



## Stanford Health Care Fiscal Years 2020-2022 Implementation Strategy

### General Information

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# **Table of Contents**

<b>General Information .....</b>	<b>1</b>
<b>I. About Stanford Health Care .....</b>	<b>3</b>
<b>II. Stanford Health Care's Service Area .....</b>	<b>3</b>
<b>III. Purpose of Implementation Strategy .....</b>	<b>4</b>
<b>IV. List of Community Health Needs Identified in the 2019 CHNA .....</b>	<b>5</b>
<b>V. Those Involved in the Implementation Strategy (IS) Development .....</b>	<b>6</b>
<b>VI. Health Needs that Stanford Health Care Plans to Address .....</b>	<b>6</b>
<b>Health Care Access and Delivery .....</b>	<b>6</b>
<b>Housing and Homelessness.....</b>	<b>11</b>
<b>Economic Security .....</b>	<b>12</b>
<b>VII. Stanford Health Care's Implementation Strategy .....</b>	<b>13</b>
<b>VIII. Evaluation Plans .....</b>	<b>18</b>
<b>IX. Health Needs that Stanford Health Care Does Not Plan to Address.....</b>	<b>18</b>
<b>Endnotes .....</b>	<b>19</b>
<b>Appendix A: Implementation Strategy (IS) Report IRS Checklist.....</b>	<b>26</b>
<b>Appendix B: Health Needs Profiles.....</b>	<b>27</b>

## **I. About Stanford Health Care**

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Stanford Health Care (SHC) is dedicated to providing leading-edge and coordinated care to each and every patient. It is internationally renowned for expertise in areas such as cancer treatment, neuroscience, surgery, cardiovascular medicine and organ transplant, as well as for translating medical breakthroughs into patient care. Throughout its history, Stanford has been at the forefront of discovery and innovation, as researchers and clinicians work together to improve health on a global level. SHC's vision is healing humanity through science and compassion, one patient at a time. Its mission is to care, to educate, to discover.

SHC is creating new delivery models, leveraging advanced resources to create seamless continuity of care for every patient. From its suite of virtual care services to its primary and specialty care offices throughout the Bay Area, SHC offers people from across the region and around the world comprehensive solutions to meet all of their health care needs.

At the center of the SHC health system is one of the most advanced hospitals in the world. The new Stanford Hospital, opened in late 2019, makes SHC's bold vision for compassionate, coordinated, personalized, and leading-edge care a reality for more people than ever before.

## **II. Stanford Health Care's Service Area**

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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 live 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.

Santa Clara County comprises 18 cities and large areas of unincorporated rural land. In 2017, approximately 1.94 million people lived there, making it the sixth largest county in California by population.<sup>a</sup> San Jose is its largest city, with over 1.03 million people (53% of the total). Nearly 17% of Santa Clara County's residents are under the age of 18, and 12% are 65 years or older. The median age is 36.8 years old.

San Mateo County comprises 19 cities and more than two dozen unincorporated towns and areas.<sup>b</sup> It is far less populous than Santa Clara County, with approximately 771,410 residents in 2017. Daly City is San Mateo County's largest city by population, with over 107,000 people (14% of the total). Nearly 22% of the county's residents are under the age of 18, and 15% are 65 years or older. The median age is 39.5 years old.

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<sup>a</sup> Santa Clara County Public Health Department. (2017). City and Small Area/Neighborhood Profiles. [Database]Retrieved from <https://www.sccgov.org/sites/phd/hi/hd/Pages/city-profiles.aspx>

<sup>b</sup> San Mateo County Assessor-County Clerk-Recorder and Chief Elections Officer. (2015). Roster of Towns and Cities Located in San Mateo County.

The ethnic makeup of both counties is extremely diverse. More than 33% of residents in Santa Clara and San Mateo counties are foreign-born, and about 10% live in linguistically isolated households.<sup>c</sup> The latter is marked by wide geographic differences. For example, in Santa Clara County less than 1% of the population in Lexington Hills is linguistically isolated, compared with more than 50% in the Alum Rock neighborhood of San Jose. In San Mateo County, less than 1% of the population in parts of Woodside lives in linguistically isolated households, compared with more than 50% in parts of Daly City, South San Francisco, and Redwood City/North Fair Oaks.

Income, as a key social determinant, has a significant impact on health outcomes. Our community not only earns one of the highest annual median incomes in the U.S., but also bears some of the highest costs of living. Median household incomes are \$101,173 in Santa Clara County and \$98,546 in San Mateo County, both far higher than California's \$63,783.<sup>d</sup>

Yet the California Self-Sufficiency Standard,<sup>e</sup> set by the Insight Center for Community Economic Development, indicates that approximately 30% of households in Santa Clara and San Mateo counties are unable to meet their basic needs. (The Standard 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.<sup>f</sup>) Housing costs are high: In 2018, the median home price was \$1.3 million and the median rent was \$3,600 in Santa Clara County; this compares to \$1.4 million and \$4,150 in San Mateo County.<sup>g</sup> In both counties, about one third of children are eligible for free or reduced-price lunch.<sup>h</sup> At least one of every 13 people in this community is uninsured.<sup>i</sup>

The minimum wage was \$13–\$13.50 per hour in 2018, while self-sufficiency in this region requires an estimated \$50–\$60 per hour. California Self-Sufficiency Standard data show a 25% increase in the cost of living in both counties between 2015 and 2018, while the U.S. Bureau of Labor Statistics reports only a 4% per year average increase in wages in the San Jose-San Francisco-Oakland metropolitan area during that time period.

### **III. Purpose of Implementation Strategy**

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This Implementation Strategy Report (IS Report) describes SHC's planned response to the needs identified through the 2019 CHNA process. It fulfills Section 1.501(r)(3) of the IRS regulations governing nonprofit hospitals. Subsection (c) pertains to implementation strategy

<sup>c</sup> 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.

<sup>d</sup> U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012-2016.

<sup>e</sup> 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.

<sup>f</sup> 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/>

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

<sup>h</sup> National Center for Education Statistics. NCES-Common Core of Data, 2015-2016.

<sup>i</sup> U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012-2016.

specifically, and its requirements include a description of the health needs that the hospital will address and a description of the health needs that the hospital will not address. Per these requirements, the following descriptions of the actions (strategies) SHC intends to take include the anticipated impact of the strategies, the resources the hospital facility plans to commit to address the health needs, and any planned collaboration between the hospital facility and other facilities or organizations in addressing the health needs.

For information about SHC's 2019 CHNA process and for a copy of the 2019 CHNA report, please visit <https://stanfordhealthcare.org/content/dam/SHC/about-us/public-services-and-community-partnerships/docs/SHC-2019-CHNA-report-final.pdf>.

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

The 2019 CHNA assessed community health needs by gathering input from persons representing the broad interests of the community. This primary qualitative input was used to determine the community's priorities. In addition, quantitative (statistical) data were analyzed to identify poor health outcomes, health disparities, and health trends. Statistical data were compiled and compared against Healthy People 2020 (HP2020) benchmarks<sup>j</sup> or, if such benchmarks were not available, statewide averages and rates.

To be considered a health need for the purposes of the 2019 CHNA, the need had to fit the definition of a health need,<sup>k</sup> be present in at least two data sources, and prioritized by key informants or focus groups. A total of six health needs were identified in the 2019 CHNA. The health need prioritization and selection process is described in Section VI of this report.

### **2019 COMMUNITY HEALTH NEEDS LIST**

- 1. Health Care Access and Delivery, including:**
  - a. Behavioral Health**
  - b. Diabetes and Obesity**
  - c. Oral/Dental Health**
- 2. Housing and Homelessness**
- 3. Economic Security**

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

<sup>k</sup> The definition of a health need is a poor health outcome and its associated risk(s), or a risk that may lead to a poor health outcome. Further definitions of terms may be found in SHC's 2019 CHNA report.

## **V. Those Involved in the Implementation Strategy (IS) Development**

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The SHC Community Partnership Program Steering Committee (CPPSC) selected the health needs to address. Actionable Insights, LLC, provided guidance and expertise for this process and conducted research on evidence-based and promising practices for each selected health strategy. Actionable Insights is a consulting firm whose principals have experience conducting CHNAs and providing expertise on implementation strategy development and IRS reporting for hospitals.

## **VI. Health Needs that Stanford Health Care Plans to Address**

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### **A. Process and Criteria Used to Select Health Needs**

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

After prioritizing the six health needs documented in the 2019 CHNA, the CPPSC, by consensus, selected all the health needs that had been identified:

- 1. Health Care Access and Delivery, including:**
  - a. Behavioral Health**
  - b. Diabetes and Obesity**
  - c. Oral/Dental Health**
- 2. Housing and Homelessness**
- 3. Economic Security**

### **B. Description of Health Needs that Stanford Health Care Plans to Address**

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

#### **HEALTH CARE ACCESS AND DELIVERY**

Health Care Access and Delivery, particularly health care availability and affordability, is a priority community health need. In San Mateo and Santa Clara counties, residents with low socioeconomic status are more likely than higher-status groups to have access issues, such as absence of health insurance, inability to afford medication, inadequate transportation to medical appointments, and lack of recent health screenings. People of

Latinx, Pacific Islander, and “Other”<sup>1</sup> ancestries have the lowest rates of health insurance. Participants in numerous focus groups and interviews said they believe undocumented immigrants have accessed health care less often in recent years for fear of being identified and deported; professionals specifically cited a reduction in patient visits. Some community members also called for greater patience, empathy, training, diversity, and cultural competence among health care providers.

In Santa Clara County, despite generally high rates of insurance and available providers, the community said that health care is often unaffordable. People who do not receive health insurance subsidies, such as undocumented immigrants, often lack the means to pay for medical care. Even for middle-income Santa Clara County residents, health care services may be unaffordable. The community expressed concern about the ability of older adults to pay for health care. The county’s rate of Federally Qualified Health Centers (FQHCs) is below the state average, as is access to mental health care providers. One in 10 households is linguistically isolated, which can restrict access to care. Health clinic professionals expressed concern with attracting and retaining staff, especially those who are bilingual, because of the high cost of living in the Bay Area.

In San Mateo County, access to “other” primary care providers (e.g., nurse practitioners and physician assistants) is significantly poorer than the state average. The proportion of employed county residents whose jobs offer health benefits has declined. County residents who do not receive health insurance subsidies, such as undocumented immigrants or those with middle incomes who do not qualify for government assistance programs, may lack the resources to pay for medical care, despite the availability of the county’s Affordable Care for Everyone (ACE) program.

Since 2013, the proportion of children who have a usual place for medical checkups in San Mateo County has decreased. Ease of access to specialty care (e.g., dental, mental health, and substance use treatment) has declined as well. Qualitative data indicates a lack of public knowledge about where to get answers to questions about health insurance and systems as well as a lack of patients’ understanding of information provided by doctors.

Health Care Access and Delivery also includes several subcategories: Behavioral Health, Diabetes and Obesity, and Oral/Dental Health.

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<sup>1</sup> “Other” is a U.S. Census category for ethnicities not specifically called out in data sets.

## **Behavioral Health**

This health need includes mental health, well-being (such as stress, depression, and anxiety), and substance abuse.

Behavioral health is a high priority in Santa Clara and San Mateo counties. In focus groups and interviews, residents and representatives of vulnerable groups—e.g., LGBTQ, Pacific Islanders, people experiencing homelessness—expressed a greater need for mental health care. Community members identified stigma, both in acknowledging the need for care and in seeking and receiving care, as a barrier to mental health care and substance use treatment. Economic insecurity, such as housing instability, also came up as a driver of poor mental health and substance use.

In Santa Clara County, the community prioritized behavioral health as a top health need in over two thirds of discussions. A common theme was the co-occurrence of mental health and substance use. The community cited a lack of services for behavioral health, including preventative mental health and detox centers, as a major concern.

Professionals who work in behavioral health described access challenges for people experiencing these conditions due to siloed systems that do not treat both conditions in tandem.

Adult men in Santa Clara County are more likely to binge drink than women, but adolescent females are more likely to binge drink than adolescent males. Latinx adults experience higher rates of binge drinking as compared to other racial groups. Adults of African or Latinx ancestry are most likely to use marijuana. Students of African or Latinx ancestry are more likely than their counterparts to use substances other than alcohol. In focus groups and interviews, LGBTQ residents of Santa Clara County expressed a need for mental health care and suicide prevention assistance. Some adolescent Asian populations reported high levels of suicidality compared with county residents overall. Hospitalization rates for attempted suicide are much higher among females than males.

In San Mateo County, the community prioritized behavioral health as a top health need in almost all focus groups and key informant interviews. Rates of depression, poor mental health, binge drinking, deaths from drug overdoses, and adult substance-related emergency department use have all been increasing locally. The proportions of county residents who currently drink alcohol or have used marijuana/hashish recently are significantly higher than state benchmarks. Chronic liver disease and cirrhosis was the ninth leading cause of death in San Mateo County between 2013 and 2015, followed by drug-induced death (10th); both were higher than suicide (11th) during the same time period.

Depression among Latinx and African ancestry residents of San Mateo County, as well as people who live on the Coastside, is significantly higher than the state average. The county's Health and Quality of Life Survey found that residents of low socioeconomic status experience depression more often than residents of higher status. These survey results suggest that various mental health and well-being indicators are worsening, from insufficient sleep and inadequate social/emotional support to feelings of loneliness/isolation, fear, anxiety, and panic. Inadequate social/emotional support is disproportionately experienced by residents of low socioeconomic status. Survey results also indicated that residents are seeking professional help for mental/emotional problems at a higher rate than in the past.

It is important to note that although adolescent suicide is a topic of great concern, suicide is highest among middle-aged adults (ages 45–64). Nearly three quarters of the suicides in San Mateo County between 2010 and 2015 were male.

### **Diabetes and Obesity**

Diabetes and obesity were prioritized as health needs. Adult diabetes prevalence is higher in Santa Clara and San Mateo counties than the California average—and is trending up, locally and statewide. Overall obesity rates are high in both counties but do not exceed state benchmarks.

In Santa Clara County, half of all key informant interviews and a third of focus groups prioritized diabetes and obesity as health needs. The community discussed environmental factors that contribute to diabetes and obesity, such as the built environment, stress, and poverty. Data indicate that Santa Clara County has high proportions of fast food restaurants and low proportions of grocery stores and WIC-authorized stores.<sup>m</sup>

In Santa Clara County, African ancestry youth also miss the benchmarks for physical activity and fruit/vegetable consumption. Youth overweight and obesity is also a problem among Pacific Islanders. Males are almost twice as likely as females to be obese. Significant proportions of LGBTQ survey respondents in Santa Clara County also report being overweight or obese. In San Mateo County, African ancestry adults fail state benchmarks for obesity and overweight, as do adults of low socioeconomic status.

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<sup>m</sup> California Department of Public Health. (2019). Women, Infants, & Children Program. Retrieved from <https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/Program-Landing1.aspx>

Although the overall obesity rates across both counties do not exceed state benchmarks, Latinx residents have significantly higher than average proportions of overweight and obese youth and adults. This is driven, in part, by low fruit/vegetable consumption (based on statistical data) and possibly by physical inactivity (reported by the community).

In San Mateo County, diabetes ranks among the top 10 causes of death. The death rate is highest among residents of African ancestry and low socioeconomic status. Residents of African and Pacific Islander ancestry visit emergency rooms for diabetes at rates higher than other ethnic groups. Diabetes management among San Mateo County's older adults is slightly worse than the state benchmark. Various key informants identified diabetes as a top health need. Some informants expressed concern about the rising number of children and youth being diagnosed with diabetes; others identified diabetes management as an issue among individuals experiencing homelessness (e.g., keeping insulin cool can be difficult without a refrigerator).

## **Oral/Dental Health**

Oral/dental health was prioritized as a health need by the community in Santa Clara and San Mateo counties, but more strongly in the latter.

In San Mateo County, community feedback related to oral/dental health usually concerned a lack of access to high-quality dental services (for everyone) and/or dental insurance (for young adults and older adults). More than one in four adults does not have dental insurance. That figure is better than the state average, but the proportion of residents who report having no dental insurance coverage for routine dental care has been rising since 2008. Insurance that covers routine dental care and surgery (e.g., wisdom-tooth extraction or root canal) is perceived as expensive. Wait times for appointments can be long.

The supply of oral health providers in San Mateo County is perceived to be low, especially providers who accept Medi-Cal Dental (formerly known as "Denti-Cal"); key informants stated that low reimbursement rates and complicated billing procedures have driven many oral health providers away from accepting it. Although reported ease of accessing dental care has worsened, statistics show the ratio of dentists-to-residents has improved. Key informants also noted that FQHCs are the only organizations that receive a higher reimbursement rate for dental services. However, the ratio of FQHCs-to-residents is significantly worse in San Mateo County than it is statewide. The situation is

most problematic on the Coastside, where residents have access to only one FQHC and one private dental clinic accepting new Medi-Cal Dental patients.

Disparities exist: About half of county residents with low socioeconomic status have not received a dental exam in the past year, which is significantly worse than the state average. According to a key informant, more than half of the children with Medi-Cal Dental coverage have not seen a dentist in more than a year. In comparison, the American Dental Association reports that more than half of all adults and nearly two thirds of children in the U.S. visited a dentist every six months.<sup>n</sup> Locally, professionals said they suspect community residents are unaware of how important oral health is to overall health and thus do not visit the dentist.

A final driver of poor oral health in San Mateo County is drinking water violations. Contaminated water can be associated with a rise in sugar-sweetened beverage consumption. The drinking water violations indicator was significantly higher for San Mateo County than the state average.

In Santa Clara County, community feedback related to oral health usually concerned the perceived lack of access to dental insurance. More than one in three adults does not have dental insurance, but that beats the state average. At the same time, however, professionals acknowledge that oral health is difficult to access for those of low socioeconomic status because they lack dental insurance or, for Medi-Cal patients, they are often unaware that Medi-Cal provides dental benefits. An oral health expert ascribed the relatively few providers who accept Medi-Cal Dental benefits to the low reimbursement rate for Medi-Cal Dental patients (a situation similar to San Mateo County).

Ethnic disparities exist: A significantly higher proportion of Santa Clara County children has not received a recent dental exam compared with the state average; White and Latinx kids fare the worst. More than half of African ancestry, Asian, and Latinx residents have had dental decay or gum disease, which is worse than the county overall.

## **HOUSING AND HOMELESSNESS**

Housing and homelessness was identified as a top health need by more than half of all focus groups and key informants in Santa Clara and San Mateo counties. Participants described stress over the high costs of housing and lack of affordable rent.

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<sup>n</sup> American Dental Association. (2014). *Clinical Resources, Health Policy Institute: Patients*.

In Santa Clara County, professionals serving families reported an increase in those seeking help from food banks and making difficult choices about how to spend remaining funds (healthy food, medicine, doctor visits, therapeutic services). It was noted that families are moving within or leaving the area due to the increased cost of living. Santa Clara County has a much lower rate of available HUD-assisted housing units than the state average. The number of people experiencing homelessness has recently increased, as has the proportion of people experiencing homelessness who are minors. A Santa Clara County health official noted that a lack of stable housing can prolong recovery time from diseases and surgical procedures.

In San Mateo County, housing was mentioned in conjunction with mental health in more than two thirds of focus groups and key informant interviews. Many people in underserved populations may be experiencing either homelessness or housing instability. Community input also surfaced a growing call for help with basic needs among those with middle incomes for whom services are lacking because they do not qualify for most assistance programs.

### **ECONOMIC SECURITY**

Economic Security was identified as a health need in Santa Clara County. The high cost of living in the area, particularly for lower-income residents, came up in a majority of focus groups and key informant interviews.

Despite lower than (state) average rates of poverty and income inequality, disparities exist. Residents of African ancestry residents and those of “Other”<sup>o</sup> races have rates of poverty that fail California benchmarks. The proportion of individuals (including children) who are food insecure but do not qualify for federal food assistance is higher than the state average. More than one in 10 households of African ancestry, and one in four Latinx households, have received food from a food bank in recent years. Additionally, the community expressed concern with the costs of long-term care for middle-income older adults with fixed incomes. Mental health care costs are also difficult for middle-income parents, as reported by youth mental health providers.

Education is included in this category as a predictor of economic stability. Although high school graduation rates overall are high and stable, rates are lower for Santa Clara County residents of Latinx, Native American, and African ancestry. The proportion of fourth-graders reading below grade level is significantly worse than the HP2020

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<sup>o</sup> “Other” is a U.S. Census category for ethnicities not specifically called out in data sets.

benchmark for residents of African, Latinx, Pacific Islander, and Native American ancestry.

Economic security is crucial for stable housing. Economic insecurity and housing instability were discussed as drivers of poor mental health and substance use in both counties.

In San Mateo County, economic stressors that affect housing instability and food insecurity were also identified by multiple sources as drivers of domestic violence. Human trafficking is an emerging issue in the county, which experts say are similarly rooted in chronic homelessness/housing issues and related economic stressors, as well as chronic alcohol and drug use or exposure to the same in the home, domestic violence, abuse, neglect, and/or poor mental health/self-esteem issues that are not being appropriately addressed.

See also Behavioral Health and Housing and Homelessness health need descriptions.

## **VII. Stanford Health Care's Implementation Strategy**

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SHC's annual community benefit investment focuses on improving the health of our community's most vulnerable populations, including the medically underserved, low-income, and populations effected by health disparities. To accomplish this goal, all community health investment from FY20 – FY22 will improve access to and delivery of care, housing and homelessness, and economic security through community and hospital-based programs and partnerships.

This plan represents a continuation of a multi-year strategic investment in community health. SHC believes that long-term funding of proven community partners yields greater success than short-term investments in improving the health and well-being of community members. The plan continues to be based on documented community health needs. Modifications to the plan are the result of new data and information collected during the 2019 CHNA process.

## A. Health Care Access and Delivery

Goal	Strategies	Anticipated Impact
<b>A.1:</b> Improve access to affordable, high-quality health care services for at-risk community members.	<ul style="list-style-type: none"><li>▪ Provide financial assistance to reduce health care cost barriers to care for low-income individuals</li><li>▪ Increase health insurance coverage<sup>1</sup></li><li>▪ Support care coordination interventions<sup>2, 3, 4, 5, 6, 7, 8, 9</sup></li><li>▪ Support capacity-building opportunities<sup>10, 11, 12</sup></li><li>▪ Support physical and technology infrastructure improvements<sup>5</sup></li><li>▪ Support initiatives to improve affordability of health care services<sup>13</sup></li><li>▪ Support direct services related to behavioral health, diabetes and obesity, and oral health<sup>2, 8, 9, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28</sup></li></ul>	<ul style="list-style-type: none"><li>◆ Improved health outcomes, particularly related to health disparities, behavioral health, diabetes and obesity, and oral health-related conditions</li><li>◆ Reduced avoidable emergency department and hospital utilization</li><li>◆ Improved access to medical home</li><li>◆ Increased use of medical home, including preventive care services</li><li>◆ Reduced health care cost barriers for vulnerable populations</li><li>◆ Improved health insurance rates</li></ul>

## B. Housing and Homelessness

Goal	Strategies	Anticipated Impact
<b>B.1:</b> Improve the health of those at-risk of and/or experiencing homelessness.	<ul style="list-style-type: none"> <li>▪ Improve access to health care for those at-risk of and/or experiencing homelessness<sup>29, 30, 31, 32</sup></li> <li>▪ Improve access to social services to support immediate health care needs and upstream health influencers<sup>33, 34</sup></li> <li>▪ Advocate for policy change to improve health outcomes for those at-risk of and/or experiencing homelessness</li> </ul>	<ul style="list-style-type: none"> <li>◆ Improved health outcomes for those at-risk of and/or experiencing homelessness</li> </ul>
<b>B.2:</b> Improve housing stability for those at-risk of and/or experiencing homelessness.	<ul style="list-style-type: none"> <li>▪ Increase in efficient and effective community-based resources</li> <li>▪ 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</li> <li>▪ Increase affordable and/or permanent supportive housing<sup>29, 35, 36</sup></li> <li>▪ Provide financial assistance related to housing and/or utility costs<sup>37, 38</sup></li> <li>▪ Support displacement avoidance interventions<sup>39, 40, 41</sup></li> <li>▪ Improve sub-standard living conditions, including overcrowding<sup>42, 43, 44</sup></li> <li>▪ Advocate for policy change to positively impact housing and homelessness-related issues across San Mateo and Santa Clara counties</li> </ul>	<ul style="list-style-type: none"> <li>◆ Reduced homelessness across San Mateo and Santa Clara counties</li> <li>◆ Increase in social services that are co-located within affordable housing sites</li> <li>◆ Reduced proportion of overcrowded, sub-standard dwellings</li> <li>◆ Increase in affordable and/or permanent supportive housing units</li> </ul>

## C. Economic Security

Goal	Strategies	Anticipated Impact
<b>C.1:</b> Increase access to high-quality, healthy foods for vulnerable populations.	<ul style="list-style-type: none"> <li>▪ Expand access to food access programs specifically addressing health care-related food access (i.e., food pharmacy, medically tailored meals, meals on wheels, etc.)<sup>45</sup></li> <li>▪ Increase food security screening programs<sup>46, 47 48, 49, 50</sup></li> <li>▪ Expand capacity of existing food access programs<sup>51, 52</sup></li> <li>▪ Increase food security screening programs<sup>53, 54, 55, 56, 57</sup></li> <li>▪ Advocate for policy change to improve local food security for those at-risk of and/or experiencing food insecurity</li> </ul>	<ul style="list-style-type: none"> <li>◆ Improved associated health outcomes</li> <li>◆ Improved access to healthy food for low-income individuals across San Mateo and Santa Clara counties</li> <li>◆ Increased proportion of low-income individuals in San Mateo and Santa Clara counties who eat three meals per day</li> <li>◆ Reduced proportion of individuals in San Mateo and Santa Clara counties experiencing poor health outcomes that are a result of food insecurity</li> <li>◆ Reduced proportion of individuals who are food insecure</li> </ul>
<b>C.2:</b> Reduce transportation-related barriers to good health and quality of life	<ul style="list-style-type: none"> <li>▪ Increased capacity of existing transportation programs for vulnerable populations<sup>58</sup></li> <li>▪ Increase transportation options to/from health care appointments and services</li> <li>▪ Increase transportation options to/from activities supporting healthy, active lifestyle</li> <li>▪ Increase transportation options for daily living activities for individuals at-risk of and/or experiencing homelessness</li> <li>▪ Advocate for policy change to improve local transportation barriers for vulnerable populations</li> </ul>	<ul style="list-style-type: none"> <li>◆ Improved associated health outcomes</li> <li>◆ Decrease in health care access transportation barriers</li> <li>◆ For high-risk populations, decrease in transportation barriers for daily living activities supporting good health and quality of life</li> </ul>

Goal	Strategies	Anticipated Impact
<b>C.3:</b> Reduce barriers to high-quality employment.	<ul style="list-style-type: none"> <li>▪ Increased workforce-related educational attainment and/or job training<sup>59, 60, 61, 62</sup></li> <li>▪ Increased supply of high-quality, affordable child care<sup>63, 64</sup></li> <li>▪ Improved financial literacy and self-sufficiency among economically insecure community members<sup>65, 66</sup></li> <li>▪ Advocate for policy change to improve economic security for vulnerable populations</li> </ul>	<ul style="list-style-type: none"> <li>◆ Improved associated health outcomes</li> <li>◆ Improved health insurance rates</li> <li>◆ Reduced poverty rates in San Mateo and Santa Clara counties</li> <li>◆ Reduced unemployment rates</li> <li>◆ Reduced California Self-Sufficiency Standard disparity</li> <li>◆ Reduction of pay disparities</li> </ul>

## **VIII. Evaluation Plans**

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As part of SHC's ongoing community health improvement efforts, SHC 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 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 will require grantees to track and report outcomes/impact, including behavioral and physical health outcomes as appropriate. Grantees report mid-year and year-end performance on annual outcomes metrics, which are shared broadly with the public as well as state and federal regulatory bodies.

## **IX. Health Needs that Stanford Health Care Does Not Plan to Address**

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As described in Section VI(A) of this report, SHC will address all six health needs that were identified in the CHNA.

## ENDNOTES

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<sup>1</sup> 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](http://www.hhs.gov/about/strategic-plan/strategic-goal-1/#obj_a)

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<sup>60</sup> Addresses Healthy People 2020 emerging health issue of "increasing the number and skill level of community health and other auxiliary public health workers to support the achievement of healthier communities." Office of Disease Prevention and Health Promotion. (2019). Educational and community-based programs. *Healthy People 2020*. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs>

<sup>61</sup> Zafft, C. K. (2008). Bridging the great divide: Approaches that help adults navigate from adult education to college. *Adult Learning*, 19(1-2), 6-11. See also: Kossoudji, S. A. (1988). English language ability and the labor market opportunities of Hispanic and East Asian immigrant men. *Journal of Labor Economics*, 6(2), 205-228.

<sup>62</sup> Tsui, L. (2007). Effective strategies to increase diversity in STEM fields: A review of the research literature. *The Journal of Negro Education*, 76(4): 555-581. Retrieved from [http://www.asee.org/Review\\_Incr\\_Diversity - J Negro\\_Education.pdf](http://www.asee.org/Review_Incr_Diversity - J Negro_Education.pdf)

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<sup>65</sup> Appropriate evaluation of financial literacy programs is recommended, as some programs are more successful than others at changing financial behaviors; see, for example, Bhutoria, A., & Vignoles, A. (2018). Do financial education interventions for women from poor households impact their financial behaviors? Experimental evidence from India. *Journal of Research on Educational Effectiveness*, 11(3): 409-432. See also: Hussain, J., Salia, S., & Karim, A. (2018). Is knowledge that powerful? Financial literacy and access to finance: An analysis of enterprises in the UK. *Journal of Small Business and Enterprise Development*, 25(6), 985-1003. Retrieved from [https://wlv.openrepository.com/bitstream/handle/2436/621662/Is%20Knowledge%20that%20Powerful%20\(1\).pdf?sequence=1](https://wlv.openrepository.com/bitstream/handle/2436/621662/Is%20Knowledge%20that%20Powerful%20(1).pdf?sequence=1). Finally, see: Amagir, A., Groot, W., Maassen van den Brink, H., & Wilschut, A. (2018). A review of financial-literacy education programs for children and adolescents. *Citizenship, Social and Economics Education*, 17(1), 56-80. Retrieved from: <https://journals.sagepub.com/doi/pdf/10.1177/2047173417719555>

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## **Appendix A: Implementation Strategy (IS) Report IRS Checklist**

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

Federal Requirements Checklist	Regulation Subsection Number	Report Section
The IS is a written plan that includes:		
(2) Description of <b>how the hospital facility plans to address</b> the health needs selected, including:	(c)(2)	VII
Actions the hospital facility intends to take and the anticipated impact of these actions;	(c)(2)(i)	VII
Resources the hospital facility plans to commit; and	(c)(2)(ii)	VII
Any planned collaboration between the hospital facility and other facilities or organizations in addressing the health need.	(c)(2)(iii)	N/A
(3) Description of why a hospital facility is <b>not addressing</b> a significant health need identified in the CHNA. <i>Note: A “brief explanation” is sufficient. Such reasons may include resource constraints, other organizations are addressing the need, or a relative lack of expertise to effectively address the need.</i>	(c)(3)	IX
(4) For those hospital facilities that adopted a joint CHNA report, a <b>joint IS</b> may be adopted that meets the requirements above. In addition, the joint IS must:	(c)(4)	N/A
Be clearly identified as applying to the hospital facility;	(c)(4)(i)	N/A
Clearly identify the hospital facility’s role and responsibilities in taking the actions described in the IS and the resources the hospital facility plans to commit to such actions; and	(c)(4)(ii)	N/A
Include a summary or other tool that helps the reader easily locate those portions of the strategy that relate to the hospital facility.	(c)(4)(iii)	N/A
(5) An authorized body <b>adopts the IS</b> on or before January 15, 2020, which is the 15 <sup>th</sup> day of the fifth month after the end of the taxable year in which the CHNA was conducted and completed, regardless of whether the hospital facility began working on the CHNA in a prior taxable year.	(c)(5)	Adopted November 13, 2019
<b>Exceptions:</b> This hospital does not qualify for any exception described in Section (D) for acquired, new, transferred, and terminated facilities.	(d)	N/A
<b>Transition Rule:</b> This hospital conducted its first CHNA in fiscal year 2013 (and not in either of the first two years beginning after March 23, 2010). Therefore, the transition rule does not apply to this hospital facility.	(e)	N/A

## **Appendix B: Health Needs Profiles**

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

- 1. Health Care Access and Delivery, including:**
  - a. Behavioral Health**
  - b. Diabetes and Obesity**
  - c. Oral/Dental Health**
- 2. Housing and Homelessness**
- 3. Economic Security**

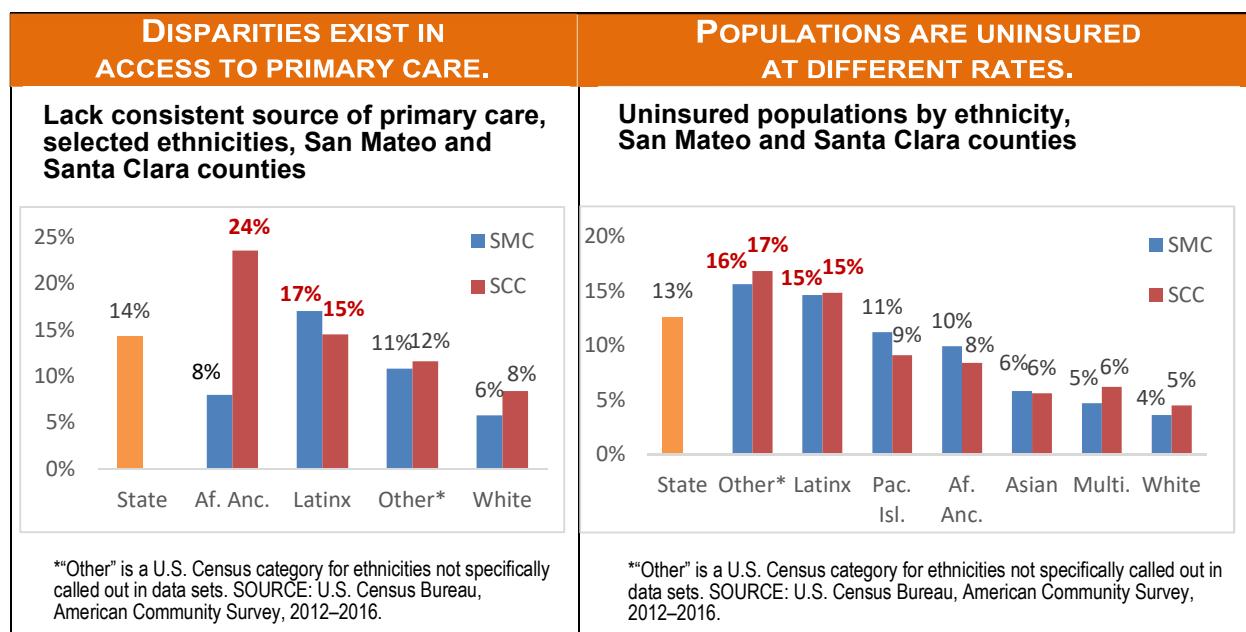
# Health Care Access & Delivery

## What's the issue?

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

## What does the data show?

### Access and Delivery



HEALTH NEED INDICATOR	STATE AVERAGE	SAN MATEO COUNTY	SANTA CLARA COUNTY
Federally Qualified Health Centers (per 100,000) <sup>2</sup>	2.7	1.7	2.1
Population with Limited English Proficiency	19%	18%	21%
Premature Death, Ethnic Disparity Index	36.8	52.1	37.1

The premature death ethnic disparity index ranges from 0 to 1,000. The higher the index number, the more disparate the proportions of premature deaths of non-Whites compared to Whites. SOURCES: FQHCs: Medicare and Medicaid Provider of Services File, 2018. Limited English: U.S. Census Bureau, American Community Survey, 2012–2016. Premature Death Disparity: National Vital Statistics System, 2004–2010.

<sup>1</sup> Office of Disease Prevention and Health Promotion. (2015). <http://www.healthypeople.gov>

<sup>2</sup> Most low-income households in California receive care at Federally Qualified Health Centers (FQHCs), which are mandated to provide services to people who are uninsured or underinsured.

Various statistics suggest disparities in health care access and delivery, as seen on the previous page. Certain populations face barriers to access and delivery, such as lack of insurance or consistent primary care. Some access and delivery issues may be associated with inequitable health outcomes, where statistics are frequently worse for individuals of African ancestry than Whites in San Mateo and Santa Clara counties.

HEALTH NEED INDICATOR	AF ANC (SMC)	WHITE (SMC)	AF ANC (SCC)	WHITE (SCC)
Breast Cancer Screening (Mammogram)	63%	68%	58%	62%
Cancer Mortality (per 100,000)	161.9	149.1	156.0	149.4
Preventable Hospital Events (per 100,000)	20.5	22.2	38.7	26.9
Stroke Mortality (per 100,000)	36%	27%	34%	25%

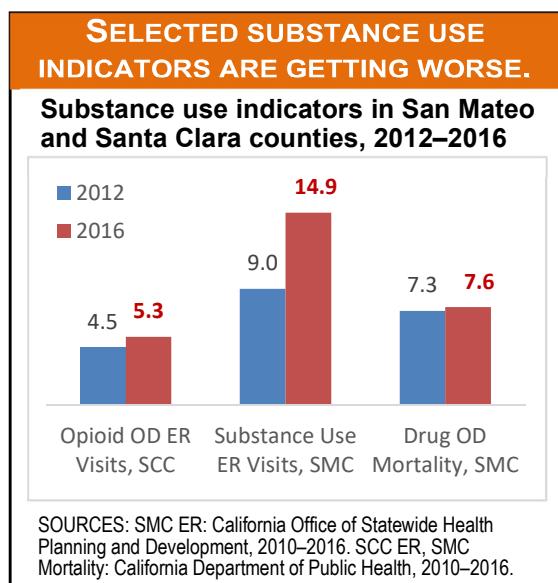
SOURCES: Mammogram and Preventable Events: The Dartmouth Atlas of Health Care, 2015.

Mortality: National Vital Statistics System, 2011–2015.

## Behavioral Health

HEALTH NEED INDICATOR	STATE AVERAGE	SAN MATEO COUNTY	SANTA CLARA COUNTY
Mental Health Care Providers (per 100,000)	280.6	300.9	272.4
Alcohol/Binge Drinking	16%	17%	15%

SOURCES: Providers: University of Wisconsin Population Health Institute, County Health Rankings. 2018. Alcohol: SMC: San Mateo County Health, Health and Quality of Life Survey, 2018; SCC and CA: Behavioral Risk Factor Surveillance System, SCC 2012, CA 2016.



Rates of depression<sup>3</sup> and poor mental health<sup>4</sup> have been increasing in San Mateo County. The county's Health and Quality of Life Survey found that residents of low socioeconomic status experience depression more often than residents of higher status. Survey results also indicated that residents are seeking professional help for emotional problems at a higher rate than before.<sup>4</sup>

In Santa Clara County, rates of emergency department visits for heroin overdose have been rising.<sup>5</sup> There are ethnic disparities in substance use: Latinx adults experience higher rates of binge drinking than other racial groups. Adults of African or Latinx ancestry are most likely to use marijuana.<sup>4</sup>

## Diabetes/Obesity

Diabetes and obesity are also conditions that benefit from preventive care and appropriate management. Adult diabetes prevalence is higher in Santa Clara and San Mateo counties than the California average — and is trending up, locally and statewide. In both counties, diabetes ranks among the top 10 causes of death.<sup>6</sup> In San Mateo County, the death rate is highest

<sup>3</sup> Centers for Medicare and Medicaid Services. (2015).

<sup>4</sup> SMC: San Mateo County Health, Health and Quality of Life Survey. (2018). SCC and CA: Behavioral Risk Factor Surveillance System. (SCC: 2012, CA: 2016).

<sup>5</sup> California Department of Public Health, California Opioid Overdose Surveillance Dashboard. (2013–2016).

<sup>6</sup> California Department of Public Health, County Health Status Profiles. (2018).

among residents of African ancestry and low socioeconomic status.<sup>7</sup> Residents of African and Pacific Islander ancestry in San Mateo County and of African and Latinx ancestry in Santa Clara County visited emergency rooms for diabetes at rates higher than those of other ethnic groups.<sup>8</sup>

HEALTH NEED INDICATOR	STATE AVERAGE	SAN MATEO COUNTY	SANTA CLARA COUNTY
Adult Diabetes Prevalence	9%	12%	10%
Diabetes Well-Managed	82%	79%	85%
Adult Obesity/Overweight	61%	63%	55%

SOURCES: Diabetes Prevalence and Adult Obesity/Overweight: SMC: San Mateo County Health, Health and Quality of Life Survey, 2018; SCC: California Health Interview Survey, 2016; CA: Behavioral Risk Factor Surveillance System, 2016. Diabetes Management: Dartmouth Atlas of Health Care, 2014.

Minority residents in Santa Clara and San Mateo counties have significantly higher proportions of overweight and obese youth and obese adults than White residents. This is driven, in part, by physical inactivity and low fruit and vegetable consumption.

HEALTH NEED INDICATOR	AF ANC (SMC)	ASIAN/PI (SMC)	LATINX (SMC)	WHITE (SMC)	AF ANC (SCC)	ASIAN/PI (SCC)	LATINX (SCC)	WHITE (SCC)
Youth Fruit/Veg Consumption	N/A	38%	68%	23%	49%	47%	47%	40%
Youth Obesity	28%	5% (A) 35% (PI)	23%	7%	18%	6% (A) 34% (PI)	26%	9%
Youth Overweight	20%	12%	22%	14%	22%	13%	21%	12%
Youth Physical Inactivity	45%	15% (A) 44% (PI)	39%	18%	33%	16% (A) 40% (PI)	42%	22%
Adult Obesity	36%	9%	28%	18%	36%	11%	32%	21%

SOURCES: Fruit/Veg: SMC: California Health Interview Survey, 2014–2015; SCC: California Healthy Kids Survey, 2015–2016. Youth Obesity, Overweight, and Physical Inactivity: SMC and SCC Obesity and Physical Inactivity, SMC Overweight: California Department of Education, FITNESSGRAM Physical Fitness Testing, 2013–2014; SCC Overweight: California Healthy Kids Survey, 2006–2016. Adult Obesity: California Health Interview Survey, 2014.

## Oral Health

Barriers to health care access and delivery can affect medical outcomes for conditions that could otherwise be controlled through preventive care and proper management. Maintaining oral health depends on performing routine self-care as well as receiving regular professional treatment.<sup>9</sup> Lack of insurance can hinder access to dental care.

HEALTH NEED INDICATOR	STATE AVERAGE	SAN MATEO COUNTY	SANTA CLARA COUNTY
Recent Dental Exam, Ages 2–11	82%	99%	70%
Dental Insurance Coverage	39%	26%	33%

SOURCES: California Health Interview Survey. Recent Dental Exam: 2013–2014. Dental Insurance: 2015–2016.

## What does the community say?

Residents and local experts who shared their perspectives as part of Stanford Health Care's 2019 Community Health Needs Assessment ranked access to care, particularly its availability and affordability, as a high priority.

**Access and delivery:** Even with insurance, health care and medication can be unaffordable, community members said. Health clinic professionals expressed concern about their ability to attract and retain staff, especially bilingual employees, because of the high cost of living. In San Mateo and Santa Clara counties, focus group and interview participants indicated that residents

<sup>7</sup> SMC: California Department of Public Health. (2014–2016). SCC: Diabetes mortality data for African ancestry residents is suppressed in Santa Clara County due to low numbers; among ethnic groups in the county for whom data are reported, the diabetes death rate is highest among Latinx residents. Santa Clara County Public Health Department, VRBIS. (2016).

<sup>8</sup> Office of Statewide Health Planning and Development, Patient Discharge Data. (2014–2016).

<sup>9</sup> Mayo Clinic. (2016). *Oral Health: Brush Up on Dental Care Basics*.

with low socioeconomic status are more likely than higher-status groups to have access issues, such as absence of health insurance, inability to afford medication, inadequate transportation to medical appointments, and lack of recent health screenings. In San Mateo County, residents expressed a lack of knowledge about where to get answers to questions about health insurance and systems as well as a lack of understanding of information provided by doctors. Focus group and interview participants in both counties believe undocumented immigrants are accessing health care less often for fear of being identified and deported; service providers cited a decline in patient visits. Some participants called for greater patience, empathy, training, diversity, and cultural competence among health care providers.

*“Finding a Medi-Cal provider has always been a problem, but I think it’s getting worse. And as a result, [people] end up using urgent care and ERs for what should be primary care.” —LOCAL EXPERT*

**Behavioral health:** In focus groups and interviews, residents and representatives of vulnerable groups — e.g., LGBTQ, Pacific Islanders, people experiencing homelessness — expressed a greater need for mental health care in both counties. Community members identified stigma, both in acknowledging the need for care and in seeking and receiving care, as a barrier to mental health care and substance use treatment. Economic insecurity, such as housing instability, also came up as a driver of poor mental health and substance use. A common theme around behavioral health in Santa Clara County was the co-occurrence of mental health and substance use. The community cited a lack of services for behavioral health, including preventative mental health and detox centers, as a major concern. Professionals who work in behavioral health described access challenges for people experiencing co-occurring conditions due to “siloed” systems that do not treat both conditions holistically.

**Oral health and diabetes/obesity:** Community feedback about oral health in both counties usually concerned the perceived lack of access to dental insurance. With regard to diabetes and obesity, the community discussed environmental factors that contribute to these chronic conditions, such as the built environment, poverty, and stress.

## Our commitment to community health

Stanford Health Care collaborated with 21 other health systems and organizations in San Mateo and Santa Clara counties on the 2019 Community Health Needs Assessment. Based on the statistics and community input collected, health care access and delivery emerged as a top health need.

With findings from the assessment, Stanford Health Care developed a 2020–2022 Implementation Strategy that will help determine the investments the hospital makes in the community, including programming and partnerships. Over the next three years, the hospital will work to increase the proportion of residents of San Mateo and Santa Clara counties who have access to appropriate health care services. Strategies include supporting the efforts of FQHCs and continuing to provide charity care and care to uncompensated Medi-Care and Medi-Cal patients. Stanford Health Care will also actively work to expand and coordinate health care and supportive care services, improve physical and technology infrastructures, enhance data sharing and health system communication, and improve health care and medication affordability. The anticipated impacts include greater access to preventative medicine to reduce avoidable emergency department visits and other more costly health care use. Results will be measured and reported in the next assessment.

Stanford Health Care’s Community Health Needs Assessment and Implementation Strategy reports are available publicly on its website. Comments are welcome and encouraged.

# Housing and Homelessness



## What's the issue?

The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30% of a household's annual income. People who spend more than that on rent or mortgage are less able to pay for other necessities, such as clothing, food, medical care, and transportation.<sup>1</sup> In Santa Clara and San Mateo counties, an insufficient supply of affordable housing is driving up costs and making it difficult for lower-income residents, including those who qualify for government assistance, to find a place to live. (Even middle-class residents in the Bay Area have been hit hard by rent increases and are living paycheck to paycheck.<sup>2</sup>) The shortage of affordable homes also increases the risk of eviction and the difficulty of finding permanent shelter for people experiencing homelessness.<sup>3</sup>

Homelessness can lead to poor health, and poor health can lead to homelessness.<sup>4</sup> People experiencing homelessness have more health care issues, suffer from preventable illnesses at a higher rate, require longer hospital stays, and have a greater risk of premature death than people with a roof over their heads.<sup>5</sup> The average life expectancy for someone who lacks permanent housing is at least 25 years shorter than that of the average U.S. resident.<sup>6</sup>

## What does the data show?

In San Mateo and Santa Clara counties — Stanford Health Care's service area — housing statistics are worse than the state benchmarks. In San Mateo County, the number of residents experiencing housing instability has been rising.<sup>7</sup>

HEALTH NEED INDICATOR	STATE AVERAGE	SAN MATEO COUNTY	SANTA CLARA COUNTY
Median Income	\$63,783	\$98,546	\$101,173
Median Rent, Two-Bedroom Unit	\$2,150	\$3,495	\$2,930
Median Home List Price	\$539,000	\$1.4 million	\$1.3 million
HUD-Assisted Housing Units (per 10,000)	352.4	235.9	374.3
Individuals Experiencing Homelessness	N/A	1,512	9,706
Homelessness (per 10,000)	33.0	19.6	50.1

SOURCES: Income: U.S. Census Bureau, American Community Survey, 2012-2016. Rent: Zilp.com, 2018. Home List Price: Zillow.com, 2018. HUD Units: U.S. Department of Housing and Urban Development, 2016. Homeless Counts: SMC: County of San Mateo Human Services Agency, San Mateo County One Day Homeless Count and Survey, 2019; SCC: County of Santa Clara, Office of Supportive Housing, Santa Clara County Homeless Census and Survey, 2019. Homeless Rate: SMC and SCC, calculated based on U.S. Census Bureau, Population Division, 2018 county population estimates. CA: Public Policy Institute of California, *A Snapshot of Homelessness in California*, 2019.

Our community earns some of the highest annual incomes in the nation, but it also bears some of the highest costs of living. The percentage of adults living below 200% of the Federal Poverty Level is increase. Based on the California Self-Sufficiency Standard, nearly one in three households in both counties is unable to meet its basic needs.<sup>8</sup>

<sup>1</sup> U.S. Department of Housing and Urban Development. (2018). *Affordable Housing*.

<sup>2</sup> Meily, R. (2019). Many Silicon Valley families “one paycheck away from being homeless.” *The Mercury News*, August 2, 2019.

<sup>3</sup> Bay Area Council Economic Institute. (2019). *Bay Area Homelessness: A Regional View of a Regional Crisis*.

<sup>4</sup> National Health Care for the Homeless Council. (2011). *Care for the homeless: comprehensive services to meet complex needs*.

<sup>5</sup> O'Connell, J. J. (2005). *Premature mortality in homeless populations: A review of the literature*. Nashville, TN: National Health Care for the Homeless Council.

<sup>6</sup> National Coalition for the Homeless. (2009). *Health Care and Homelessness*.

<sup>7</sup> San Mateo County Health, Health and Quality of Life Survey. (2018).

<sup>8</sup> 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 Bay Area. The California Self-Sufficiency Standard, set by the Insight Center for Community Economic Development, provides a more accurate estimate of economic stability in San Mateo and Santa Clara counties.

## What does the community say?

Residents and local experts who shared their perspectives as part of Stanford Health Care's 2019 Community Health Needs Assessment ranked housing and homelessness as a high priority. Many described experiencing stress over the high cost of housing, particularly the lack of affordable rent. In Santa Clara County, professionals serving families reported an increase in households seeking help from food banks and having to make difficult choices about how to spend the money they have left after paying for housing (food vs. medicine, etc.). Families are moving within or leaving the area due to the increased cost of living, participants noted. The number of people experiencing homelessness recently increased, as did the proportion of minors experiencing homelessness. A lack of stable housing can prolong recovery from diseases and surgeries, a Santa Clara County health official noted.

In San Mateo County, more than two thirds of focus group and interview participants linked housing and mental health. Many people in underserved populations may be experiencing either homelessness or housing instability, participants said. The community's input also revealed a growing call for help with meeting basic needs among middle-income residents (for whom services are lacking because they do not qualify for most assistance programs).

*"I can't move people out of higher levels of care to lower levels of care because there literally is not a bed available to move that person into even though we provide the services at that lower level. We have to find a place for them to live." —BEHAVIORAL HEALTH EXPERT*

## Our commitment to community health

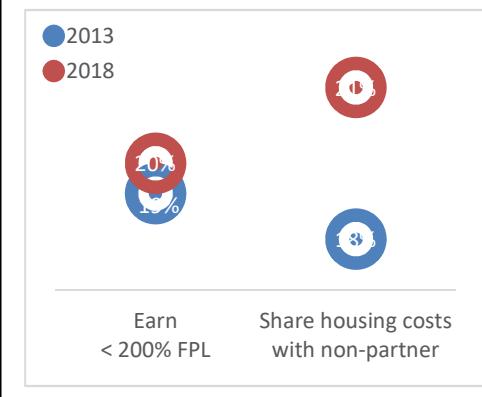
Stanford Health Care collaborated with 21 other health systems and organizations in San Mateo and Santa Clara counties on the 2019 Community Health Needs Assessment. Based on the data and community input collected, housing and homelessness emerged as a top health need.

With findings from the assessment, Stanford Health Care developed a 2020–2022 Implementation Strategy that will help determine the investments the hospital makes in the community, including programming and partnerships. Over the next three years, the hospital will work to increase support for people experiencing homelessness or who are at risk of homelessness in San Mateo and Santa Clara counties. Strategies include increasing access to health care and non-medical support services. Stanford Health Care will also invest in solutions that prevent homelessness, increase available housing, and support the "missing middle" (residents who just miss qualifying for assistance). The anticipated impacts range from improved health outcomes for people experiencing homelessness, improved access to social services, and fewer substandard and overcrowded dwellings. Results will be measured and reported in the next assessment.

Stanford Health Care's Community Health Needs Assessment and Implementation Strategy reports are available publicly on its website. Comments are welcome and encouraged.

## PROPORTIONS OF PEOPLE EARNING LESS AND SHARING COSTS ARE RISING.

### San Mateo County survey respondents



SOURCE: San Mateo County Health, Health and Quality of Life Survey, 2013 and 2018. Although comparable data are not available for Santa Clara County, it is reasonable to expect that conditions are similar.



# Economic Security

## What's the issue?

Economic security is one of the most widely recognized social determinants of health. Higher incomes and a secure social support system — families, friends, communities — play a significant role in people's overall well-being.<sup>1</sup> The cost of living in the Bay Area is extremely high and rising at rate that's outpacing the growth of household incomes.<sup>2</sup> Access to economic security programs such as SNAP (the Supplemental Nutrition Assistance Program, formerly referred to as food stamps) results in better long-term health outcomes.<sup>3</sup> But childhood poverty has lasting effects: Even after their conditions improve, people experience poorer health outcomes over time.<sup>4</sup>

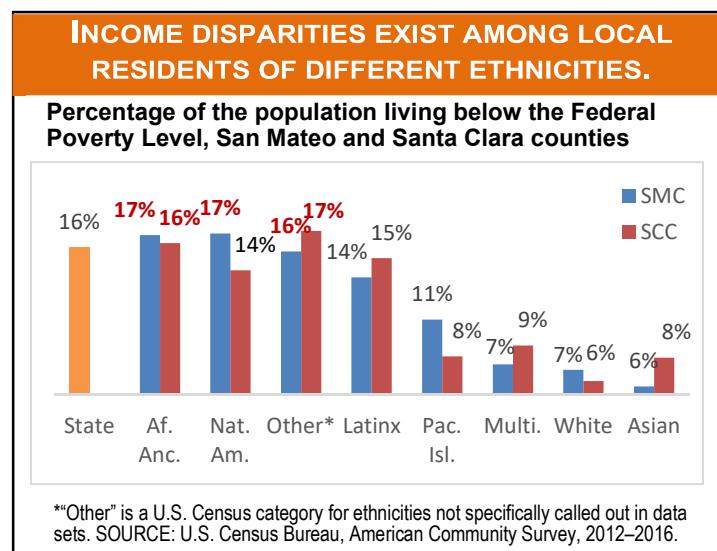
## What does the data show?

### Income

The California Self-Sufficiency Standard indicates that nearly one in three households in San Mateo and Santa Clara counties — Stanford Health Care's service area — is unable to meet its basic needs.<sup>5</sup> Despite the fact that the Federal Poverty Level underestimates economic insecurity in the Bay Area, sizeable proportions of African ancestry, Native American, Latinx, and "Other" residents of both counties live in poverty (see chart).

### Food Access

A limited income can lead to food insecurity. Food insecurity is a significant issue in both counties. The proportions of San Mateo County residents receiving SNAP benefits and other government assistance have been increasing recently.<sup>5</sup>



HEALTH NEED INDICATOR	BENCHMARK	SAN MATEO COUNTY	SANTA CLARA COUNTY
Food Insecurity Rate	6% <sup>H</sup>	9%	11%
Food Insecure Population Ineligible for Assistance	22%	39%	39%
Food Insecure Children Ineligible for Assistance	29%	46%	46%

<sup>H</sup> Indicates Healthy People 2020 national aspirational goal. When not noted, benchmark is state average.

SOURCES: Food Insecurity: SMC: San Mateo County Health, Health and Quality of Life Survey, 2018; SCC and CA: Feeding America, 2016. Food Insecure and Ineligible: Feeding America, 2014.

<sup>1</sup> World Health Organization. (2018). *The Determinants of Health*.

<sup>2</sup> Bay Area Council Economic Institute. (Undated.) *The Cost of Living Continues to Rise for Bay Area Residents*.

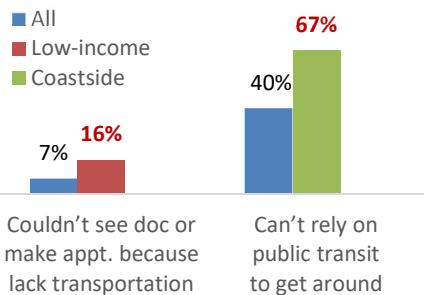
<sup>3</sup> Center on Budget and Policy Priorities. (2018). *Economic Security, Health Programs Reduce Poverty and Hardship, With Long-Term Benefits*.

<sup>4</sup> Gupta, R. P., de Wit, M. L., & McKeown, D. (2007). The Impact of Poverty on the Current and Future Health Status of Children. *Pediatric Child Health*. 12(8): 667–672.

<sup>5</sup> 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 Bay Area. The California Self-Sufficiency Standard, set by the Insight Center for Community Economic Development, provides a more accurate estimate of economic stability in San Mateo and Santa Clara counties.

## SOME RESIDENTS HAVE TRANSPORTATION ISSUES.

### San Mateo County survey respondents



SOURCE: San Mateo County Health, Health and Quality of Life Survey, 2018. Although comparable data are not available for Santa Clara County, it is reasonable to expect that conditions are similar.

In Santa Clara County, more than **25%** of Latinx residents indicated that they had visited a food bank or received other free meals in the past year.<sup>6</sup>

### Transportation

Poor access to transportation can impede access to health care, increase social isolation for older adults, and result in long commutes to work. These issues can add to family instability and poor mental health.<sup>7</sup>

## What does the community say?

Residents and local experts who shared their perspectives as part of Stanford Health Care's 2019 Community Health Needs Assessment ranked economic security as a high priority. They noted that the high cost of living, particularly for lower-income residents, is affecting a variety of basic needs, including

food, health care, housing, and transportation. Economic insecurity and housing instability were discussed as drivers of poor mental health and substance use in both counties. In Santa Clara County, mental health providers reported that mental health care costs are difficult for middle-income parents. The community also expressed concerns about the cost of long-term care for middle-class older adults with fixed incomes. In San Mateo County, economic stressors that affect housing instability and food insecurity were identified by multiple sources as drivers of domestic violence. Human trafficking is an emerging issue in the county, which experts attributed to chronic housing issues and related instability.

*"Food insecurity is very present among the people living in the Bay Area. ... The homeless are a very small fraction of [who the food bank] serves. Most of the people served are working adults ... \$12 an hour is not enough. You cannot live on that, not in this area." —LOCAL SERVICE PROVIDER*

## Our commitment to community health

Stanford Health Care collaborated with 21 other health systems and organizations in San Mateo and Santa Clara counties on the 2019 Community Health Needs Assessment. Based on the statistics and community input collected, economic security emerged as a top health need.

With findings from the assessment, Stanford Health Care developed a 2020–2022 Implementation Strategy that will help determine the investments the hospital makes in the community, including programming and partnerships. Over the next three years, the hospital will focus on how food, transportation, and high-quality employment impact health behaviors and outcomes in San Mateo and Santa Clara counties. Strategies include expanding programs that address access to healthy food and workforce-related education. Stanford Health Care will also invest in strategies to increase transportation options, affordable child care, and financial literacy. The anticipated impacts range from less food insecurity and reduced income disparities to better health outcomes among low-income residents. Results will be measured and reported in the next assessment.

Stanford Health Care's Community Health Needs Assessment and Implementation Strategy reports are available publicly on its website. Comments are welcome and encouraged.

<sup>6</sup> Santa Clara Public Health Department, Behavioral Risk Factor Survey. (2013–2014).

<sup>7</sup> Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling towards disease: transportation barriers to health care access. *Journal of Community Health*, 38(5), 976–993.