STANFORD HEALTH CARE
COMMUNITY HEALTH AND
PARTNERSHIPS PROGRAM

2022 Community Benefit Report

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Letter from the President & CEO

At Stanford Health Care, we are deeply committed to improving health and advancing equity in our surrounding communities. Nowhere is this more visible than with our Community Health & Partnership Program, where we collaborate with local organizations to address unmet needs of our region's most vulnerable and underserved populations. Together, we've made significant strides in removing barriers to care and providing supports to help individuals and families live their healthiest lives.

In FY2022, Stanford Health Care invested $642.5 million in services and activities benefiting our neighbors through financial assistance, health improvement programs, and training of health providers in community-focused care. We also continued to provide essential pandemic support, operating vaccination sites and providing testing in partnership with local leaders and public health departments. In addition to caring for COVID-19 patients, we adapted our operations to meet our region's ongoing, high demand for complex health services, driven by delays in care and other factors.

Working with our trusted partners, Stanford Health Care also strived to make a meaningful difference by addressing upstream issues that affect community health. Through our investments and other contributions, we supported programs focused on improving access to care, providing nutritious foods, reducing economic insecurity, and preventing homelessness. In FY2022, these efforts included a wide range of initiatives, from the Ravenswood Family Health Network's expansion of dental services for low-income patients to the Health Trust's Food Is Medicine program, distributing customized meals for patients with chronic and acute health conditions.

These programs — and many more — drive positive change in our communities and for our patients, families, and neighbors. We are proud to partner with these extraordinary organizations, and we look forward to continuing this important work to lift the health of all. With this year's report, I invite you to take the opportunity to learn more about our partnerships and initiatives that help so many achieve better health.

Sincerely,

David Entwistle
President and CEO, Stanford Health Care

Stanford MEDICINE | 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.

Total Quantifiable Community Benefit Investment for FY2022

This report covers fiscal year 2022 beginning September 1, 2021, and ending August 31, 2022. During this time, Stanford Health Care invested $642.5 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 2023.

Stanford Health Care FY22 Community Benefit Investment

FINANCIAL ASSISTANCE AND CHARITY CARE: $439,752,377

- Uncompensated costs of medical services for patients enrolled in Medi-Cal, out-of-state Medicaid, and other means-tested government programs: $427,063,067
- Charity Care: $12,689,310

HEALTH PROFESSIONS EDUCATION: $162,619,734

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

COMMUNITY HEALTH IMPROVEMENT SERVICES: $3,652,331

- 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
- Uncompensated costs of COVID-19 emergency response activities: $16.5 million since FY20

SUBSIDIZED HEALTH SERVICES: $3,368,436

- Stanford Life Flight
- Community-based second opinion services

RESEARCH: $182,661

- Research into improved care delivery and better health outcomes

FINANCIAL AND IN-KIND CONTRIBUTIONS: $108,464,880

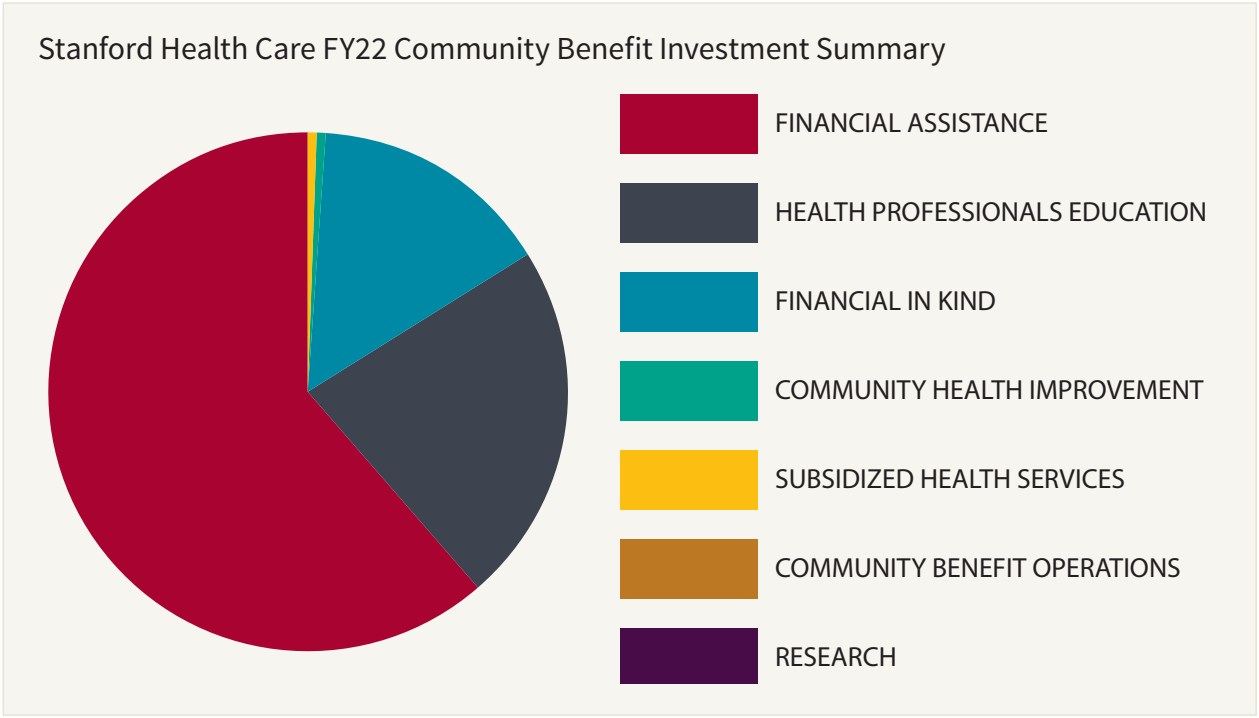
- Community clinic capacity building and support
- Community health improvement grants
- Donations of medical equipment, supplies, and food
- Fundraising support for nonprofit organizations
- Stanford University health professions education, community health improvement and access to care, and research

COMMUNITY BUILDING ACTIVITIES: $27,587

- Nonprofit sponsorship support
- Support for community emergency management

COMMUNITY BENEFIT OPERATIONS: $914,133

- 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.

Stanford Health Care's 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

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

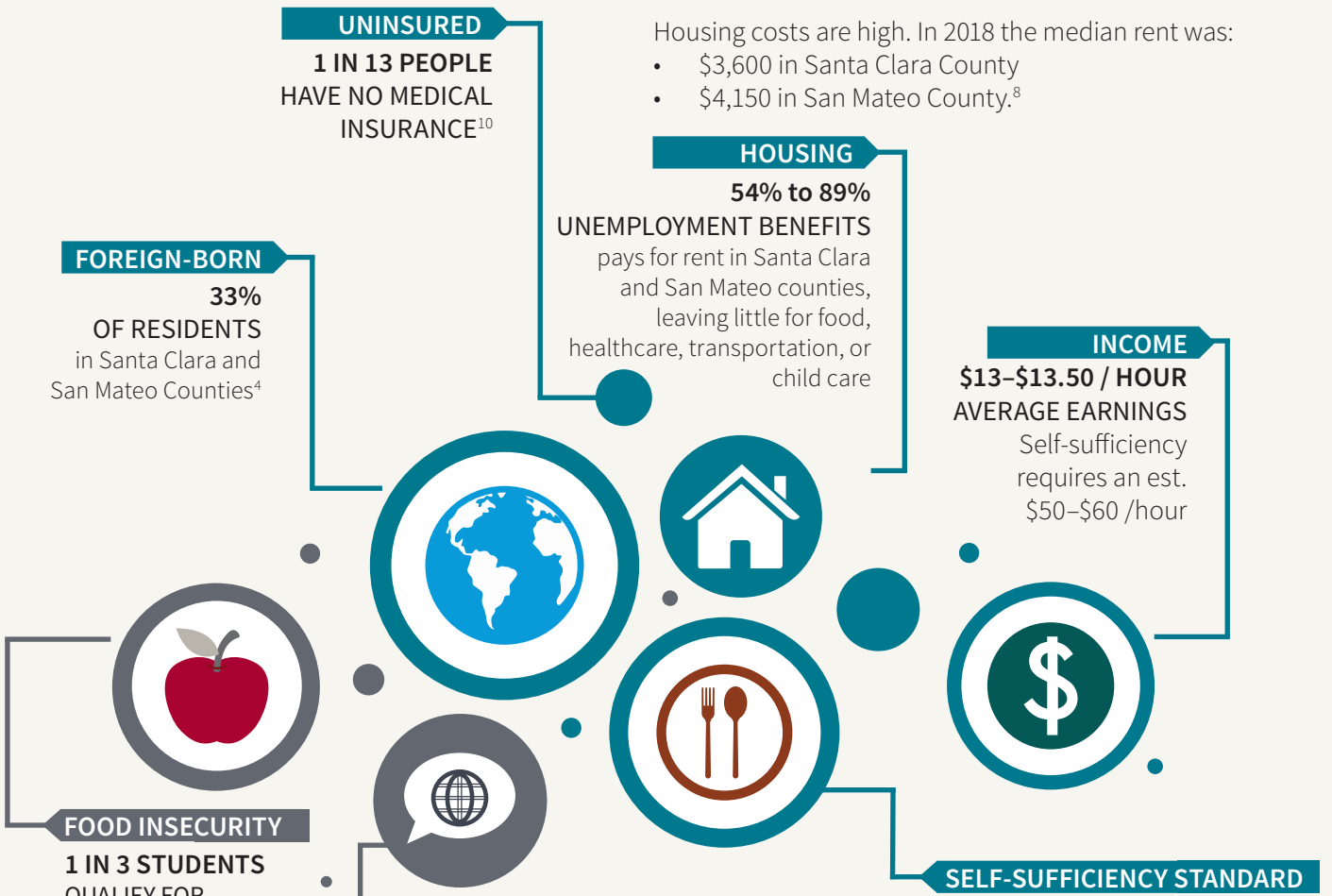
[2] San Mateo County Assessor-County Clerk-Recorder and Chief Elections Officer. (2015). Roster of Towns and Cities Located in San Mateo County.

[3] U.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.

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

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

Target Community



UNINSURED

1 IN 13 PEOPLE HAVE NO MEDICAL INSURANCE[10]

FOREIGN-BORN

33% OF RESIDENTS in Santa Clara and San Mateo Counties[4]

Housing costs are high. In 2018 the median rent was:

- $3,600 in Santa Clara County
- $4,150 in San Mateo County.[8]

HOUSING

54% to 89% UNEMPLOYMENT BENEFITS pays for rent in Santa Clara and San Mateo counties, leaving little for food, healthcare, transportation, or child care

INCOME

$13–$13.50 / HOUR AVERAGE EARNINGS Self-sufficiency requires an est. $50–$60 /hour

FOOD INSECURITY

1 IN 3 STUDENTS QUALIFY FOR free or reduced price lunch[9]

38% OF RESIDENTS RECEIVE FOOD from Second Harvest of Silicon Valley food bank

LINGUISTICALLY ISOLATED

10% LIVE IN a household which all members are non-English speakers[4]

In Santa Clara County, 50% of the Alum Rock neighborhood of San Jose is linguistically isolated, compared to less than 1% of the population in Lexington Hills.

In San Mateo County, 50% in parts of Daly City, South San Francisco, and Redwood City/North Fair Oaks are linguistically isolated compared to less than 1% of the population in parts of Woodside.

SELF-SUFFICIENCY STANDARD

30% OF HOUSEHOLDS are unable to meet their basic needs[6]

Income, as a key social determinant, has a significant impact on health outcomes.

The standard of living in 2018 for a two-adult family with two children was nearly $107,000 in Santa Clara County and $126,000 in San Mateo County.[7] The median income of families in our target community is $22,601.

Endnotes can be found on page 42.

Community Assessment Process and Prioritization of Community Heath Needs

As required by California Senate Bill 697[ii], 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 Investment to Address 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.

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.

AC CARE ALLIANCE | Advanced Illness Care Program (AICP) Expansion in Santa Clara and San Mateo Counties

Through faith-based care navigation, AC Care Alliance supports the expansion of the Advanced Illness Care Program program into Santa Clara and San Mateo Counties, particularly underserved East Palo Alto.

- 18 relationships cultivated among faith, health, and community organization leaders with additional 13 congregations, 11 health organizations, and 40 community organizations in progress
- 9 faith leaders identified to participate in workshop training series to understand advance care planning and end-of-life discussions with congregants and community members
- 40 community organizations identified, vetted, and formatted for inclusion in ACCA's case management technology solution

Investment: $35,664 • Persons served: 18

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.

- 66% increase over the previous year in access to care for older adults with complex health needs
- 85% of participants had no emergency room visits or hospital admissions
- 99% of family caregivers reported reduced stress levels due to interaction with program services

Investment: $195,000 • Persons served: 50

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.

- 51% increase over the previous year in program participation by seniors with limited technology skills
- 90% of participants self-reported feeling more confident using computer technology
- 90% of participants self-reported gaining three new technology skills.

Investment: $130,000 • Encounters: 8,972

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. Improved health equity and vaccine access was achieved:

- Across 12 community-based vaccination sites
- 500,000+ vaccination doses administered
- 400,000+ antigen tests provided to vulnerable communities
- Personal protective equipment donations to community organizations

Investment: $16,500,000 uncompensated costs since FY20

NEW DIRECTIONS | Community-based Case Management Program

This program provides case management to reduce access barriers to healthcare and housing for unhoused community members in need of psychosocial services.

- 44 individuals enrolled and provided with case management services
- 82% of clients served placed in temporary housing within 2 months of New Directions case management engagement
- 25% of clients in the process of or placed in permanent housing within 12 months of New Directions case management engagement

Investment: $350,000 • Persons served: 44

OPERATION ACCESS I Access to Surgical Services and Specialty Care

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

- 124 surgical procedures and diagnostic services provided
- 96% of patient survey respondents reported improved health or quality of life
- Of patients who reported pain at intake, 67% reported a reduction of pain
- 100% decrease in emergency department use in patients interviewed pre- and post-procedure

Investment: $120,000 • Persons served: 90

PENINSULA HEALTHCARE CONNECTION | Improved Clinic Efficiency and Capacity

Through improved clinic efficiency and capacity achieved by a full-time clinic administrator, the program provides health care services to unhoused individuals and individuals at-risk for homelessness • 241 COVID-19 tests administered to homeless and high-risk for homelessness individuals

- 15 Backpack Medicine visits conducted throughout the community
- 40% of new uninsured clients enrolled in Medicaid/Medicare

Investment: $200,644 • Persons served: 398

RAVENSWOOD FAMILY HEALTH CENTER | Expansion of Dental Services

Support for the addition of seven operational exam rooms to provide complex and urgent dental treatment, including sedation dentistry and implants, allowing the safety-net clinic to serve 73% of the patient waitlist.

Investment: $775,000

RAVENSWOOD FAMILY HEALTH CENTER | Establish Social Work/Case Management Department

The program supports a social services manager, and clinical nurse manager in Medication Assisted Treatment/ Enhanced Care Management, a social worker, and social service patient navigators to address the social determinants of health needs of high-risk and vulnerable patients

- 80% increase in the number of medically high-risk, complex patients who received community resources/ social services within 30 days of screening/identification
- 100% of medically high-risk, complex patients who needed a home visit received one within 30 days of referral
- 100% of Emergency Department discharges sent by Stanford received a follow-up

Investment: $250,000 • Persons served: 758

ROOTS COMMUNITY HEALTH CENTER | Establish Research, Evaluation and Training Program

The Research, Evaluation and Training Program expands clinical, education, and research partnerships to enhance high quality care and clinic capacity to serve more patients.

- Newly established Monthly Research & Evaluation Committee Meetings increased capacity to receive and review requests from potential partners
- Newly established Patient Advisory Board enables committee members to offer feedback on telehealth-related resources, used to implement processes that improve patient experience with telehealth services
- Streamlined workflows to process research requests, engage with academic partners, and evaluate programs, resulting in overall increase in capacity and quality of care

Investment: $149,463 • Persons served: 6,238

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

- 84 patients accessed additional supportive services based on Samaritan House referrals
- 3,090 medical and dental patient visits provided for uninsured, low-income residents of San Mateo County
- 357 medical patient visits provided for diabetes care
- 60% of eligible patients enrolled in the Food Pharmacy program

Investment: $160,000 • Persons served: 697

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.

- 76% of new patients established Sonrisas Dental Health (SDH) as their dental home
- 100% of patients received prevention education and supply kits at clinic visits to support their at-home routine
- Less than 2% of patients sought emergency care due to oral health concerns

Investment: $61,000 • Persons served: 1,480

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.

SAMARITAN HOUSE | COVID-19 Relief Donation

Financial Assistance to support basic needs of individuals and families impacted by COVID-19. Funds support: rent, utilities, medical expenses, food, etc.

Investment: $150,000 • Persons served/month:

SECOND HARVEST FOOD BANK OF SILICON VALLEY | Lean Proteins for Local Food Distribution Centers and COVID-19 Relief Donation

The program provides lean proteins (dairy, eggs, poultry, fish, peanut butter, and almonds) for local food bank sites. The COVID-19 relief donation provides financial assistance to support the purchase and distribution of healthy proteins to food-insecure residents of San Mateo County who continue to be impacted by the ongoing COVID-19 pandemic.

- 576,749 pounds of healthy proteins distributed
- Linked 774 new clients referred from health providers to food assistance
- Submitted 700 CalFresh applications for eligible clients

Investment: $360,000 • Persons served/month: 25,073

SENIOR COASTSIDERS | Creating an Age Friendly Coastside Community

In partnership with the city of Half Moon Bay's age-friendly master plan, the program engages older adults in community-led planning and data gathering, analysis, and implementation to inform the process of obtaining an Age Friendly Community designation.

- Conducted 17 focus groups involving 89 diverse community members and implemented a simple mobile app to gather information from community residents about the unmet needs of seniors on the San Mateo Coast
- Application for inclusion in the Network of Age Friendly Cities and Communities submitted and approved
- Initiated 5 preliminary projects identified in application to begin addressing the unmet needs identified by community residents

Investment: $60,000 • Impact: ~15,000 residents

THE HEALTH TRUST | Food is Medicine

Meals on Wheels

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

- Provided 337,683 home-delivered meals to 1,392 unduplicated clients who are nutritionally insecure and ineligible for other meal delivery programs
- 98.7% of Client Survey respondents reported that the program is somewhat important or extremely important to their well-being

Medically Tailored Meals

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

- Provided 57,055 Medically Tailored Meals to 362 MTM clients
- 67.8% of MTM clients were not readmitted to the Hospital or ER during the 12-week program
- 89% of clients who completed the program improved or maintained their perceived health status

Investment: $350,000 • Persons served: 1,392

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.

- 95.8% of households remained stably housed while receiving prevention services
- 96.53% of households remained stably housed for at least 12 months after the termination of assistance
- 92.24% of assisted households did not return for services within two years after termination of prevention assistance

Investment: $500,000 • Unduplicated households served: 5,704

DESTINATION: HOME | Heading Home Campaign to End Family Homelessness

This community-wide campaign to end family homelessness by housing 1,200 homeless families in the next year and then 600 annually by 2025 provides emergency housing vouchers, rapid rehousing, expansion of the Homelessness Prevention System, and affordable housing development.

Investment: $150,000

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 4 to 2.5 weeks
- Removed 1,344 barriers to self-sufficiency for Team Members (Examples: enrolled in government programs, received personal identification and employment application)

Investment: $214,204 • Persons served:124

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 linkage to community-based social services.

- 592 hospital days avoided
- 751 individual behavioral therapy sessions provided to homeless patients

Investment: $175,646 • Persons served: 148

Hospital-Based Programs Supporting Community Health Improvement

Program	Program Details and Impact
COMMUNITY EMERGENCY RESPONSE **Investment:** $7,052	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. • 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.
EMERGENCY DEPARTMENT REGISTRATION UNIT **Investment:** $15,036	In partnership with Santa Clara and San Mateo counties, this program links uninsured pediatric patients treated in The pediatric emergency department at Stanford Medicine with health insurance including Medi-Cal, Healthy Kids, Healthy Families, etc.
PATIENT FINANCIAL ADVOCACY SERVICES (MedData) **Investment:** $1,380,251	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.

POST-HOSPITAL SUPPORT **Investment:** $300,626	The Social Work and Case Management department provides funding and resources for patients with limited or no ability to pay for necessary medical and non-medical services. Services include skilled nursing facility and/or home health care costs, medical equipment, transportation, temporary housing, medications, and meal assistance.
STANFORD HEALTH LIBRARY **Investment:** $1,842,347 **Persons served:** 17,974	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.
STANFORD LIFE FLIGHT **Investment:** $2,416,285	Helicopter transport of critically ill and injured adult, pediatric, and neonatal patients to definitive care, regardless of the patient's ability to pay. • 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
STANFORD SUPPORTIVE CARE PROGRAM (Cancer and Neuroscience) **Investment:** $1,112,764 **Persons served:** 19,317	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. • 60+ services are provided, including support groups, health education classes, caregiver workshops, exercise and yoga classes, and art therapy classes
SUSTAINABILITY PROGRAM OFFICE **Investment:** $668,619	This program coordinates donations of medical supplies, food, and equipment to local, national, and international charitable organizations.

Community-Based Programs Supporting Community Health Improvement

Program	Program Details and Impact
AGING ADULT COMMUNITY HEALTH EDUCATION PROGRAMS **Investment:** $114,496	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.
BOARD SERVICE **Investment:** $9,363	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.
COMMUNITY HEALTH EDUCATION PROGRAMS **Investment:** $567,904	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: • COVID-19 prevention and treatment • Smoking cessation • Falls and other injury prevention • Life-saving techniques • Palliative Care • Spiritual Care
FINANCIAL DONATIONS **Investment:** $302,331	Restricted financial contributions to organizations helps support program and service delivery to address health needs of the most vulnerable members of the community. Other community-based grant-making and financial contributions are detailed on pages 11 - 18.)
ONLINE SECOND OPINION **Investment:** $952,151	Seeking to improve high quality care and access to specialty services, the Stanford Medicine Online Second Opinion program offers review of clinical diagnosis, treatment options, and care plans for community members.
REBUILDING TOGETHER **Investment:** $20,535	Stanford Health Care provides funding and volunteer support for housing and infrastructure improvements for low-income community members and not-for-profit organizations.

SUBSIDIZED HEALTH SERVICES **Investment:** $1,453,327	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. FY22 provider services include: • Emergency Medicine • Primary Care • Psychiatry
SUPPORT GROUPS **Investment:** $38,998	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
ALLIED HEALTH PROFESSIONS EDUCATION **Investment:** $13,573,136	Student training programs in the field of: • Clinical Laboratory • Clinical Nutrition • Dosimetry • Geriatric Medicine • Nuclear Medicine • Nursing • Orthopedic Technician • Pharmacy • Psychology • Physician Assistant • Radiology • Rehabilitation Services • Respiratory Care Services • Social Work • Ultrasound • Vascular Sonography
CLINICAL PASTORAL EDUCATION **Investment:** $414,573	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.
INTERPRETER AND TRANSLATION - HEALTH PROFESSIONS EDUCATION **Investment:** $33,907	Stanford Health Care interpreters prepare medical students to include interpretation and translation services as part of the care team and patient experience.
MEDICAL STUDENT, RESIDENT, AND FELLOW TRAINING **Investment:** $148,598,118	Student training programs included all primary and specialty care programs.
OFFICE OF RESEARCH **Investment:** $40,161	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.
SUPPORT FOR STANFORD UNIVERSITY **Investment:** $99,808,765	Grant support provided to Stanford University School of Medicine for health professions education, community health improvement and research, and community benefit activities.

2023 Community Benefit Plan

This plan represents the first 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 2022 Community Health Needs Assessment.

Health Care Access and Delivery

Key Community Health Needs Assessment Findings:

- Fewer primary and specialty care providers than California's average
- Health insurance affordability for middle- and low-income community members, health insurance enrollment for low-income and undocumented community members
- Telehealth, digital health care access and use challenges for low-income older adults
- Lack of culturally competent/trauma-informed care, especially for LGBTQ+ individuals, speakers of languages other than English, individuals with mental health co-morbidities, individuals with limited technology or health literacy

Goal	Improve access to affordable, high-quality health care services for at-risk community members
Strategies	**Anticipated Impact**
Provide financial assistance to reduce health care cost barriers to care for low-income individuals.	• Reduced health care cost barriers for vulnerable populations • Increased use of medical home, including preventive care services • Improved affordability of health care services
Increase health insurance coverage.[1]	• Improved health insurance rates • Reduced avoidable emergency department and hospital utilization • Improved access to medical home • Increased use of medical home, including preventive care services • Improved affordability of health care services
Support care coordination interventions.[2, 3, 4, 5, 6]	• Reduced avoidable emergency department and hospital utilization • Improved access to medical home • Improved health outcomes, particularly related to health disparities • Improved housing and economic security by addressing physical health conditions that contribute to housing instability
Support capacity-building opportunities.[7,8,9]	• Reduced avoidable emergency department and hospital utilization • Improved access to medical home
Support initiatives that address telehealth challenges and physical and technology infrastructure improvements.[4, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19]	• Improved equitable access to telehealth • Reduced avoidable emergency department and hospital utilization • Improved access to medical home • Increased use of medical home, including preventive care services • Improved health outcomes, particularly related to health disparities
Support initiatives that address culturally competent and compassionate/respectful care.[20, 21, 22, 23, 24, 25]	• Improved health outcomes, particularly related to health disparities

Behavorial Health

Key Community Health Needs Assessment Findings:

- Access to mental health care and substance use treatment is limited for all, worse for BIPOC and low-income individuals
- COVID-related stress: depression, anxiety, trauma, grief, economic factors
- Isolation for older adults and youth
- Suicide is higher than California's average for all age groups
- Justice system issues: BIPOC individuals experience higher rates of incarceration (drivers: racism, jail in lieu of health care services)
- Rising drug overdose deaths among community members

Goal	Improve access to affordable, high-quality mental/behavioral health care services
Strategies	**Anticipated Impact**
Support integrated mental health and substance use services/treatment for co-occurring mental illness and addiction. [26, 27]	• Improved access to mental/behavioral health programs and services • Increased proportion of community members served with effective mental/behavioral health services • Improved coordination of mental/behavioral health services • Improved mental/behavioral health among those served • Improved housing and economic security by addressing the behavioral health conditions that contribute to housing instability
Support screening and referral for mental/ behavioral health issues both at primary care visits and in emergency departments, and training for such screening when appropriate.[28, 29, 30]	• Improved access to mental/behavioral health programs and services • Increased proportion of community members served with effective mental/behavioral health services
Support initiatives aimed at increasing the supply of diverse mental/behavioral health providers in community/safety net clinics.[31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43]	• Increased rate of mental/behavioral health providers per 100,000 community residents • Reduced attrition of mental/behavioral health providers • Increased diversity of mental/behavioral health providers
Support programs that assist individuals recovering from addiction to transition back into the community.[44, 45]	• Reduced housing instability among individuals with mental illness/ substance addiction
Goal	Improve access to affordable, high-quality mental/behavioral health care services
Support programs that pair health professionals trained in mental/ behavioral health crisis response with law enforcement or other security professionals.[46, 47, 48, 49]	• Improved outcomes of encounters between mentally ill individuals and law enforcement

Housing

Key Community Health Needs Assessment Findings:

- Housing affordability worse than California average for households spending more than one third of income on housing, worse for BIPOC individuals
- Fewer housing units are available than demand
- Lower homeownership for all groups, especially BIPOC individuals
- Resulting in:
- Housing unit overcrowding as a result of unaffordability
- Poor housing quality, substandard conditions, and landlord-deferred maintenance/neglect, particularly for undocumented individuals
- Outmigration, higher among BIPOC individuals and low-wage earners (impacting employment and economic stability of the region)

Goal	Reduce housing instability among community members to support improved health
Strategies	**Anticipated Impact**
Support programs that expand affordable housing opportunities (rental and ownership), including those on existing residential properties.[50, 51, 52, 53]	• Improved access to stable housing for low-income individuals across San Mateo and Santa Clara counties • More community members remain independent longer • Reduced proportion of individuals who are housing insecure
Support local homelessness prevention organizations and collaboratives that provide temporary financial assistance, legal support, case management and/or other needed services to low-income individuals and families at risk of losing their housing.[54, 55, 56]	• Increased access to social services to prevent homelessness • More community members remain independent longer • Reduced proportion of individuals who are housing insecure
Support integrated case management programs that link high-risk individuals with housing.[57, 58, 59, 60, 61, 62]	• Increased access to social services to prevent homelessness • Reduced proportion of individuals who are housing insecure
Programs that assist disabled individuals and older adults with housing placement and coordinated case management to remain in their communities.[63]	• More community members remain independent longer • Reduced proportion of individuals who are housing insecure
Address affordable housing issues via investment.[64]	• Reduced poverty rates in San Mateo and Santa Clara counties • Improved associated health outcomes
Increase screening efforts for social determinants of health (e.g., safe housing).[65,66,67,68]	• Identification of greater proportion of housing-insecure individuals in San Mateo and Santa Clara counties • Improved access to stable housing for low-income individuals across San Mateo and Santa Clara counties • Reduced proportion of individuals who are housing insecure

Income Security

Key Community Health Needs Assessment Findings:

- Wages for frontline and essential workers rarely meet the California Self-Sufficiency Standard
- Despite low unemployment locally, annual wage increases are not meeting inflation
- Local minimum wages in each county are less than half of the California Self-Sufficiency Standard minimum wage requirements

Goal	Reduce barriers to employment/careers that provide community members with a living wage
Income Security Strategies	**Anticipated Impact**
Support efforts to increase workforce-related educational attainment and/or job training.[69, 70, 71, 72, 73, 74, 75, 76, 78, 79, 80]	• Reduced unemployment rates • Improved health insurance rates • Reduced poverty rates in San Mateo and Santa Clara counties • Reduced California Self-Sufficiency Standard disparity • Reduction of pay disparities
Support Guaranteed Basic Income pilots.[81, 82]	• Reduced poverty rates in San Mateo and Santa Clara counties • Reduced unemployment rates • More people earning a living wage • Reduced economic insecurity • Improved associated health outcomes
Support anchor institution-informed interventions to address economic security issues (e.g., targeted hiring and workforce development pipelines, incentivizing local and minority-owned procurement, policy change to improve economic security for vulnerable populations). [83, 84, 85, 86, 87, 88]	• Reduced unemployment rates • More people earning a living wage • Reduced economic insecurity

Food Security

Key Community Health Needs Assessment Findings:

- Trade-off between paying for housing, food, transportation, child care, medical care, etc.)
- Limited access to healthy foods

Goal	Reduce food insecurity and increase healthy food access for low-income community members
Strategies	**Anticipated Impact**
Expand access to food security programs specifically addressing health care-related food access (e.g., food pharmacy, medically tailored meals, Meals on Wheels, health policy advocacy).[89]	• Improved access to healthy food for low-income individuals across San Mateo and Santa Clara counties • Improved associated health outcomes
Increase screening efforts for social determinants of health (e.g., food security).[65, 68, 90, 91, 92, 93, 94]	• Identification of greater proportion of food-insecure individuals in San Mateo and Santa Clara counties • Improved access to healthy food for low-income individuals across San Mateo and Santa Clara counties • Reduced proportion of individuals who are food insecure
Expand capacity of existing food access programs and/or support new programs to increase access to nutrient-dense foods.[95, 96, 97, 98, 99, 100, 101, 102, 103, 104]	• 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 • Reduced diabetes/obesity rates

End Notes

[1] 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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Target Community End Notes

[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.

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