



STANFORD HEALTH CARE –
VALLEYCARE

2021 Community
Benefit Report
2022 Community
Benefit Plan

Table of Contents

STANFORD HEALTH CARE – VALLEYCARE: FISCAL YEAR 2021 COMMUNITY BENEFIT REPORT	4
I. Introduction	4
II. Total Quantifiable Community Benefit Investment for FY2021	4
III. Community Served	6
IV. Community Assessment Process and Prioritization of Community Health Needs	7
V. Community Investment to Address Community Health Needs	7
A. Health Care Access & Delivery	8
B. Behavioral Health	9
C. Healthy LifeStyles (Obesity, Diabetes, Healthy Eating, Active Living)	10
VI. Hospital-and Community Based Programs Supporting Community Health Improvement	12
VII. Health Education, Research, and Training	14
STANFORD HEALTH CARE – VALLEYCARE: FISCAL YEAR 2022 COMMUNITY BENEFIT PLAN	15
I. Community Benefit Plan Goals & Strategies	15
A. Health Care Access and Delivery	16
B. Behavioral Health	17
C. Healthy Lifestyles	18
II. Evaluation Plans	19
Endnotes	19



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 – ValleyCare: Fiscal Year 2021 Community Benefit Report

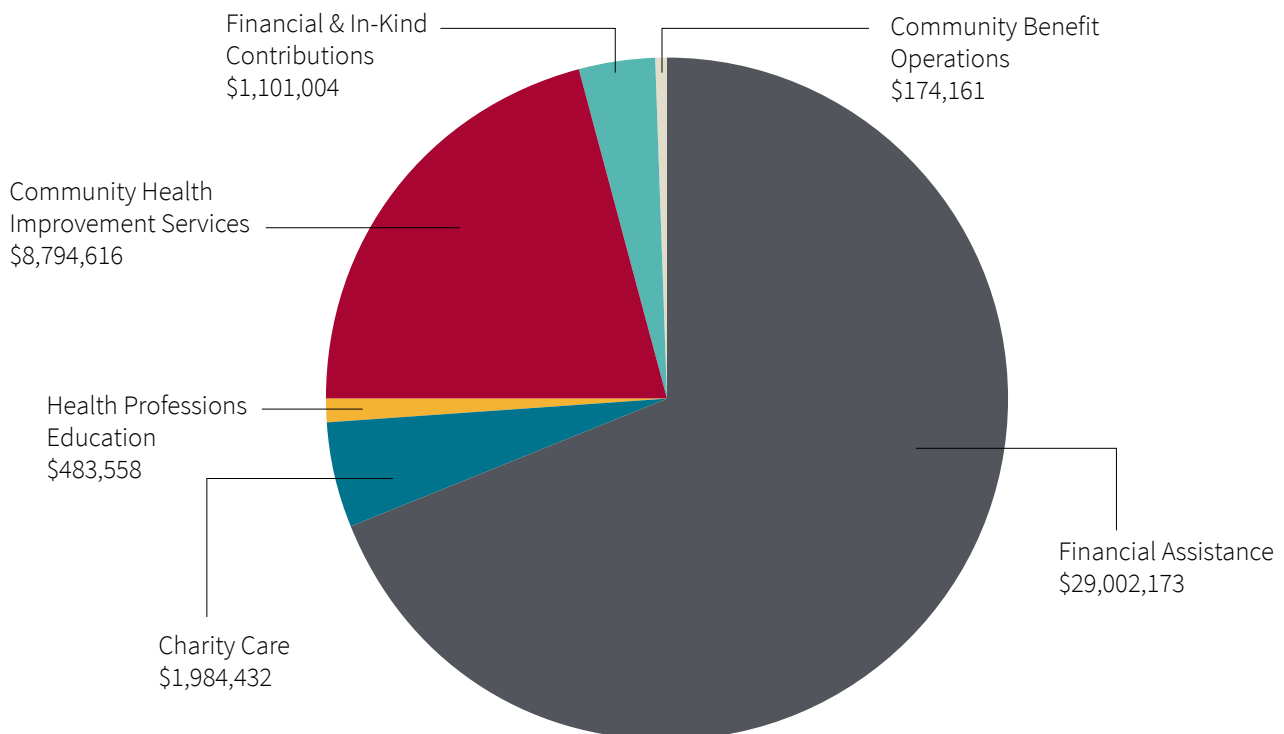
I. INTRODUCTION

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. 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 – VC delivers clinical innovation across its medical facilities. SHC – VC 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 FY2021

This report covers fiscal year (FY) 2021 beginning September 1, 2020 and ending August 31, 2021. During this time, SHC – VC invested over \$41 Million¹ 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 2022.

**STANFORD HEALTH CARE - VALLEYCARE
FY21 COMMUNITY BENEFIT INVESTMENT**



Financial Assistance and Charity Care: \$30,986,605

- Uncompensated costs of medical services for patients enrolled in Medi-Cal, out-of-state Medicaid and other means-tested government programs: \$29,002,173
- Charity Care: \$1,984,432

Health Professions Education: \$483,558

- Nurse and allied health professions training

Community Health Improvement Services: \$8,794,616

- 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: \$1,101,004

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

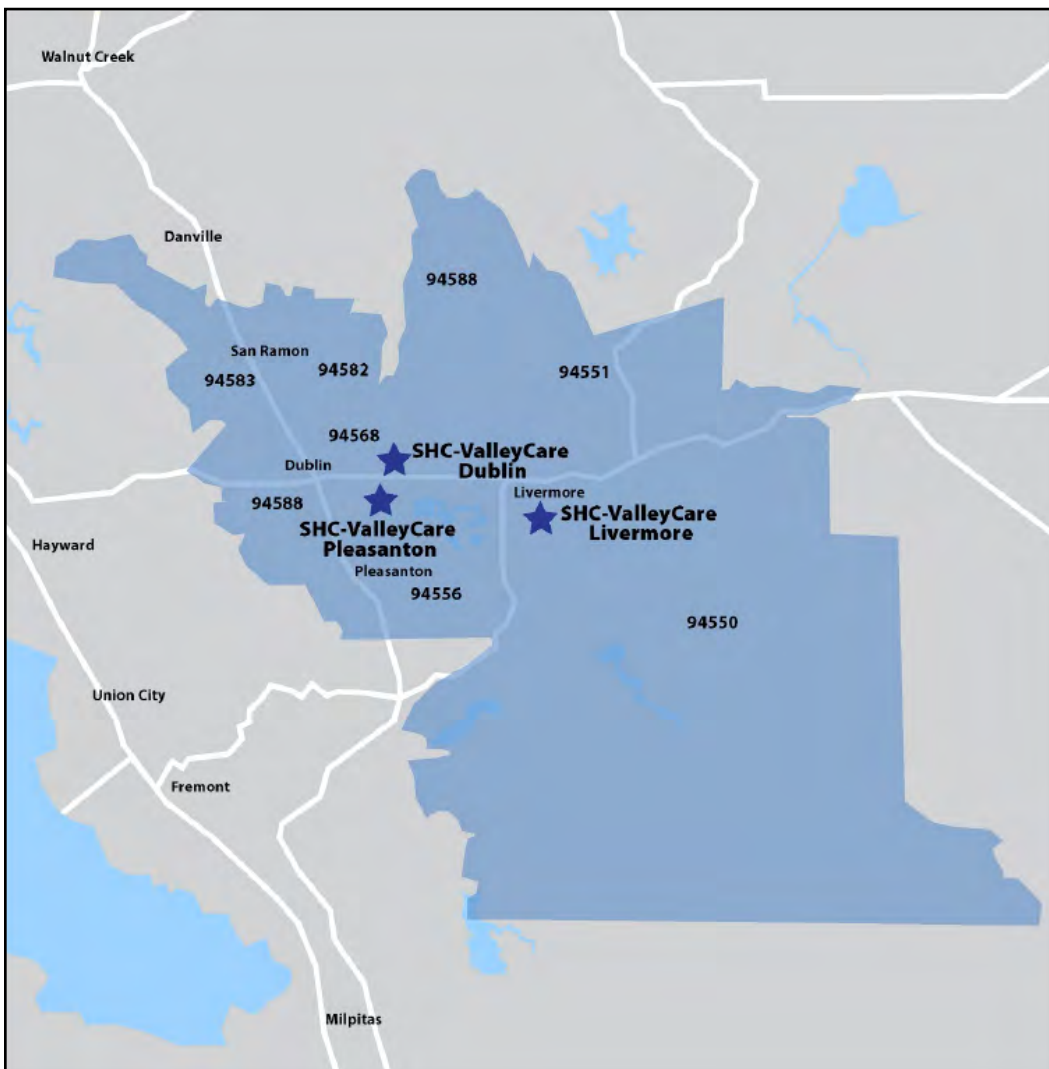
Community Benefit Operations: \$174,161

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

III. COMMUNITY SERVED

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 (see Map of the Community Served, next page). The Tri-Valley accounts for the majority of SHC - VC's inpatient discharges. Therefore, for the purposes of its community benefit initiatives and reporting, SHC - VC has identified the Tri-Valley as its target community.

MAP OF THE COMMUNITY SERVED



IV. COMMUNITY ASSESSMENT PROCESS AND PRIORITIZATION OF COMMUNITY HEALTH NEEDS

As required by California Senate Bill 697², 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 - VC was an active participant with the Hospitals in this work³.

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 - VC’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 - VC community health initiatives. The CBAG then applied another set of criteria⁴ from which three significant health needs were selected:



V. COMMUNITY INVESTMENT TO ADDRESS COMMUNITY HEALTH NEEDS

SHC -VC’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-VC invested in FY21, 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 FY20 Impact	VP	BC	ED
SENIOR SUPPORT PROGRAM OF THE TRI-VALLEY (SSPTV)	Senior Support Program of the Tri-Valley (SSPTV)	SHC – VC funded the provision of free, preventive health screenings and exams to low-income seniors. These screenings generally included blood pressure and diabetes checks, complete foot care, education about medication management, alcohol and drug education, as well as referrals, when appropriate. Some seniors also chose to receive colorectal cancer screenings and/or urine tests for infections and other toxicities. Persons served: 695	X	X	
TRI-VALLEY HAVEN	Shelter	For incoming shelter residents, SHC – VC offered TB screening tests and provided initial patient evaluation and follow-up diagnostic testing for any positive TB tests at no charge. 84 tests	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 – VC provided office space to the foundation free of charge.	X	X	

B. BEHAVIORAL HEALTH

Based on SHC – VC’s 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 – VC’s Community Health Needs Assessment, please visit:

<https://valleycare.com/about-us/community-benefits.html>.

Partner	Program	Program Details and FY20 Impact	VP	BC	ED
ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES	Santa Rita Mental Health Assessment, Referral and Drop-In Center	<p>SHC – VC’s grant supported the development of a new homeless mentally ill 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, connection to transportation (BART, bus, cab), refreshments and change of clothes. Telephone and/or internet to line up transportation and other post-release necessities.</p> <p>Persons served: 4,526</p>	X		
AXIS COMMUNITY HEALTH	Behavioral Health Program	<p>The grant from SHC – VC 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.</p> <p>Persons served: 1,078 patient visits</p>	X		

CRISIS SUPPORT SERVICES OF ALAMEDA COUNTY	Healing Hearts 5K Walk/Run for Suicide Prevention	SHC – VC’s funding supported 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: n/a		X	
--	---	---	--	---	--

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

Based on SHC – VC’s 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 SHC - VC’s Community Health Needs Assessment, please visit: <https://valleycare.com/about-us/community-benefits.html>.

Partner	Program	Program Details and FY20 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 – VC’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	SHC – VC provided office space to Spectrum, the nonprofit organization in charge of organizing the Meals on Wheels program in the Tri-Valley area.	X		

CROSSWINDS CHURCH TRI-VALLEY	Operation Cranberry Sauce	SHC – VC 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 packages fed approx. 9000 family members	X		
CULINARY ANGELS	Meals	SHC – VC 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 – VC 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-VC's Livermore campus free of charge.	X		

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

Program	Program Details and FY20 Impact	VP	BC	ED
<p>COVID-19 RESPONSE</p>	<p>Stanford Health Care – ValleyCare remains 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 FY21, the COVID-19 response investment totaled over \$8,100,857, including:</p> <ul style="list-style-type: none"> • Supported community health improvement activities for patients and the broad community, including administering vaccinations <ul style="list-style-type: none"> ◦ Over half of Stanford Health Care – ValleyCare’s 80,000+ COVID-19 vaccine doses were administered at our community vaccination site located in and in partnership with local communities. Improved health equity and vaccine access was achieved at this site through a strategic partnership model involving Stanford Health Care – ValleyCare, Alameda County Public Health Department, and our city partners. ◦ 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. <p>While vaccination is a cornerstone of Stanford Health Care – ValleyCare’s FY21 COVID-19 response, broad COVID-19 support included:</p> <ul style="list-style-type: none"> • 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	
<p>SUPPORTIVE CARE PROGRAMS FOR CANCER</p>	<p>SHC – VC provides 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.</p> <p>Persons served:1,206</p>		X	

MEDDATA (PATIENT FINANCIAL ADVOCACY SERVICES)	<p>This program assists low income, uninsured, underinsured and homeless patients in researching their healthcare options. Services, covered by SHC – VC’s 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.</p>	X		
POST-HOSPITAL SUPPORT	<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 transportation, medications and meal assistance.</p> <p>Persons served: 700</p>	X		
HEALTH LIBRARY	<p>Provides scientifically based health information to assist community members in making more informed decisions about their health and health care. The Health Library is open to the community and reaches out to the local population, as well as to anyone who uses the Internet. The library has an extensive collection of online health and wellness resources, including medical websites and full-text articles. It also includes conventional health and wellness resources. All informational and educational materials are available in English and Spanish.</p> <p>Persons served: approx. 200</p>		X	
MATERNAL/CHILD EDUCATION	<p>SHC – VC 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, SHC – VC 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 with guest speakers who focused on breastfeeding as a healthy start to life.</p> <p>Persons served: 439</p>	X	X	
CARDIAC INFORMATION AND EDUCATION	<p>SHC – VC provided a wide variety of resources and services to the broader community regarding cardiac information and education, including lectures.</p> <p>Persons served: 120</p>	X	X	

DIABETES/OBESITY INFORMATION AND EDUCATION	For those with diabetes, SHC – VC offered a monthly diabetes support group with occasional guest speakers. SHC – VC also offers education to the Tri-Valley community about healthy eating habits and prevention of pre-diabetes. Persons served: 47		X	
WEIGHT LOSS INFORMATION AND EDUCATION	SHC – VC offered bi-weekly support groups for both bariatric weight loss and medical weight management patients from the broader community. Persons served: 165		X	

VII. HEALTH EDUCATION, RESEARCH, AND TRAINING

Program	Program Details and FY20 Impact	VP	BC	ED
NURSING EDUCATION	Student training programs, including <ul style="list-style-type: none"> • Nursing Clinical Experience • Registered Nurse Preceptorship 			X
ALLIED HEALTH PROFESSIONS EDUCATION	Student training programs, including <ul style="list-style-type: none"> • Cardiac Rehabilitation • Emergency (Paramedic) • Health Administration • Physical & Sports Medicine • Surgical Technologist 			X

Stanford Health Care - ValleyCare: Fiscal Year 2022 Community Benefit Plan

I. COMMUNITY BENEFIT PLAN GOALS & STRATEGIES

Stanford Health Care - ValleyCare (SHC – VC) 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 third and final year of a three-year strategic investment in community health. The plan is based on documented community health needs disclosed in the 2019 Community Health Needs Assessment. These activities provide essential services for those in need in the community. While it is SHC – VC’s intent to fulfill the below listed goals and strategies, it is important to note that the country is in the midst of the COVID-19 pandemic. Due to county and state restrictions and guidelines, there are limitations with activities and events. SHC – VC is unable to predict the timing of when guidelines and restrictions will loosen but will remain flexible and adaptable to supporting the goals and strategies listed below.

For FY22, SHC – VC’s goals and strategies for its Community Benefit Plan are as follows:

A. HEALTH CARE ACCESS AND DELIVERY

Goal	Strategies	Anticipated Impact
<p>Long-Term Goal: Increase the proportion of Tri-Valley residents who have access to appropriate health care services.</p> <p>Intermediate Goal A.1: Improve access to quality primary and specialty care and preventive health care services for at-risk community members.</p>	<p>Allocate resources to support:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Increased access to health care and health care services. • Increased health care workforce pipeline.

B. BEHAVIORAL HEALTH

Goal	Strategies	Anticipated Impact
<p>Long-Term Goal: Improve behavioral health among residents in the Tri-Valley.</p> <p>Intermediate Goal B.1: Improve mental health and well-being among residents.</p>	<p>Participate in collaboration and partnerships to address mental health in the community such as:</p> <ul style="list-style-type: none"> • Partnering with behavioral health services organizations or similar collaborations on efforts to address behavioral health. 	<ul style="list-style-type: none"> • Increased access to health care and health care services. • Increased health care workforce pipeline.
<p>Intermediate Goal B.2: Improve residents' access to coordinated mental health care.</p>	<p>Provide support for efforts such as:</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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

Goal	Strategies	Anticipated Impact
<p>Long-Term Goal: Increase healthy living among children, youth, and adults in the Tri-Valley.</p> <p>Intermediate Goal C.1: Increase healthy eating and active living among children, youth, and adults in the Tri-Valley area.</p>	<p>Provide support for efforts such as:</p> <ul style="list-style-type: none"> • 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). <p>Participate in collaboration and partnerships to promote healthy eating and/or active living such as:</p> <ul style="list-style-type: none"> • Health fairs for screening and education. 	<ul style="list-style-type: none"> • 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.

II. 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.

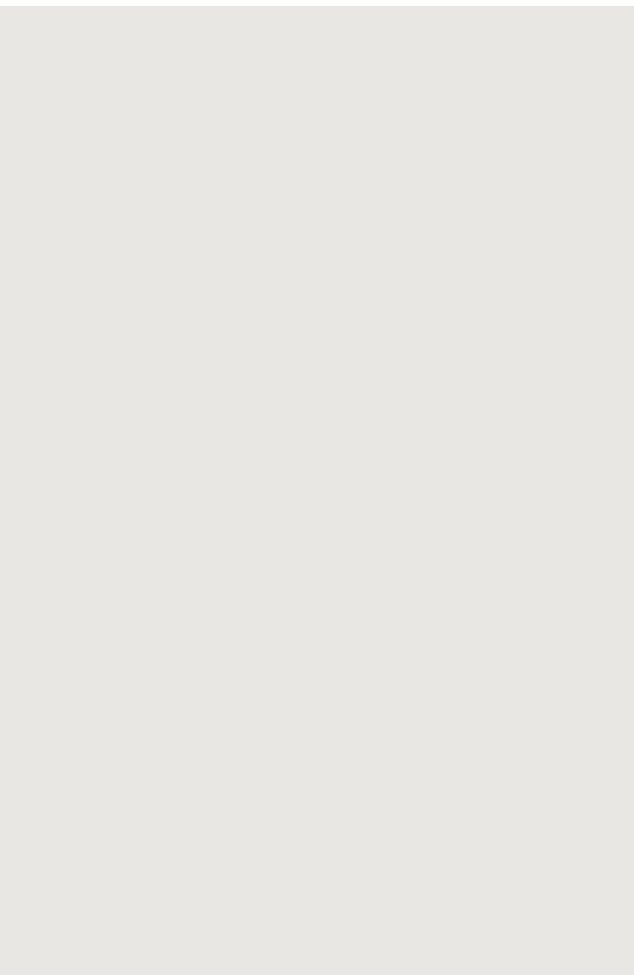
Endnotes

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

²SB 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.

³Hospitals: 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 - ValleyCare, UCSF Benioff Children's Hospital Oakland, and Washington Hospital Healthcare System.

⁴SHC - VC selection criteria: supported by primary data (community input) and/or secondary data; misses a benchmark (Healthy People 2020 or 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 - VC has the required expertise as well as the human and financial resources to make an impact.



ValleyCare