groups for patients, families, and community members. Support groups include: transplant groups for patients and caregivers; cancer-related groups; and a pulmonary hypertension group.



Health Education,
Research, and
Training

Program	Program Details and Impact
<p>ALLIED HEALTH PROFESSIONS EDUCATION Investment: \$9,189,553</p>	<p>Student training programs in the field of:</p> <ul style="list-style-type: none"> • Clinical Laboratory • Clinical Nutrition • Nuclear Medicine • Nursing • Pharmacy • Psychology • Physician Assistant • Radiology • Rehabilitation Services • Respiratory Care Services • Vascular Sonography
<p>CLINICAL PASTORAL EDUCATION Investment: \$508,738</p>	<p>Students from a range of religious traditions enroll in this program to prepare for a career in chaplaincy or to receive continuing education in pastoral/spiritual care. Upon completion of this year-long program, students use their training as clergy to provide effective spiritual care to individuals and families facing health challenges, including death, dying, and bereavement.</p>
<p>HEALTH PROFESSIONS CONTINUING EDUCATION Investment: \$831,072</p>	<p>As experts in their field, SHC staff host continuing education courses for health professions in the community. These include continuing education for people working in nursing and social work.</p>
<p>INTERPRETER & TRANSLATION - HEALTH PROFESSIONAL EDUCATION Investment: \$230,288</p>	<p>SHC interpreters prepare medical students to include interpretation and translation services as part of the care team and patient experience.</p>
<p>MEDICAL STUDENT, RESIDENT, AND FELLOW TRAINING Investment: \$126,381,068</p>	<p>Student training programs included all primary and specialty care programs.</p>
<p>OFFICE OF RESEARCH Investment: \$20,591</p>	<p>Stanford Health Care’s Office of Research, staffed by research scientists and coordinators, conducts research and clinical trials to improve care delivery and health outcomes.</p> <p>The FY21 research initiatives supported culturally competent care of underserved and vulnerable patients by nursing students and other allied health care professions, as well as a collaboration with a local safety net hospital to improve patient outcomes related to central line blood infections.</p>

SUPPORT FOR STANFORD UNIVERSITY

Investment: \$104,016,225

Grant support provided to Stanford University School of Medicine for health professions education, community health improvement and research, and community benefit activities.



This plan represents the second year of a three-year strategic investment in community health. Stanford Health Care 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 is based on documented community health needs disclosed in the 2019 Community Health Needs Assessment.

2022 Community Benefit Plan

Health Care Access and Delivery

Goal	Strategies	Anticipated Impact
<p>Improve access to affordable, high-quality health care services for at-risk community members.</p>	<ul style="list-style-type: none"> • Provide financial assistance to reduce health care cost barriers to care for low-income individuals • Increase health insurance coverage^{vi} • Support care coordination interventions^{vii, viii, ix, x, xi, xii, xiii, xiv} • Support capacity-building opportunities^{xv, xvi, xvii} • Support physical and technology infrastructure improvements • Support initiatives to improve the affordability of health care services^{xviii} • Support direct services related to behavioral health, diabetes and obesity, and oral health^{xix, xx, xxi, xxii, xxiii, xxiv, xxv, xxvi, xxvii, xxviii, xxix, xxx, xxxi, xxxii, xxxiii} 	<ul style="list-style-type: none"> • Improved health outcomes, particularly related to health disparities, behavioral health, diabetes and obesity, and oral health-related conditions • Reduced avoidable emergency department and hospital utilization • Improved access to medical practices • Increased use of medical practices, including preventive care services • Reduced health care cost barriers for vulnerable populations • Improved health insurance rates

Housing and Homelessness

Goal	Strategies	Anticipated Impact
<p>Improve the health of those at-risk of and/or experiencing homelessness.</p>	<ul style="list-style-type: none"> Improve access to health care for those at-risk of and/or experiencing homelessness^{xxxiv, xxxv, xxxvi, xxxvii} Improve access to social services to support immediate health care needs and upstream health influencers^{xxxviii, xxxix} Advocate for policy change to improve health outcomes for those at risk of and/or experiencing homelessness 	<ul style="list-style-type: none"> Improved health outcomes for those at-risk of and/or experiencing homelessness
<p>Improve housing stability for those at-risk of and/or experiencing homelessness.</p>	<ul style="list-style-type: none"> Increase in efficient and effective community-based resources Address the physical and behavioral health conditions that contribute to housing instability among those at-risk of and/or experiencing homelessness, including mental health and substance use issues Increase affordable and/or permanent supportive housing^{xl, xli} Provide financial assistance related to housing and/or utility costs^{xlii, xliii} Support displacement avoidance interventions^{xliv, xlv, xlvi} Improve sub-standard living conditions, including overcrowding^{xlvi, xlviii, xlix} Advocate for policy change to positively impact housing and homelessness-related issues across San Mateo and Santa Clara counties 	<ul style="list-style-type: none"> Reduced homelessness across San Mateo and Santa Clara counties Increase in social services that are co-located within affordable housing sites Reduced proportion of overcrowded, sub-standard dwellings Increase in affordable and/or permanent supportive housing units

Economic Stability

Goal	Strategies	Anticipated Impact
<p>Increase access to high-quality, healthy foods for vulnerable populations.</p>	<ul style="list-style-type: none"> • Expand access to food access programs specifically addressing healthcare-related food access (i.e., food pharmacy, medically tailored meals, meals on wheels, etc.) • Increase food security screening programs^{li, lii, liii, liv, lv} • Expand the capacity of existing food access programs^{lvi, lvii} • Increase food security screening programs^{lviii, lix, lx, lxi, lxii} • Advocate for policy change to improve local food security for those at-risk of and/or experiencing food insecurity 	<ul style="list-style-type: none"> • Improved associated health outcomes • Improved access to healthy food for low-income individuals across San Mateo and Santa Clara counties • Increased proportion of low-income individuals in San Mateo and Santa Clara counties who eat three meals per day • Reduced proportion of individuals in San Mateo and Santa Clara counties experiencing poor health outcomes that are a result of food insecurity • Reduced proportion of individuals who are food insecure

<p>Reduce transportation-related barriers to good health and quality of life</p>	<ul style="list-style-type: none"> • Increased capacity of existing transportation programs for vulnerable populations^{lxiii} • Increase transportation options to/from health care appointments and services • Increase transportation options to/from activities supporting a healthy, active lifestyle • Increase transportation options for daily living activities for individuals at-risk of and/or experiencing homelessness • Advocate for policy change to improve local transportation barriers for vulnerable populations 	<ul style="list-style-type: none"> • Improved associated health outcomes • Decrease in health care access transportation barriers • For high-risk populations, a decrease in transportation barriers for daily living activities supporting good health and quality of life
<p>Reduce barriers to high-quality employment</p>	<ul style="list-style-type: none"> • Increased workforce-related educational attainment and/or job training^{lxiv, lxv, lxvi, lxvii} • Increased supply of high-quality, affordable child care^{lxviii, lxix} • Improved financial literacy and self-sufficiency among economically insecure community members^{lxx, lxxi} • Advocate for policy change to improve economic security for vulnerable populations 	<ul style="list-style-type: none"> • Improved associated health outcomes • Improved health insurance rates • Reduced poverty rates in San Mateo and Santa Clara counties • Reduced unemployment rates • Reduced California Self-Sufficiency Standard disparity • Reduction of pay disparities

Endnotes

ⁱThis figure does not include the cost of unreimbursed Medicare.

ⁱⁱSB 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.

ⁱⁱⁱHealthy Community Collaborative of San Mateo County members: County of San Mateo Human Service Agency, Dignity Health Sequoia Hospital, Hospital Consortium of San Mateo County, Kaiser Permanente Redwood City and South San Francisco Kaiser Foundation Hospitals, Lucile Packard Children’s Hospital at Stanford, Peninsula Health Care District, San Mateo County Health, Stanford Health Care, Sutter Health (Menlo Park Surgical Hospital and Mills-Peninsula Medical Center), and Verity Health System (Seton Medical Center and Seton Coastside)

^{iv}Santa Clara County Community Benefit Coalition members: El Camino Health, Hospital Council of Northern and Central California, Kaiser Permanente (San Jose and Santa Clara Kaiser Foundation Hospitals), Lucile Packard Children’s Hospital Stanford, Santa Clara County Public Health Department, Stanford Health Care, and Sutter Health (Palo Alto Medical Foundation), and Verity Health System (O’Connor Hospital and St. Louise Regional Hospital)

^vSHC selection criteria: clear disparities or inequities exist, community prioritized the need above others, multiplier effect (a solution has the potential to solve other problems), opportunity to leverage collaboration to boost impact

^{vi}Addresses strategies under U.S. Department of Health and Human Services’ Strategic Goal 1, Objective A, to “extend affordable coverage to the uninsured,” including identified strategies such as “Maximize the participation of...eligible individuals in affordable health insurance coverage by helping them understand insurance options” and “...provide outreach and enrollment assistance.” U.S. Department of Health and Human Services. (2019). Strategic goal 1: Reform, strengthen, and modernize the nation’s healthcare system. Retrieved from http://www.hhs.gov/about/strategic-plan/strategic-goal-1/#obj_a

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