Community Benefit Report

for Fiscal Year 2013
and 2014 Implementation Strategy

Lucile Packard
Children's Hospital
Stanford

Stanford | MEDICINE

A letter from our President and CEO

From our humble beginnings more than 95 years ago as the Stanford Home for Convalescent Children, Stanford Children's Health has maintained a strong commitment to serving the community. That commitment continues today — from caring for uninsured or underinsured children, homeless teens and pregnant moms, to helping re-establish school nurse positions in local schools. Our outreach programs are critical to children and their families who deserve access to high-quality, innovative care.

In order to provide support, we first need to understand the greatest challenges facing our vast and diverse community. This annual Community Benefit report for Lucile Packard Children's Hospital Stanford highlights how we're addressing issues based on our most recent needs assessment with community partners across Santa Clara and San Mateo Counties.

We're focused on the following priorities:

- Improve access to primary health care services for children, teens and expecting moms
- Prevent and treat pediatric obesity
- Improve the social, emotional and mental health of children and youth

In 2013 we provided $123,964,609 in Community Benefit services and activities to support these focus areas. We are grateful for our community partners — other nonprofits, government agencies and individuals who share our dedication to bringing quality health care to those in our community. Together we are building healthier, happy lives.

Thank you.

Christopher G. Dawes
President and CEO

In 2013, Lucile Packard Children's Hospital Stanford invested

$123,964,609

in Community Benefit services and activities to improve the health status of infants, children, adolescents and pregnant women.

Below is a breakdown of our $123,964,609 investment:

Financial Assistance and Charity Care: $109,888,221

- Includes undercompensated costs of medical services for patients enrolled in Medi-Cal, out-of-state Medicaid and other means-tested government programs (Healthy Families, Healthy Kids, CCS, CHDP, etc.) = $109,331,869
- Charity Care = $556,352

Health Professions Education: $9,791,849

- Resident physicians, fellows, medical student education costs (excludes CHGME reimbursement)
- Nurse and allied health professions training
- Funding for resident community projects
- Perinatal outreach and consultation services

Community Health Improvement: $1,409,534

- Mobile adolescent health services
- Insurance enrollment support
- Care-A-Van
- Community health education programs
- Child safety programs
- School-based health education programs
- Peninsula Family Advocacy Program

Subsidized Health Services: $199,726

- Pediatric Weight Control Program
- Suspected Child Abuse and Neglect Program

Financial & In-Kind Contributions: $2,269,415

- Children's health insurance premium support
- Community clinic capacity building and support
- All event sponsorships for not-for-profit organizations
- Project Safety Net
- School nurse demonstration project
- Small program grants for community organizations

Community Building Activities: $258,934

- Chamber of Commerce membership and activities
- Service club activities
- Focus on a Fitter Future CHA program
- Support for community emergency management programs
- Advocacy for children's health issues

Community Benefit Operations: $146,930

We Are Lucile Packard Children's Hospital Stanford

Lucile Packard Children's Hospital Stanford is located on Stanford University's campus in the heart of Silicon Valley, 40 miles south of San Francisco. Our not-for-profit, tax exempt hospital has been internationally recognized for exceptional quality of care. In 2013 we were, once again, ranked amongst the top children's hospitals in the nation by *U.S. News & World Report*, and we received one of the most elite hospital designations in the country, the 2013 Leapfrog Top Hospital Award.

Lucile Packard Children's Hospital Stanford is the anchor of Stanford Children's Health, where our passion and expertise is delivering extraordinary care for children and expecting moms. We're committed to bringing programs and services to those in our community who need them most — from caring for uninsured or underinsured kids and homeless teens to helping re-establish nurse positions in local schools.

Our reach extends beyond our hospital to dozens of locations throughout the San Francisco Bay Area and the greater Pacific Northwest. Our network includes hospitals, specialty services, clinics, general pediatrics and obstetrics practices. This broad network is affiliated with Stanford Medicine, one of the country's top-ranked academic medical institutions. This affiliation connects our patients to world-leading research, breakthrough innovations and top doctors.

We're proud to continue our leadership in pediatric and obstetric care with a $1 billion hospital expansion that will make Lucile Packard Children's Hospital Stanford the country's most technologically advanced, family-friendly and environmentally sustainable facility for children and pregnant women. We look forward to welcoming even more families, doctors and staff to our new facility in 2017.

Our Values

- Collaborating to reach goals
- Advancing a family-centered approach to treatment
- Respecting our patients, their families and our co-workers
- Educating, innovating and translating discoveries in pediatrics and obstetrics
- Serving our community through outreach and advocacy

Patient Care 2013 Highlights

Lucile Packard Children's Hospital Stanford serves its communities as an internationally recognized pediatric and obstetric hospital that advances family-centered care, fosters innovation, translates discoveries, and educates health care providers, leaders and advocates on behalf of children and expecting moms.

Our vision is to drive innovation in the most challenging areas of pediatrics and obstetrics to improve the quality of life for children and pregnant women, and those who love and care for them.

More than
800
medical staff
&
3,000
employees

8,000
pediatric inpatients

patients from
38 states & **6** countries

311
licensed beds
(415 after our hospital expansion)

4,200
births

156,000
clinic visits

Community Benefit Report Overview

This report covers fiscal year 2013, beginning September 1, 2012 and ending August 31, 2013. In addition to providing details on our community investment, this document describes the planning process undertaken to effectively plan and coordinate the hospital's Community Benefit efforts for fiscal year 2014, September 1, 2013 through August 31, 2014.

Role of the Board of Directors

The Lucile Packard Children's Hospital Stanford Board of Directors, through its Quality, Service and Safety Committee which meets four times annually, reviews Community Benefit plans and programs. This annual Community Benefit report is reviewed and approved by the full Board of Directors, which discussed and approved this report and plan on February 5, 2013.

Definition of a Community Benefit

As part of the Affordable Care Act, non-profit hospital organizations must complete a Community Health Needs Assessment (CHNA) every three years to demonstrate how a hospital's human and financial resources have been used to meet community needs. According to national guidelines developed by the Catholic Health Association, a program qualifies as a community benefit if it:

- Improves access to health services
- Enhances population health
- Advances increased general knowledge
- Relieves or reduces the burden of government to improve health

Our Community Health Needs Assessment Process

At Lucile Packard Children's Hospital Stanford, our Community Health Needs Assessment (CHNA) is conducted with feedback from the community and experts in public health and clinical care. Our primary focus is on the health needs of vulnerable populations, including minorities, people with chronic illness, as well as low-income and medically underserved populations.

This 2013 triennial community-wide health needs assessment is mandated under California Senate Bill 697 and the IRS, and was prepared in collaboration with the San Mateo and Santa Clara public health departments, other area hospitals and community organizations.

Our Community Advisory Council analyzes the needs assessment data and collaborates with community organizations before prioritizing which health initiatives will be our focus areas. Their recommendations for three health initiatives were approved by the Board of Directors in June 2013.

The three health initiative priorities for 2013-2016 are:

1. Improve access to primary health care and services
2. Prevent and treat pediatric obesity
3. Improve the social, emotional and mental health of children and youth

For more information about our 2013 Community Health Needs Assessment process and findings, please visit stanfordchildrens.org.

Community Benefit Program Implementation Strategies

At Lucile Packard Children's Hospital Stanford, our community benefit programs strive to establish operational links between clinical programs and community health improvement activities. We engage diverse community stakeholders in the selection, design, implementation and evaluation of program activities. Our community benefit programs are guided by the following operating principles:

- We develop programs that support both formal and ongoing informal needs, primarily in San Mateo and Santa Clara counties
- We develop programs that target the most pressing needs, with an implementation period of at least three years
- We focus on communities with disproportionate unmet health-related needs
- We work to address the underlying causes of persistent health problems
- We target charitable resources to mobilize and build the capacity of existing community assets

Partnerships

Lucile Packard Children's Hospital Stanford believes that partnership is critical to meeting health care needs at our hospital, across our network and throughout our community. That's why we participate in multiple collaborations with organizations in the community and at other hospitals. Our Community Partnership program develops and enhances partnerships that support our goal of improving the health of children, adolescents and expecting moms in our immediate community, through common concern, collaboration and shared resources.

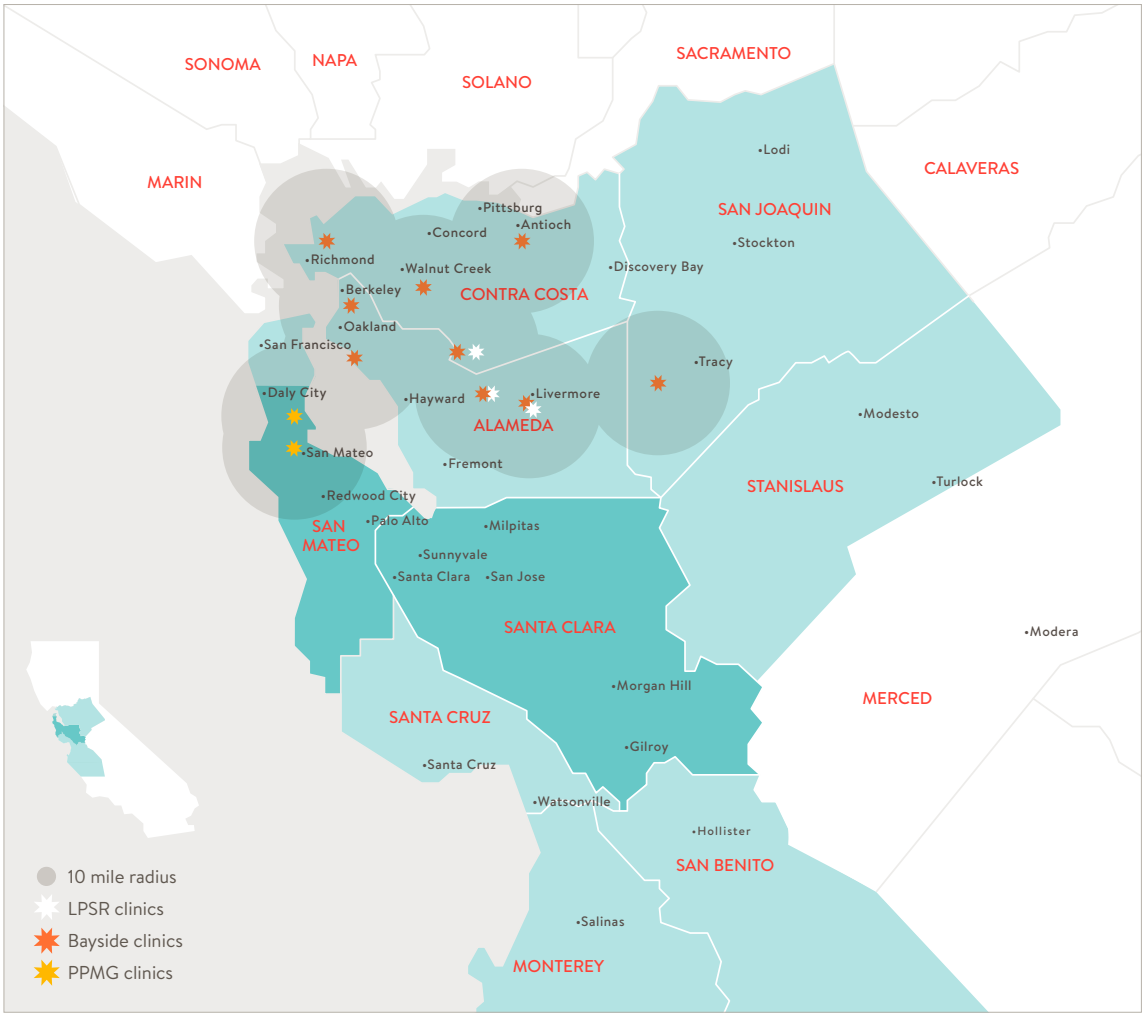
Active participation with community coalitions provides important data about health issues in our area. We seek continuous input from many key community partners:

- Santa Clara Family Health Plan: a major provider of Medi-Cal, Healthy Families and Healthy Kids insurance
- Oversight Committee: San Mateo County Children's Health Initiative
- Community Benefits Coalition: Hospital Conference of Santa Clara County, conducts the triennial community needs assessment process
- Healthy Community Collaborative of San Mateo County: conducts the triennial community needs assessment process
- Ravenswood Family Health Center: a Federally Qualified Health Center in East Palo Alto
- Santa Clara County Children's Agenda 2015 Vision Council
- Project Cornerstone Advisory Council: works to implement the 41 developmental assets concept into community programming
- Palo Alto Unified School District Health Council
- Get Healthy San Mateo County
- Project Safety Net: a collaborative working group to improve the emotional wellness of youth and prevent youth suicide in Palo Alto

Stanford Children's Health Bay Area Care Network

Our primary service area is San Mateo and Santa Clara counties.

Our Overall Bay Area Care Network: Coverage within 10 miles of every family household in the Bay Area



Based on Lucile Packard Children's Hospital Stanford 2013 discharge data, 52% of inpatient pediatric cases (excluding normal newborns) and 89% of obstetrics cases came from San Mateo and Santa Clara counties. An additional 30% of pediatric volume and 10% of obstetrics volume came from eight other northern California counties, including Alameda, Contra Costa, San Francisco, Santa Cruz, Monterey, San Benito, Stanislaus and San Joaquin counties. In addition to programs and services at our Palo Alto campus, we operate Lucile Packard Children's Hospital Stanford licensed beds in satellite units at three local area hospitals: a special-care nursery at Washington Hospital in Fremont (9 beds), a special-care nursery at Sequoia Hospital in Redwood City (6 beds), and adolescent and general pediatrics inpatient units at El Camino Hospital in Mountain View (30 beds).

Service Area and Scope of Service

Key Demographics: Racial/ethnic makeup of child population

The chart below illustrates that Lucile Packard Children's Hospital Stanford serves a racially diverse community, mostly from Santa Clara and San Mateo counties. Out of the 602,568 children ages 0-17 who reside in the two counties, 439,320 live in Santa Clara County and 163,248 live in San Mateo County.

		San Mateo County	Santa Clara County	California
Ethnicity	Native American	0.1%	0.2%	0.4%
	Asian-American	21.9%	31.1%	10.6%
	African-American/Black	2.2%	2.2%	5.5%
	Caucasian/White	32.2%	23.3%	27.1%
	Hispanic/Latino	34.6%	37%	51.6%
	Multi-Ethnic	7.2%	5.9%	4.5%
	Native Hawaiian/Pacific Islander	1.7%	0.4%	0.4%

Serving a Vulnerable Community: Children Living in Poverty

The 2013 federal poverty guideline was defined as an annual income of $19,530 for a family of three. However, this guideline does not take into account the high cost of living in San Mateo and Santa Clara counties, and the actual cost to be considered self-sufficient in these areas. The Self-Sufficiency Standard for California measures how much income is needed for a family of a specific composition to adequately meet its minimal basic needs, including housing, food, child care, out-of-pocket medical expenses, transportation and other necessary spending. It also provides a complete picture of what it takes for families to make ends meet. For instance, for a family of one adult, a pre-school-aged child and one school-aged child in San Mateo County, the income required is $78,945. In Santa Clara County, it is $77,973. The self-sufficiency income changes depending on the make-up of the family. This standard is calculated by Dr. Diana Pearce at the University of Washington, in conjunction with Wider Opportunities for Women in Washington DC and the Insight Center of Community Economic Development.

Without taking cost of living into account, 12.4% of children ages 0-18 living in Santa Clara County and 9.5% living in San Mateo County live in poverty. Another indicator is the percentage of public school children eligible to receive the free or reduced cost lunch programs, which in 2012 was 37.7% in Santa Clara County and 35.5% in San Mateo County.

Financial Valuation of FY2012-2013 Community Benefit

Our FY2012-2013 investment in Community Benefit programs served a total 43,979 individuals. All figures presented are the hospital's net investment after reimbursement, fees or restricted grants.

At Lucile Packard Children's Hospital Stanford, we are very fortunate to have several endowments that are designated to support community programming and physician education, as well as the support of the Lucile Packard Foundation for Children's Health to raise annual funds to support undercompensated care and community programs.

Undercompensated costs of medical services to government-covered patients: $109,331,869 (not including Medicare)

- Undercompensated costs of services covered by Medi-Cal and out-of-state Medicaid = $109,057,910
- Undercompensated costs of services covered by means-tested government programs: Healthy Families, Healthy Kids, CCS, CHDP, etc. = $273,959

Charity care at cost: $556,352

Health professions education: $9,791,849

- Resident physicians, fellows, medical students education costs (excludes CHGME reimbursement)
- Nurse and allied health professions training
- Funding for resident community projects
- Perinatal outreach and consultation services
- Project Search

Community health improvement services: $1,409,534

- Mobile adolescent health services
- Insurance enrollment support
- Care-A-Van
- Community health education programs
- Child safety programs
- School-based health education programs
- Peninsula Family Advocacy Program

Subsidized health services: $199,726

- Pediatric Weight Control Program
- Suspected Child Abuse and Neglect Program

Financial and in-kind contributions: $3,269,415

- Children's health insurance premium support
- Community clinic capacity building and support
- All event sponsorships for not-for-profit organizations
- Project Safety Net

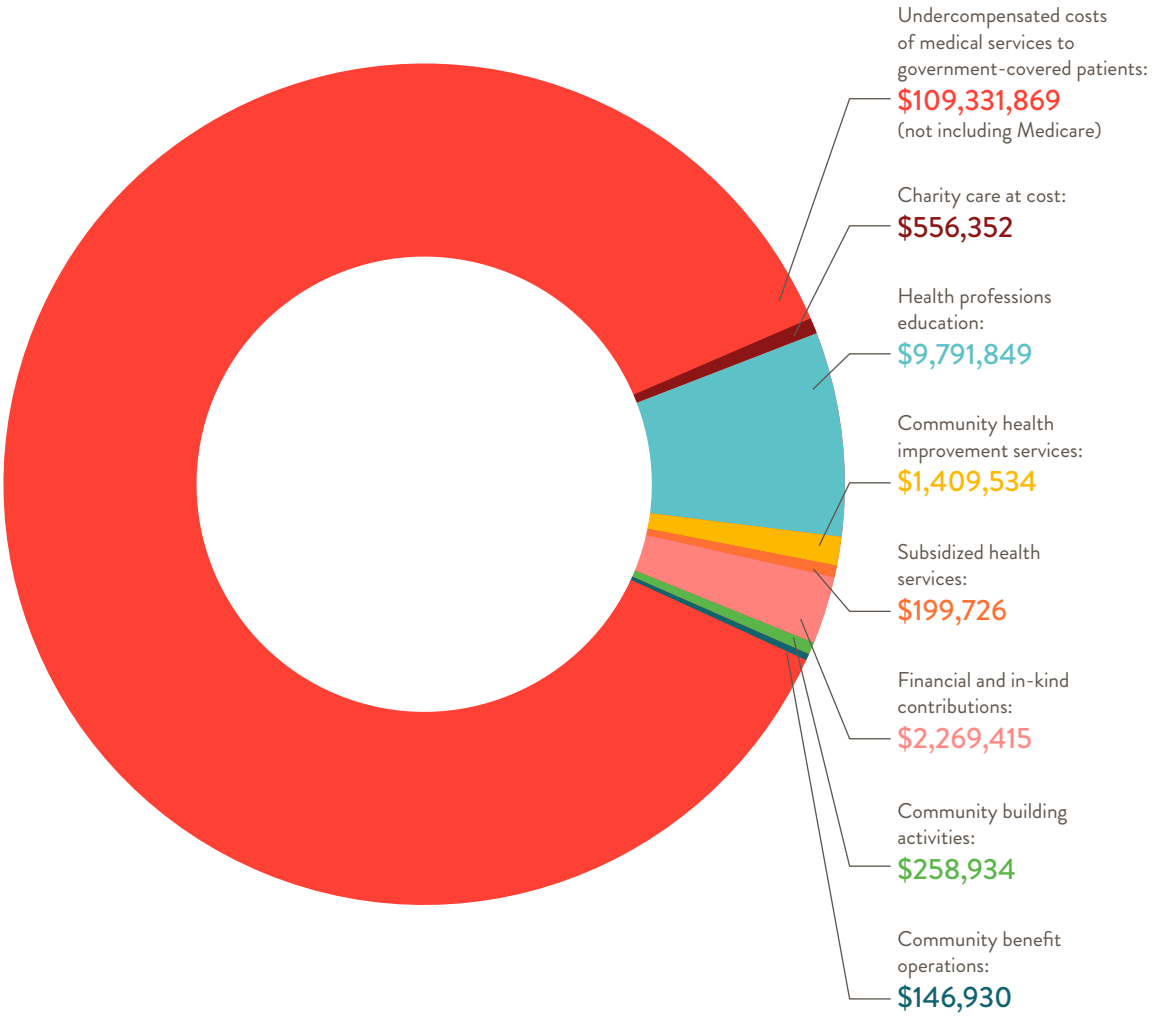
Community building activities: $258,934

- Chamber of Commerce membership and activities
- Service club activities
- Focus on a Fitter Future CHA program
- Support for community emergency management programs
- Advocacy for children's health issues

Community benefit operations: $146,930

- Dedicated staff and function support
- Needs assessment costs

Total Net Value of Quantifiable Benefits Provided to the Community (without Medicare): $123,964,609



Health Initiatives

1. Improve access to primary health care services for children, teens and expecting moms

People living in San Mateo and Santa Clara counties have expressed concern about inadequate access to health insurance, financial barriers to getting medication, and minimal transportation options to access health facilities. In addition, there is a lack of primary care and specialty physicians in certain areas in the community and not many specialty physicians who speak languages other than English.

Strategy

Nine strategies have been identified to support this initiative. These initiatives range from financial and physician support of community health clinics to funding premiums for children covered by Healthy Kids programs.

2. Prevent and treat pediatric obesity

Pediatric obesity continues to be a serious concern in the U.S. and in our community. More than 10% of San Mateo County newborns have high birth weight, and an increasing number of young patients are being diagnosed with diabetes in Santa Clara County. In addition, Hispanic and Latino children have the highest rates of obesity.

Strategy

Lucile Packard Children's Hospital Stanford takes a holistic approach by addressing the social determinants of maintaining a healthy weight including the environment and legislative policies, as well as offering evidence-based clinical treatment programs to children and families in the community.

3. Improve the social, emotional and mental health of children and youth

The increased number of youth suicides in 2008 and 2009 raised awareness about youth mental instability, and the concern is even greater considering 1/4 of kids in our community have reported feeling hopeless, depressed and suicidal. Substance abuse is also high with 40% of San Mateo County 11th graders reporting they've tried marijuana and 12-13% of 11th graders reporting they binge drink. In addition, domestic and child abuse for certain ethnic subgroups is prevalent.

Strategy

We address the proven link between poor social, emotional and mental health; and poor behavioral health, including substance abuse and violence.

Health Initiative 1: Improve access to care

This health initiative addresses the "Access to Care" health need identified by our 2012-2013 Community Health Needs Assessment. Interventions include improved care coordination between health care organizations and systems, as well as sustainable adoption and implementation of the medical home model.

According to the 2012-13 Community Health Needs Assessment, access and delivery of health care impacts nearly all health needs, from prevention to treatment. Health experts and community members have expressed concern about various aspects of access, including having sufficient health care insurance, having a medical home or primary care physician, having adequate finances for copays and medications, and sufficient transportation options to health care services.

Aspects of delivery issues include care providers who can speak in a patient's native language and the ability to get appointments in a timely manner. The lack of primary care and specialty physicians are reported to have an impact on a patient's access to care. Access and delivery are driven by socioeconomic conditions such as poverty and low levels of education.

Goal

Improve access to a comprehensive medical home for children and youth ages 0-25, and for pregnant women in Santa Clara and San Mateo counties.

Health Initiative 1 Strategies

1.1 Increase supply of providers in community clinics

1.2 Support Gardner Family Health Network's new pediatric primary care clinic in Palo Alto

1.3 Sustain Lucile Packard Children's Hospital Stanford's Mobile Adolescent Health Services

1.4 Fund Healthy Kids

1.5 Fund Care-A-Van for Kids

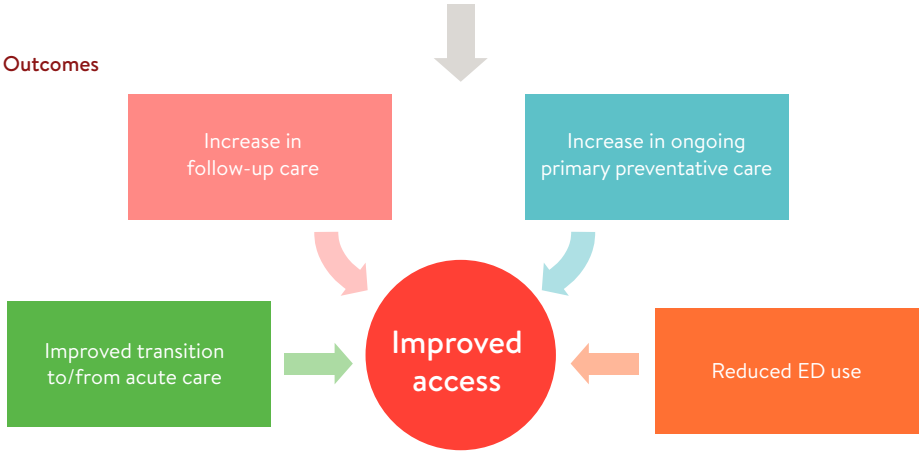
1.6 Support Mayview Community Health Center's capital expansion project

1.7 Support families with health insurance enrollment and/or financial assistance

1.8 Provide appropriate financial assistance for uninsured and underinsured patients

1.9 Train the next generation of health care providers

Positive Outcomes



Positive Outcomes

1. Improved care coordination offers underserved populations a seamless transition to/from acute care settings.
2. The medical home model provides underserved populations with appropriate primary and follow-up medical care, as well as supportive services.
3. Underserved populations have an ongoing source of primary and preventative health care.
4. Unnecessary trips to the emergency department decrease.

Partnership Programs

Mobile Adolescent Health Services

The Mobile Adolescent Health Services program provides primary treatment and preventive care to homeless and uninsured adolescents ages 12-25 at continuation high schools, job training sites and youth centers. Services include: acute illness and injury care, physical exams, family planning services, pregnancy testing, HIV and STD testing, counseling and treatment, immunizations, mental health counseling and referrals, nutrition counseling, and referrals to community partners, substance abuse and risk behavior reduction counselors.

The program also serves as a training and research site to give medical students, residents and fellows access to best practices of community medicine designed to reach medically underserved youth. The Mobile Adolescent Health Services program also conducts research to further understand medical, psychosocial and nutritional issues that impact youth.

Community Partners

- Indochinese Health Development Center in San Francisco
- Alta Vista Continuation School in Mountain View
- Los Altos High School in Los Altos
- Peninsula High School in San Bruno
- East Palo Alto charter high school in East Menlo Park
- The Indochinese Housing Development Center in San Francisco
- The LGBTQ Youth Space in San Jose
- The Job Corps training facility in San Jose

Persons Served: 384
Total Investment: $461,495

Children's Health Insurance Initiatives

Lucile Packard Children's Hospital Stanford has supported the Children's Health Initiatives in both San Mateo and Santa Clara counties since their inception. Also known as "Healthy Kids Programs," these locally funded programs expand health coverage to children who do not qualify for Medi-Cal or Healthy Families programs.

Total Investment: $100,000
Community Partners: San Mateo County and Santa Clara County
Persons Served: 100 children (50 in each county)

Partnership Programs (cont'd)

Mid-coastal California Perinatal Outreach Program (MCCPOP)

The Mid-Coastal California Perinatal Outreach Program (MCCPOP), partially funded by the State of California, is the designated Perinatal Regionalization Project for the mid-coastal counties in California. MCCPOP is a joint program under the Departments of Pediatrics and Gynecology/Obstetrics which provides outreach education, consultation and transport for 22 maternity programs in the Alameda, Monterey, San Benito, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz and Stanislaus counties.

This network promotes the highest standards of patient safety and family-centered care in these affiliated hospitals. Speakers, workshops, conferences, peer reviews, site visits and compliance reviews are offered to community physicians and nurses. The physician contact facilitated by MCCPOP results in a unique source of high-risk patient referrals to the Stanford Children's Health network, thus ensuring a diverse patient population for study purposes and improving the outcomes of pregnancies in the region.

In addition, MCCPOP provides infrastructure and support to numerous, grant-funded programs including:

1. Regional Perinatal Programs of California (RPPC)
2. California Diabetes and Pregnancy Program (CDAPP)
3. California Perinatal Quality Care Collaborative (CPQCC)
4. California Maternal Quality Care Collaborative (CMQCC)
5. High-Risk Infant Follow-Up Data and Quality Improvement Initiative (HRIF-QI)
6. California Perinatal Transport System (CPeTS),
7. California Pregnancy-Associated Mortality Review Program (PAMR)

Total Investment: $304,163
Funding: Partially funded by the State of California

Care-A-Van for Kids

The Care-A-Van for Kids program makes life-saving health services accessible to low-income families who lack reliable means of transportation. This is a free service for children living outside a 25-mile radius from Lucile Packard Children's Hospital Stanford. During the past fiscal year, 1,008 individuals received 2,720 rides.

Total Investment: $241,910
Community partners: Volunteer drivers and corporate funders

Ravenswood Family Health Center

Our partnership with Ravenswood Family Health Center in East Palo Alto exemplifies how we're using our staff and financial resources to build capacity into community organizations that share our mission. The Ravenswood Family Health Center is a Federally Qualified Health Center with two clinic sites, a dental clinic, integrated behavioral health services and a mobile program.

Medical Patients Served: 2,779
Dental Patients Served: 2,043
Medical and Dental encounters: 12,304
Total Annual Investment: $300,000

Partnership Programs (cont'd)

Gardner Packard Children's Health Center

Lucile Packard Children's Hospital Stanford's partnership with Gardner Health Center began in FY2013. This partnership has resulted in the establishment of the Gardner Health Center, a Federally Qualified Health Center which has lowered health care costs and increased the availability of health care services for uninsured and underinsured children in our primary service area. Through our partnership, the Gardner Health Center provides comprehensive primary care to children from birth through 18 years of age, and various services such as check-ups and vaccinations. Additionally, physicians and allied health professionals provide coordination of care for children with special health care needs.

Medical Patients served: Approximately 4,000
Total Initial Investment: $1,425,000

Health Initiative 2: Prevent and Treat Pediatric Obesity

The objective of our holistic approach is to address the social determinants of maintaining a healthy weight including the environment and legislative policies, as well as to provide evidence-based clinical treatment programs to children and families in the community.

According to our 2013-13 Community Health Needs Assessment, obesity is identified as a top community health need among children and youth, as obesity rates fail to meet Healthy People 2020 targets. High rates of overweight and obese children are seen as early as two years of age. Even infant weight is increasing, with more than 10% of newborns born in San Mateo County considered at high birth weight. Hispanic and Latino children of all ages have the highest rates of overweight and obesity, and there is concern in the community about Pacific Islander and Filipino overweight and obese youth. This health issue is likely aided by poor health behaviors such as low fruit and vegetable consumption, high soda consumption, as well as the close proximity and high number of fast food establishments, and a relative lack of grocery stores and WIC-Authorized food sources.

- 18% of low-income 2-5 year-olds are in the 95th percentile for weight based on age/height (Santa Clara County)
- Nearly 30% of 5th graders are “at risk” for obesity based on BMI for their age/gender (Santa Clara and San Mateo Counties)
- 22% (Santa Clara County) and 25% (San Mateo County) 9th graders are “at risk” for obesity based on BMI for their age/gender

Goal

Reduce the prevalence and severity of overweight and obese children and youth ages 0-25 in Santa Clara and San Mateo counties, leading to improved health and wellness, and a reduction in chronic associated health conditions.

Health Initiative 2 Strategies

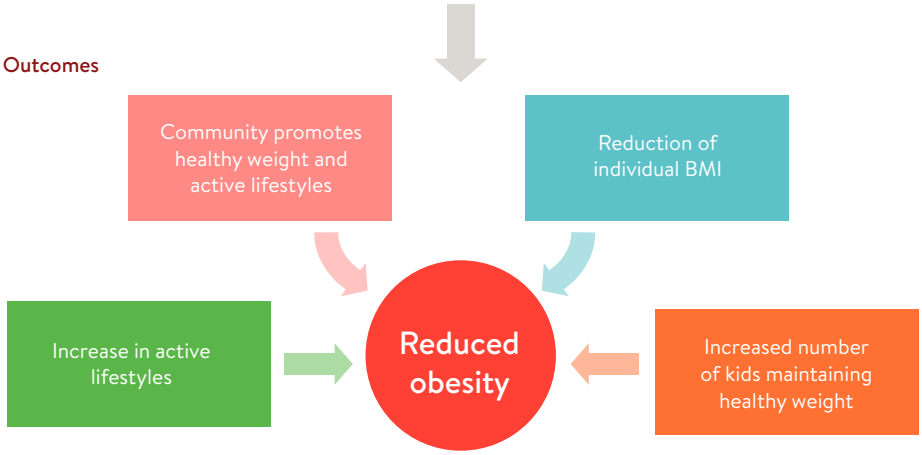
2.1 Sustain Packard Pediatric Weight Control Program for families with children ages 8-15

2.2 Support Silicon Valley Youth Health Literacy Collaborative for Santa Clara County schools

2.3 Continue participation with strategic community collaboratives addressing prevention of pediatric obesity

2.4 Seek additional partnership opportunities to reduce obesity rates and promote healthy lifestyles among children and youth

Positive Outcomes



Positive Outcomes

1. Children and youth have increased opportunities to live in communities that promote healthy weight maintenance and active lifestyles.
2. Santa Clara and San Mateo counties see an increase in the number of families maintaining a healthy weight.

Programs

Pediatric Weight Control Program

Lucile Packard Children's Hospital Stanford sponsors a nationally recognized Pediatric Weight Control Program. This 26-week, family-based behavior modification program for overweight children is offered both at our hospital and various community locations. The program costs $3,500 per family. Because insurance plans do not yet reimburse for weight management programs, families must cover the cost. However, as part of our program, we established a process through the hospital's charity care program for families to apply for partial or full financial support. In fiscal year 2013, over 90% completed the entire six-month program. We provided $71,000 to benefit 83 children and their parents, 73 parents in total.

Total Investment: $71,000
Community Partners: YMCA

Programs (cont'd)

Silicon Valley Youth Health Literacy Collaborative

HealthTeacher is a leading provider of online health promotion, disease prevention, social and emotional wellness, and child safety resources for K-12th graders, and is used by nearly 30,000 teachers nationwide. HealthTeacher helps establish community-based youth health collaboratives to address the growing issues affecting the health status of young people.

HealthTeacher provides more than 300 lesson plans, aligned with the Common Core curriculum, in the 10 health topic areas outlined in the national and California health education standards. This includes education about alcohol and other drugs, tobacco, anatomy, community/environmental health, injury prevention, mental and emotional health, nutrition, personal and consumer health, physical activity, and family health and sexuality.

Total Investment: $55,880
Community Partners: El Camino Hospital, HealthTeacher, Inc., and participating school districts

Community Leadership in Obesity Prevention

School Health Programs:
Lucile Packard Children's Hospital Stanford works with the Get Healthy San Mateo County Task Force and the Bay Area Nutrition and Physical Activity Collaborative (BANPAC) to create environments that encourage healthier lifestyles to prevent obesity. Our Government and Community Relations department is working with the Palo Alto Unified School District to design a coordinated school health program for kids throughout that school district.

Focus on a Fitter Future Initiative:
Lucile Packard Children's Hospital Stanford collaborates with the Children's Hospital Association to implement the Focus on a Fitter Future Initiative. This project is focused on the role of children's hospitals in combating the epidemic of pediatric obesity with the goal of delivering quality, cost effective care and improving service for children and families. We invested $9,018 in this effort in fiscal year 2013.

Creating a healthier environment in our own hospital:
Building healthy environments is something we're committed to in our own hospital. Lucile Packard Children's Hospital Stanford has received national recognition for our food and beverage policies as well as our employee wellness programs and preventative benefits. We'll continue leading in this area as we expand to our new state-of-the-art hospital in 2017.

Community Partners: Get Healthy San Mateo County and all of its partners, Bay Area Nutrition and Physical Activity Collaborative (BANPAC) and all of its partners, Coordinated School Health projects within Santa Clara County schools and Palo Alto Unified School District, and the City of San Jose's Street Smarts traffic safety education program.

Health Initiative 3: Improve the Social, Emotional, and Mental Health of Children and Youth

This health initiative addresses the "Mental Health" need identified by our 2012-13 Community Health Needs Assessment. Interventions address the proven link between poor social, emotional and mental health, and poor behavioral health including substance abuse and violence.

According to the 2012-13 Community Health Needs Assessment, poor mental health was among the top concerns in our community. Over a quarter of youth in middle and high school experience depression, and youth of color report being depressed at higher proportions than white youth. Known root causes of mental health disorders in children and youth include adverse childhood experiences such as abuse and neglect, or witnessing violence or substance abuse. Youth in focus groups talked about stress and depression driven by family economic concerns and the pressure to perform academically. The lack of education about how to cope with stress, stigma about mental illness, and poor access to mental health care contributes to this need.

Youth who reported feeling sad or hopeless almost every day:

- Asian 26%
- Pacific Islander 33-34%
- Hispanic and Latino 31%
- African-American 27-30%
- American Indian 25-26%
- White 24%

In 2009 there were a record 10 suicides of youth 0-19 in Santa Clara County followed by only two in 2010. The 2000-2010 average is fewer than 8 suicides among youth 0-19 across both counties. Suicide rates (especially by gender or ethnicity) are difficult to rely upon because of this small number.

Goal

Partner with and link health care providers, mental health providers, school professionals and community agencies to increase the emotional and social well-being of children and youth ages 0-25.

Health Initiative 3 Strategies

3.1 Support dissemination and adoption of the evidence-based Sources of Strength program

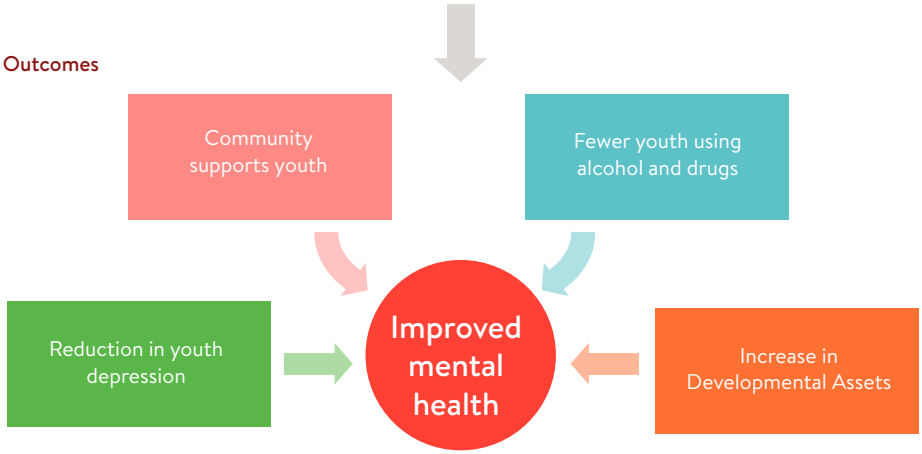
3.2 Support the Mental Health Dissemination and Innovation Initiative

3.3 Continue active participation in the Project Safety Net community collaborative

3.4 Continue a leadership role with Project Cornerstone

3.5 Seek additional engagement and partnership opportunities to support the social, emotional and mental health needs of our community

Positive Outcomes



Positive Outcomes

1. Fewer youth report having had feelings of sadness and hopelessness.
2. More youth report they have an adult who cares about them and/or feel connected to their community.
3. Fewer youth participate in risk-taking behavior, including drug and alcohol abuse.
4. Fewer children and youth with less than 21 Developmental Assets. In 1990, the Search Institute released a framework of 40 Developmental Assets which identifies a set of skills, experiences, relationships and behaviors that enable young people to develop into successful and contributing adults. They have further determined that youth need a minimum of 21 Developmental Assets in order to be prepared for life and be less likely to engage in high-risk behaviors.

Programs

Health Care Alliance for Response to Adolescent Depression (HEARD)

In response to a "contagion" of teen suicides in Palo Alto in 2009, a group of child psychiatrists, non-profit agencies and school psychologists came together to prevent crisis situations and intervene early enough to ensure the crisis stage is never reached. The alliance also works to increase awareness of mental disorders, decrease the stigma surrounding them and increase access to treatment. Dr. Shashank Joshi with Lucile Packard Children's Hospital Stanford is leading this effort and our psychiatry department has worked to open up additional appointments to give immediate attention to children in crisis.

Programs (cont'd)

Project Safety Net

Project Safety Net is a community collaborative born in response to the 2009 teen suicide cluster in Palo Alto. Its mission is to develop and implement an effective, comprehensive, community-based mental health plan for overall youth well-being in Palo Alto. It includes collaborative education, prevention and intervention strategies that provide a safety net for youth and teens in that community. The program is designed to increase help-seeking behaviors and build connections between peers and caring adults.

Community Partners: All organizations and individuals participating in Project Safety Net, including primary and preventative care providers, mental health providers, school professionals, other community agencies and families.

Total Investment for Project Safety Net and HEARD: $113,430
Students Served: 1,425

Project Cornerstone

Under the guidance of the YMCA of Silicon Valley, Project Cornerstone brings the Search Institute's evidence-based Developmental Assets to Santa Clara County. The Developmental Assets are positive values, relationships, skills and experiences that children and teens need in order to foster positive identity and self-esteem, which are vital components to making healthy choices and avoiding risk-taking behavior.

Suspected Child Abuse and Neglect (SCAN) Team

The Suspected Child Abuse and Neglect (SCAN) team consults on suspected child abuse cases, meets regularly to review all CPS referrals and consultations, and maintains a formal contractual relationship between Lucile Packard Children's Hospital Stanford and the Santa Clara Valley Medical Center (SCVMC) Center for Child Protection. Our relationship with the Center for Child Protection provides inpatient consultation services on suspected physical and sexual abuse, outpatient consultation services on emergent cases, representation on the SCAN team and education for residents, medical students and staff.

A grant from the Hedge Fund Cares Foundation provided support for training medical students, residents, physicians and hospital staff how to correctly assess and respond to signs of abuse and neglect. It also supported creation of evaluation, guidance, criteria and references in the electronic medical record system. Both these initiatives have led to more appropriate patient evaluations.

Grant funding also supported inclusion of the Period of Purple Crying curriculum into the primary care clinics, and a year-long teen parenting class at the New Creation Home in East Palo Alto. This course focused on child abuse prevention for young mothers, including discussions on domestic violence, child neglect, parenting, appropriate discipline, attachment theory, bonding and advocacy for personal health needs.

Longer-term goals call for a partnership with SCVMC Center for Child Protection to enhance regional child abuse expertise, telemedicine consultations, creation of a fellowship in child abuse pediatrics, and research partnerships with other abuse programs at University of California, San Francisco; University of California, Davis; and the Stanford Department of Psychiatry.

Total Investment: $128,726

Programs (cont'd)

The Mental Health Dissemination and Innovation Initiative

The Mental Health Dissemination and Innovation Initiative aims to prevent the aftermath of traumatic events in young children and adolescents, and to improve these effects in youth already demonstrating functional impairment. The program's activities focus on researching the identification of biological and sociological risk factors for stress vulnerability, development, application and dissemination of innovative treatment interventions and community engagement.

Community Partners: Stanford Medicine; Ravenswood Family Health Center; Boys and Girls Club of the Peninsula; Center for Wellness, Bayview; and various state-level committees and task forces on youth mental health.

Programs That Benefit the Broader Community

Lucile Packard Children's Hospital Stanford believes that educating medical students, residents and physicians is a key factor in our ability to deliver extraordinary care for healthier, happy lives. This includes supporting the latest medical research and encouraging the community to participate by providing work and volunteer opportunities to anyone who qualifies.

Health Professionals Education and Training

Education and research are critical to our mission and especially relevant given our affiliation with Stanford Medicine. These elements are so integral to our operation that it is difficult to isolate individual activities and their costs.

We provide clinical training for medical students, residents and fellows from Stanford Medicine. Quantified training costs reported as community benefit focus on trainee stipends, costs for medical supervision and mentoring, and payments made directly to the school to support academic programs.

Residents are attracted to Stanford Medicine and Lucile Packard Children's Hospital Stanford for our pediatric residency training and outstanding community advocacy rotation program. Established 14 years ago, this program teaches residents about advocacy on behalf of their patients and focuses on community and public service programs, as well as legislative advocacy. Residents and interns are involved in a number of community activities, such as conducting a needs assessment of foster care youth in Santa Clara County, and surveying reproductive health access for incarcerated girls in Santa Clara County. While this program is critical to the hospital's mission and receives some funding from the hospital's community benefit department, it is not included as a hospital community benefit because it is a program of Stanford Medicine. However, the $50,000 in funding that the hospital provided to this program last year is included in the community benefit total detailed below.

Lucile Packard Children's Hospital Stanford also provides supervision, mentoring and clinical experience to students and fellows in nursing, pharmacy, social work, audiology, occupational and physical therapy, and clinical nutrition from UCSF, San Jose State University and several community colleges. The total fiscal year 2013 health professions education contribution for nurses and nursing students was $2,432,260. The total fiscal year 2013 health professions education contribution for other allied health professionals, including pharmacy residents, was $1,054,569 with $160,000 in philanthropic funds to support this training.

Fiscal year 2013 reportable costs for physician training for 173 residents and fellows are $12,969,835. The hospital received $5,756,964 in Children's Hospital Graduate Medical Education (CHGME) grants and $1,328,136 in restricted funds from the Lucile Packard Foundation for Children's Health.

Total Hospital Investment: $5,884,735

Participation in Local Chambers of Commerce and Service Clubs

Lucile Packard Children's Hospital Stanford executive staff members are active participants in the Silicon Valley Leadership Group, Joint Venture Silicon Valley and the Chambers of Commerce of San Jose/Silicon Valley, Palo Alto (board member), Mountain View (board chair) and Menlo Park. As a major employer in this area, our collective support of these organizations contributes to the economic vitality of the area.

Total investment: $64,420

Financial Support for Pediatric Resident Advocacy Program

Lucile Packard Children's Hospital Stanford uses some of its available community benefit funds to support the training of pediatric residents in advocacy, community research and development of projects designed to improve community health status. This past year, the hospital provided $50,000 to support the Community Pediatrics and Child Advocacy Rotation. Support was also provided for the StAT Residency Advocacy Training Program, which includes month-long advocacy training for 6-7 junior residents, and training seminars on topics such as grant writing, Institutional Review Board processes for research projects and evaluation strategies.

Total investment: $50,000

Mini Grants for Resident Projects Supported:

- Programs at San Mateo Juvenile Hall and Santa Clara Juvenile Hall
- Ravenswood City School District, Fighting Summer Food Insecurity in East Palo Alto
- InnVision Shelter Network in San Mateo County to reduce smoke in sheltered homeless
- Made in a Free World, reduce the use of forced labor and human trafficking in the manufacturing supply chain
- Annual Nursing Research Symposium

Total Investment: $8,825

SafeKids Coalition

Lucile Packard Children's Hospital Stanford is the lead agency for the SafeKids Coalition of Santa Clara and San Mateo counties, which is one of 600 national coalitions. SafeKids USA is a nationwide network working to prevent unintentional childhood injury, the leading cause of death and disability for children ages 1-14. The group teaches families about child injury risks and prevention; encourages and conducts research on leading injury risks; evaluates solutions; works to pass and improve child safety laws and regulations; provides lifesaving devices such as child safety seats, bike helmets and smoke alarms; and promotes corporate leadership in child safety through effective and sustainable partnerships.

In FY2013, the SafeKids child safety committee participated in many community events in San Mateo and Santa Clara counties, providing bike helmet fitting instruction, and bike and pedestrian safety. Our hospital safety coordinator also served as a consultant to the City of San Jose's Walk-n-Roll Initiative.

Total Investment: $53,195

Child Safety Outreach Program

Lucile Packard Children's Hospital Stanford operates a free child passenger seat fitting station in our parking structure staffed by a certified technician to teach and assist parents to correctly install car seats. The permanent, six-days-a week service provides proper assistance to parents who otherwise have to rely on community fairs or other sporadic opportunities for assistance. Our program also visits community locations such as Ravenswood Family Health Center in East Palo Alto and Kohl's stores in the South Bay Area.

Inspections confirm national statistics that over 85% of all car seats are not installed correctly and do not provide optimal protection. However, national statistics also show that car seat fitting programs are working. Inspections and public service announcements cost just $5 per seat, but save $390 per seat in avoided injuries. In fiscal year 2013, the car seat program provided instruction to 4,485 parents.

Total Investment: $202,131

Perinatal, Parenting and Community Health Education Programs

Lucile Packard Children's Hospital Stanford sponsors many classes and programs at the hospital and other community locations. Our programs include childbirth preparation, infant CPR and safety, breastfeeding instruction, parent preparation and our popular Heart-to-Heart program for pre-teens and their same-gender parents. Evening lectures about child health issues, such as sleep disorders, are also offered. In addition, the hospital and Stanford Medicine host annual updates on eating disorders as well as on autism, which presents the latest research and discoveries for parents, teachers, social workers and others.

While the hospital makes a significant investment to provide these programs, most costs are covered through class registration fees. Lucile Packard Children's Hospital Stanford reports only the cost of providing "scholarships" as a community benefit expense, such as funding for those who cannot afford the course, or the cost of providing interpreters for the hearing impaired.

Total "Scholarship" Investment: $9,754

Lending Our Skills and Expertise to Local Not-for-Profit Organizations

While difficult to quantify, members of the Lucile Packard Children's Hospital Stanford leadership team and management staff serve on several not-for-profit organization boards of directors and committees, bringing the resources and expertise, and usually financial support, of the hospital to these organizations that are an integral part to our community.

Our leaders serve on the boards of directors or committees of boards of the following:

- Abilities United
- Advocates for Children
- Avenidas
- March of Dimes
- Palo Alto Community Child Care
- Project Cornerstone
- Ronald McDonald House
- RotaCare Bay Area
- Santa Clara Family Health Plan
- Stanford New School

Event Support for Community Organizations

Lucile Packard Children's Hospital Stanford partners with and assists a variety of local non-profit community organizations to reach their programmatic and fund-raising goals. Sometimes, this assistance is in the form of a speaker, such as providing physicians to speak at a school district's parent education conference. Other times, this assistance is financial, such as providing a small grant to help defray the costs of the Children's Agenda summit meeting, or to support operation costs for a summer lunch program for children and their families in East Palo Alto. We also purchase tables at fundraising events for community organizations that complement our mission, or offer sponsorship of events, such as the Project Cornerstone Annual Asset Champions Breakfast and the Palo Alto Family YMCA's Marsh Madness.

Total Investment: $30,985

Leadership in Community Emergency Management Efforts

The two Stanford hospitals, Stanford Hospital & Clinics and Lucile Packard Children's Hospital Stanford, play a key role in disaster planning for the community. Through our shared Office of Emergency Management (OEM), the hospitals collaborate 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 potential catastrophic events such as pandemic flu, earthquakes and other disasters. Our teams work with Emergency Medical Services (EMS) in both San Mateo and Santa Clara counties on joint disaster exercises, disaster planning and mitigation, and best practices. The OEM provides a critical service for County EMS, Centers for Disease Control and Prevention, and other hospitals and county agencies by maintaining caches of emergency medical equipment and supplies for ready access and deployment in the case of disaster or emergencies. OEM provides regular inventory review and 24/7 security to ensure that these EMS supplies are service-ready at all times.

Total investment: $4,800

Advocacy for Children's Health

Every employee at Lucile Packard Children's Hospital Stanford is an advocate for children's health. An online advocacy network alerts members that an issue affecting children is at a critical stage in the county, state or federal legislation process. Members are then encouraged to email or fax their representative explaining the importance of specialized children's hospitals and the affect the proposed legislation will have on children. Our advocacy efforts include personal visits with state and federal legislators. Lucile Packard Children's Hospital Stanford Chief Government Relations Officer Sherri Sager and CEO Christopher Dawes meet often with representatives in Sacramento and Washington DC.

Members of our leadership team and faculty play an active role in advocating on the national level through not-for-profit trade groups such as the California Children's Hospital Association, the California Hospital Association, the Children's Hospital Association, as well as through professional organizations such as the American Academy of Pediatrics.

Total Investment: $254,134

Project SEARCH

Project SEARCH helps young adults with developmental disabilities find jobs and internships, and build careers. These young adults have previous work and/or volunteer experience, have proven ability to be competitive employees, and are referred by teachers or adult agencies with proven ability to be competitive employees. In fiscal year 2013, Lucile Packard Children's Hospital Stanford partnered with Project SEARCH to provide 27 developmentally disabled individuals with internship work experience in seven departments across our hospital, including Human Resources, Housekeeping, Patient Financial Services, Respiratory Services, The Gift Shop, Food Services and Admitting/Patient Access Services. Interns participate in workforce development rotations, lasting 10-12 weeks, and are supported by a job coach provided by Project SEARCH staff, as well as a mentor within their department. By the end of each rotation, the intern is expected to be working 80% independently and to have learned transferrable skills, which will be useful in securing full-time employment.

Total Investment: $63,422

Nursing Research Symposium

Stanford Children's Health hosts an annual event that provides an opportunity for nurses from the Nursing Shared Leadership (NSL) infrastructure to present their research studies, evidence based practice projects or quality improvement projects. Bay Area hospital nurses are invited to attend the event free of cost. Next year, invitations will be extended to outside community hospitals. The symposium is an opportunity for nurses to gain public exposure to the latest research, which plays a key role in their continuous education as health professionals. Lucile Packard Children's Hospital Stanford invested a total of $15,000 for this year's symposium including $12,000 for a keynote speaker honorarium and $3,000 for the event.

Total Investment/Budget: $15,000

Children's Agenda 2015 for Santa Clara County

Lucile Packard Children's Hospital Stanford also actively participates in a collaborative effort supporting the Children's Agenda for Santa Clara County. Fernando Mendoza, MD, MPH, Chief of Pediatrics, Stanford University Medical Center, co-chaired the Children's Agenda Vision Council, which is a group of community leaders committed to a common vision for Santa Clara County children. Candace Roney, Lucile Packard Children's Hospital Stanford former Executive Director, Community Partnerships, also served on the project's Vision Council.

Goals:

- Children are physically, socially and emotionally healthy
- Children are prepared for and successful in school
- Children live in safe and stable homes and communities

We are measuring success based on the following outcomes through 2015:

- Access to health care
- Healthy lifestyle
- Early childhood social and emotional development
- School readiness
- Third-grade reading proficiency
- Eighth-grade math proficiency
- High school graduation rates
- Children are in the "Thriving Zone" on the Project Cornerstone Developmental Assets survey
- Children are fluent in 2 or more languages
- Children live in safe and stable families
- Reducing hunger
- Juvenile arrest rates
- Children and youth report they feel valued by the community

This effort is spearheaded by Kids in Common, a children's advocacy and resource mobilization organization, which works to identify gaps in services for children, and mobilizes the community to create strategic partnerships and alliances to address those needs. The Children's Agenda and Children's Goals 2015, with benchmarks for Santa Clara County, provide a unique opportunity to create systems change, ensure the most effective use of resources, and create a cultural shift in how we think about and address the needs of children.

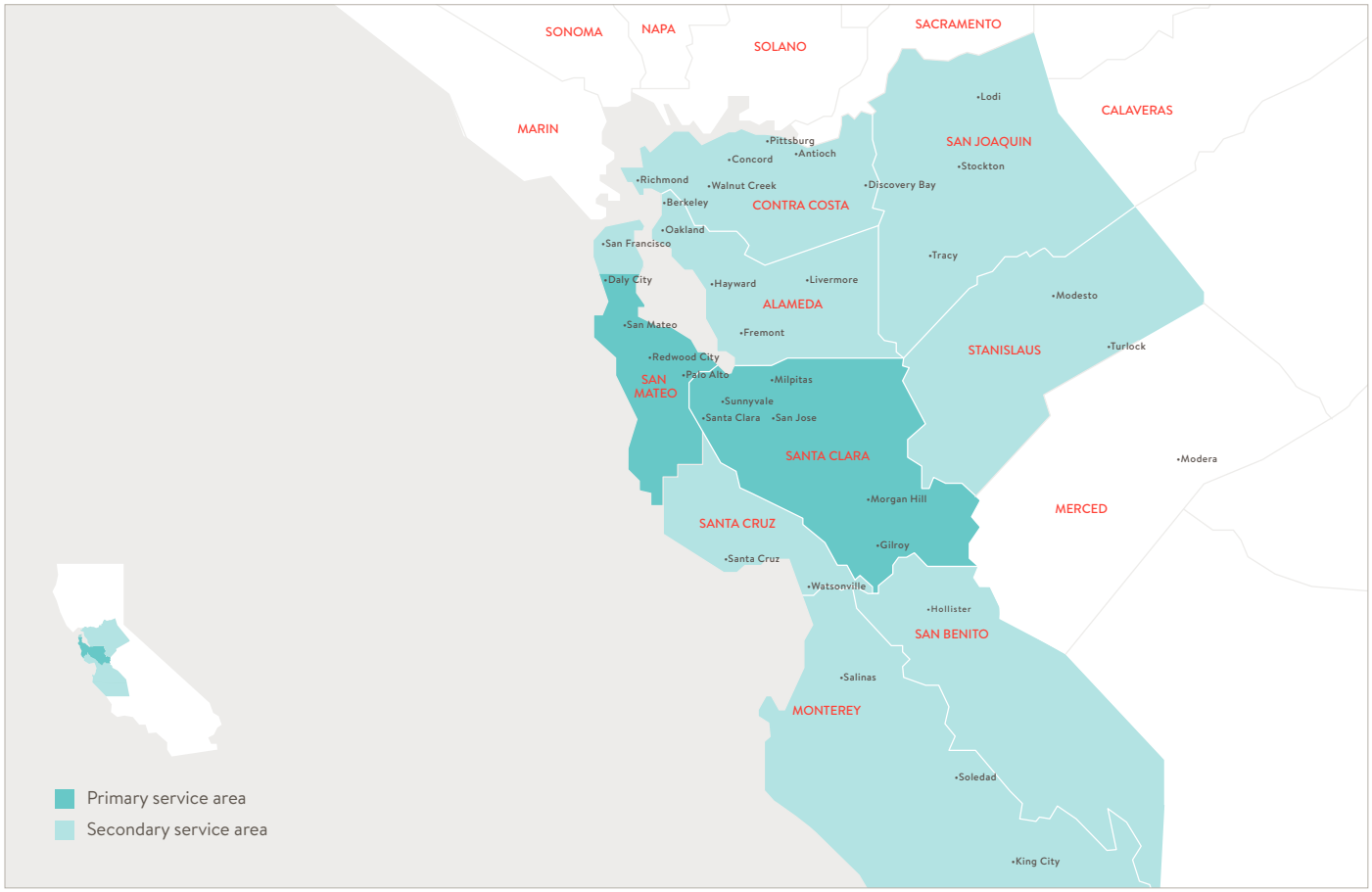
Environmental Improvements

"As a children's hospital, we have the responsibility to provide the healthiest environment possible for our patients, their families and our employees, and to lead our community in modeling health practices."
— Christopher Dawes, CEO, Stanford Children's Health

Our "We are Health: Healthy Hospital Initiative" is making investments in sustainability initiatives in the areas of our built environment and nutrition services for the primary purpose of improving community health. These efforts include the use of least-toxic-use cleaning products, supplies and materials, public transit passes for employees, and a weekly farmers market in the hospital cafeteria. We also have a comprehensive recycling and composting program and have diverted nearly 35% of annual waste from local landfills. Additionally, our $1 billion hospital expansion features environmentally sustainable building practices, including on-site water collection, wind turbines and electric vehicle charging stations.

Appendix

Our primary and secondary service areas



Primary service areas

Redwood City
- Cardiology Remote Echo
- Ophthalmology (ROP)
- Perinatal/Neonatal Outreach
- Satellite NICU

Los Gatos
- South Bay Specialty Center

Mountain View
- Castro Commons Clinic
- Pediatric Unit at El Camino
- Perinatal Diagnostic Center
- Perinatology/Neonatology

San Jose
- Adolescent Medicine (Van)
- Gastroenterology
- General Surgery

East Palo Alto
- Adolescent Medicine (Van)
- Child Psychiatry
- General Pediatrics

Santa Clara
- Adolescent Medicine (Van)

San Bruno
- Adolescent Medicine (Van)

Sunnyvale
- Gastroenterology

Secondary service areas

Oakland
- CV Surgery
- Liver Transplant

San Francisco
- Adolescent Medicine (Van)

Santa Cruz
- Cardiology
- Gastroenterology
- Infant Development Clinic
- Ophthalmology (ROP)
- Perinatal Diagnostic Center
- Perinatal/Neonatal Outreach
- Pulmonary
- Satellite NICU
- Urology

Watsonville
- Infant Development Clinic
- NICU Medical Director
- Perinatal/Neonatal Outreach

Salinas
- Cardiology
- Endocrine/Diabetes
- Perinatal Diagnostic Center
- Perinatal/Neonatal Outreach
- Pulmonary
- Satellite NICU

Monterey
- Cardiology
- Pulmonary
- Urology

Fremont
- Cardiology Remote Echo
- Infant Development Clinic
- Ophthalmology (ROP)
- Pediatric Hospitalist
- Perinatal Diagnostic Center
- Perinatal/Neonatal Outreach
- Satellite NICU

Stockton
- Cardiology
- Gastroenterology

Modesto
- Cardiology Remote Echo
- Infant Development Clinic
- Perinatal/Neonatal Outreach

King City
- Perinatal/Neonatal Outreach

Pleasanton
- Perinatal/Neonatal Outreach

Western region outreach: We reach these patients via our outreach efforts

California

Chico
- Gastroenterology

Eureka
- Gastroenterology
- Genetics

Fresno
- Cardiology
- CV Surgery
- Kidney Transplant
- Liver Transplant

Sacramento
- CV Surgery
- Liver Transplant

San Luis Obispo
- Cardiology
- Perinatal/Neonatal Educational Outreach

Sonora
- Neurology

Ukiah
- Gastroenterology

Hawaii

Honolulu
- Genetics
- Liver Transplant

Idaho

Boise
- Transplant

Montana

Billings
- Cardiology Remote Echo

Oregon

Portland
- Liver Transplant

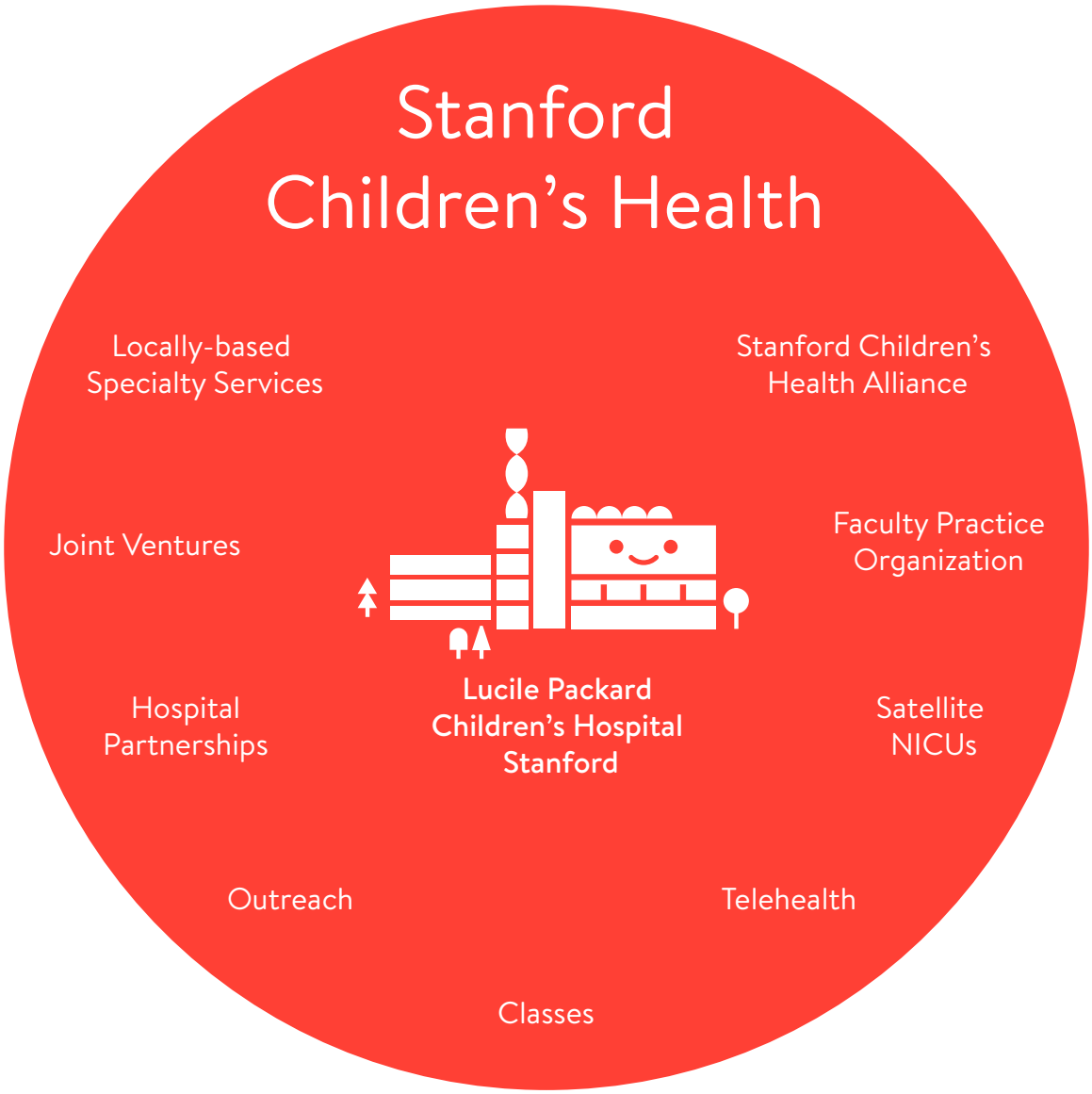
Washington

Seattle/Tacoma
- Liver Transplant

Nevada

Reno
- Neurosurgery

New Mexico

Albuquerque
- Cardiology
- CV Surgery
- Kidney Transplant
- Liver Transplant

As we respond to the demands for specialized health care for children and youth and continue our expansion beyond the walls of the hospital, it is necessary to develop an organizational view that encompasses all aspects of our enterprise. Our enterprise name, Stanford Children's Health encompasses all that we do to try to keep all children healthy. At the core of our organization is Lucile Packard Children's Hospital Stanford.