

**Lucile Packard  
Children's Hospital**  
AT STANFORD



**Lucile Packard Children's Hospital at Stanford  
Community Benefits Report for FY 2011  
Community Benefits Investment Plan for FY 2012**

**725 Welch Road  
Palo Alto, California 94304**

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# Lucile Packard Children's Hospital at Stanford Community Benefits Report for FY 2011 Community Benefits Investment Plan for FY 2012

## I. Introduction

Lucile Salter Packard Children's Hospital at Stanford (LPCH) is a 311-bed, not-for-profit tax-exempt hospital located in Palo Alto, California. Consistently ranked in the top 10 for pediatric hospitals by US News and World Report, LPCH is known for its cardiac care, neonatal, organ transplantation and cancer services. It is the pediatric and obstetrics division of Stanford University Medical Center, but is a free-standing hospital with a separate license and provider number. It has its own Board of Directors with the University as the sole corporate member.

Lucile Packard Children's Hospital opened in June 1991 to serve the health-care needs of children of all ages. In 1997, LPCH added perinatal, labor, and delivery services to its license, creating the only children's hospital in California that serves both pregnant women and children. The hospital has just more than 2,700 employees, more than 800 medical staff members, and more than 700 volunteers and 1,300 auxiliary members who strive to make the hospital a safe haven for seriously ill children, pregnant women, and their families.

As a mission-driven organization, Lucile Packard Children's Hospital remains committed to advocacy, outreach, education, and research to improve the health status of children and pregnant women. LPCH continually reaffirms its commitment to its community by developing innovative programs to enhance its own and the community's capacity to care for children and pregnant women.

This report about the benefit the hospital provides to its community covers the fiscal year beginning September 1, 2010 and ending August 31, 2011. During this time, the hospital invested more than \$128 million in services and activities to improve the health status of infants, children, adolescents and pregnant women. In addition to providing details on this investment, this document describes the planning process undertaken to effectively plan and coordinate the hospital's community benefits efforts. The plan for community programming covers the current fiscal year September 1, 2011 through August 31, 2012.

### Mission

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

### Vision

*The vision of Lucile Packard Children's Hospital at Stanford is to drive innovation in the most challenging areas of pediatrics and obstetrics to improve the quality of life for children and expectant mothers and those who love and care for them.*

### Values

Lucile Packard Children's Hospital **CARES** through:

- **Collaborating** to reach goals
- **Advancing** a family-centered approach to treatment
- **Respecting** the diversity and skill of all our co-workers
- **Educating** and innovating in pediatrics and obstetrics
- **Serving** our community through outreach and advocacy

## **Goals**

- To provide the highest quality health care for children and pregnant women in an environment that supports the special needs of children, women and their families.
- To support the training and education of physicians and other health-care professionals in primary and specialty care for children and obstetric care for women.
- To serve as an advocate for improving the health status of children and pregnant women.
- To support basic and clinical research in the interest of children and pregnant women.
- To transfer advances in science and technology into the practice of caring for children and pregnant women.

## **II. Primary Service Areas and Scope of Service**

LPCH's primary service area is San Mateo and Santa Clara counties.

Based on LPCH 2011 discharge data, 53% of LPCH 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 9% 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. According to 2010 OSHPD discharge data, in the two-county primary service area, LPCH ranks first in market share (24.8%) for pediatrics and fourth for obstetrics (12.6%). In the 10-county northern California area, LPCH ranks third for pediatrics, with 10.6% market share, and sixth for obstetrics, with 4.4% market share.

In addition to programs and services at its Palo Alto campus, LPCH also operates LPCH-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).

### **Key Demographics in Primary Service Area**

- According to 2009 California Department of Finance demographic data, there were 614,481 children ages 0-18 in the two counties, with the vast majority, 451,611, living in Santa Clara County and 162,870 in San Mateo County.

Ethnicity	Racial/ethnic makeup of child population		
	Santa Mateo County	Santa Clara County	California
Native-American	.2%	.3%	.5%
Asian/Pacific Islander	23.7%	27.8%	10.2%
African-American/Black	2.8%	2.1%	5.8%
Caucasian/White	33.5%	29.3%	30.6%
Hispanic/Latino	33.9%	35.5%	49.3%
Multi-ethnic	6%	4.9%	3.7%

### **Children Living in Poverty**

- The federal poverty guideline was defined in 2011 as an annual income of \$18,530 for a family of three. However, this guideline clearly does not take into account the actual cost to be barely self-sufficient in these two high-cost counties. A better measure is the Self-Sufficiency Standard for California, which measures how much income is needed for a family of a specific composition to adequately meet its minimal basic needs: housing, food, child care, out-of-pocket medical expenses, transportation, and other necessary spending – and provides a complete picture of what it takes for families to make ends meet. 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. For a family of one adult, a pre-schooler and one school-aged child in San Mateo County, the income required is \$87,945. In Santa Clara County, it is \$77,973. The self-sufficiency income changes depending on make-up of family.
- In San Mateo County in 2010, the percentage of children 0-18 living in poverty was 6.3% and in Santa Clara County, 10.1%. However, as noted above, the federal poverty guidelines used to compile these numbers do not reflect the actual cost of living in these two counties, so the percentages are higher if this is taken into consideration. Another indicator is the percentage of public school children eligible to receive the free/ reduced lunch programs: In 2010, 35.6% in San Mateo County and 37.9% in Santa Clara County.

### **III. Financial Valuation of FY2010-2011 Community Benefit**

The table below quantifies LPCH's FY 2010-2011 investment in community benefit programs that benefitted a total 43,341 individuals. All figures presented are the hospital's net investment **after** reimbursement or fees, but not subtracting restricted grants. ***Following IRS reporting guidelines, restricted funds that are secured through the Lucile Packard Foundation for Children's Health are not subtracted. In addition, again per IRS guidelines, Children's Hospital Graduate Medical Education funding which supports education for pediatric residents and fellows is not subtracted.***

LPCH is very fortunate to have several endowments that are designated to support community programming and physician education and the support of the Lucile Packard Foundation for Children's Health to raise annual funds to support undercompensated care and community programs. The FY2011 cost of community programs and services (not including medical care provided in the hospital and clinics or health professions education) was \$4,450,497. The hospital received only \$13,432 in reimbursement to support these programs. Restricted funds contributed by individual and corporate donors provided \$1,676,190 for community programs and services, \$3,129,763 to support the cost of undercompensated care, and \$1,220,722 to support health professionals' training programs. Children's Hospital Graduate Medical Education funding totaled \$5,848,763.

#### **Undercompensated costs of medical services to government-covered patients = \$111,541,267 (not including Medicare)**

Undercompensated costs of services covered by Medi-Cal and out-of-state Medicaid = \$101,823,194

Undercompensated costs of services covered by means-tested government programs: Healthy Families, Healthy Kids, CCS, CHDP, etc. = \$9,718,073

#### **Charity care at cost = \$427,336**

#### **Health professions education = \$12,140,289**

- Resident physicians, fellows, medical students education costs (does not subtract CHGME reimbursement)
- Nurse and allied health professions training
- Funding for resident community projects
- Perinatal Outreach and Consultation Services

#### **Community health improvement services = \$1,474,783**

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

#### **Subsidized health services = \$270,000**

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

#### **Financial and in-kind contributions = \$2,210,934**

- Children's health insurance premium support
- Community clinic capacity building and support
- All donations to community not-for-profit organizations
- In-kind donations of equipment or materials
- Program support for community organizations
- Project Safety Net-HEARD Alliance
- School nurse demonstration project

**Community building activities = \$222,423**

- Chamber of Commerce membership and activities
- Focus on a Fitter Future NACHRI program
- Participation in community organizations' events or coalitions
- Support for community emergency management programs
- Advocacy for children's health issues

**Community benefit operations - \$272,357**

- Dedicated staff and function support

**TOTAL VALUE OF QUANTIFIABLE BENEFITS PROVIDED TO THE COMMUNITY (without Medicare): \$128,559,389**

**TOTAL VALUE OF QUANTIFIABLE BENEFITS PROVIDED TO THE COMMUNITY (with \$1,364,331 undercompensated costs for serving Medicare patients): \$129,923,720**

**III a. Community benefit with and without subtracting restricted funding secured through Lucile Packard Foundation for Children's Health and CHGME**

<b>Benefit Category</b>	<b>Cost minus reimbursement or fees</b>	<b>Restricted contributions from LPFCH or CHGME grant</b>	<b>Total benefit not subtracting restricted funding (per IRS guidelines)</b>	<b>Total benefit subtracting restricted funding</b>
<b>Undercompensated costs of medical services to government-covered patients</b>	\$111,541,267	\$3,129,763	\$111,541,267	\$108,411,504
<b>Charity care at cost</b>	\$427,336		\$427,336	\$427,336
<b>Health professions education</b>	\$12,140,289	CHGME=\$5,848,763 LPFCH=\$1,335,336	\$12,140,289	\$4,956,190
<b>Community health improvement services</b>	\$1,474,783	\$996,427	\$1,474,783	\$478,356
<b>Subsidized health services</b>	\$270,000	\$193,841	\$270,000	\$76,159
<b>Financial/in-kind contributions</b>	\$2,210,934	\$485,922	\$2,210,934	\$1,725,012
<b>Community building activities</b>	\$222,423		\$222,423	\$222,423
<b>Community benefit operations</b>	\$272,357		\$272,357	\$272,357
<b>TOTAL</b>	<b>\$128,559,389</b>	<b>\$11,990,052</b>	<b>\$128,559,389</b>	<b>\$116,569,337</b>

## **IV. Assessing Community Need and Planning LPCH's Response**

### **Assessing Community Needs**

Santa Clara County released its needs assessment document, based upon results from the 2009 Behavioral Risk Factor Surveillance Survey, on July 20, 2010. The full report is available at [www.sccphd.org](http://www.sccphd.org). San Mateo County has done a review of the most recent secondary data, but will not field a community survey until 2012. San Mateo County will be using the Healthy Cities website for public posting of all San Mateo County assessment reports. Of most value to LPCH as a children's hospital is the focused data posted and continually updated on KidsData.org, which is sponsored by the Lucile Packard Foundation for Children's Health. This resource provides a robust array of data about the health and well-being of California children and adolescents. This valuable data source is accessed at [www.kidsdata.org](http://www.kidsdata.org).

In addition, LPCH accesses more focused needs studies such as:

“An Assessment of Community Health Center Partnerships with Stanford Medicine” conducted in the summer of 2009 by Shruti Kothari, an MPH candidate, who interviewed leaders at a number of local community health clinics to ascertain their needs and challenges in providing safety net care.

“Children with Special Health Care Needs: A Profile of Key Issues in California” released in November 2010 by The Lucile Packard Foundation for Children's Health and The Child and Adolescent Health Measurement Initiative. This is available at [www.lpfch.org/specialneeds](http://www.lpfch.org/specialneeds).

To gather and analyze these various data sources, LPCH participates with other hospitals, public health departments in two counties, and community organizations to prepare the triennial community-wide health needs assessments mandated under California Senate Bill 697 and the IRS.

Partners for the 2010 assessment processes included:

<b>San Mateo County Healthy Communities Collaborative</b>	<b>Santa Clara County Community Benefits Coalition</b>
Health Plan of San Mateo	Community Health Partnership
Hospital Consortium of San Mateo County	Council on Aging, Silicon Valley
Kaiser Permanente, Redwood City	El Camino Hospital
Kaiser Permanente, South San Francisco	First 5 Santa Clara County
Lucile Packard Children's Hospital	Healthy Silicon Valley
Mills Peninsula Health Services	Hospital Council of Northern and Central CA
Peninsula Healthcare District	Kaiser Permanente, San Jose
Peninsula Library System	Kaiser Permanente, Santa Clara
San Mateo County Public Health Department	Lucile Packard Children's Hospital
San Mateo County Health Services	O'Connor Hospital
San Mateo County Human Services Agency	Project Cornerstone-YMCA
San Mateo Medical Center	Santa Clara County Public Health Department
Sequoia Healthcare District	Saint Louise Regional Hospital
Sequoia Health Services	Santa Clara County Office of Education
Seton Medical Center	Santa Clara Family Health Plan
Seton Medical Center - Coastside	Santa Clara Valley Health and Hospital System
Stanford Hospital and Clinics	Silicon Valley Community Foundation
Youth and Family Enrichment Services	Santa Clara County Social Services Agency
	Stanford Hospital and Clinics
	The Health Trust
	Veterans Administration Hospital-Palo Alto
	United Way, Silicon Valley

### **Community Input into Community Benefit Planning Processes**

The hospital has a Community Advisory Council, which includes representatives from both counties from the public health departments, community-based clinics, Medi-Cal managed care plans, the mental health services community, faith-based communities, schools, and community-based children's advocacy organizations. It is charged to review and analyze needs assessment data, assist in selecting priorities, identify opportunities for collaboration and serve as a catalyst for relationship-building and partnering with community organizations. This committee met three times during FY 2011, re-affirmed current focus areas and selected a new one, and reviewed this current report and plan on January 12, 2012.

### **Role of the Board of Directors**

The LPCH Board of Directors, through its Public Policy/Community Services Committee which meets four times annually, reviews plans and programs designed to meet needs in LPCH's primary service area. This committee reviewed, discussed and accepted this report and plan on January 25, 2012.

### **Relationship of Community Benefits to Strategic Plan**

The community benefits planning and management function at LPCH is part of the strategy and business development division and reports to the Chief Strategy Officer, who reports to the CEO. Thus, community benefit planning and programming is a "portfolio" within the strategic development function.

### **Funding for Community Benefit Programming**

Funding for community benefits programs comes from earnings from several endowments that were solicited and set aside for community benefit, from ongoing fund development carried out by the Lucile Packard Foundation for Children's Health, and from operating funds. The LPFCH also provided

\$3,129,763 this past year to help offset the losses described previously that were incurred in providing care reimbursed by government programs.

### **LPCH Community Partnerships Mission and Operating Principles**

#### ***Community Partnerships Mission:***

Within the context of the LPCH mission and vision, the Community Partnerships function seeks to develop and enhance partnerships that work to improve the health of children, adolescents, and expectant mothers in our immediate community through common concern, collaborative action, and shared resources.

#### ***Key Operating Principles:***

- Program planning focuses on San Mateo and Santa Clara counties.
- Program development is supported by both formal and ongoing informal needs assessment involving the community.
- Program development focuses on a few priority needs with long-term commitment (minimum five years) to these needs.
- LPCH focuses on addressing the needs of communities with disproportionate unmet health-related needs.
- LPCH works to address the underlying causes of persistent health problems.
- LPCH targets charitable resources to mobilize and build the capacity of existing community assets and works in partnership with the community.
- LPCH engages diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.
- LPCH community benefit programs strive to establish operational linkages between clinical programs and community health improvement activities.

### **Engaging With Our Community**

One of the guiding principles of LPCH's community partnerships model is continuous collaboration and partnership with the community. By actively participating in these community coalitions, collaboratives, and committees dealing with health issues, LPCH receives continuous input about the needs of children, adolescents, and pregnant women:

- Santa Clara Family Health Plan: major provider of Medi-Cal, Healthy Families, and Healthy Kids insurance. LPCH leaders serve on the Board of Directors, Consumer Affairs Committee, and the Provider Affairs Committee.
- Oversight Committee, San Mateo County Children's Health Initiative.
- Community Benefits Coalition, Hospital Conference of Santa Clara County, which conducts the triennial community needs assessment process.
- Healthy Community Collaborative of San Mateo County, which conducts the triennial community needs assessment process.
- Ravenswood Family Health Center. An LPCH leader is an ex-officio member of the board for this federally qualified health center in East Palo Alto.
- Santa Clara County Children's Agenda 2015 Vision Council. An LPCH physician leader co-chairs this project and community partnerships staff actively participate.
- Cornerstone Project advisory council, which works to implement the 41 developmental assets concept into community programming.
- Coordinated School Health Advisory Council, Santa Clara County Office of Education.
- Palo Alto Unified School District Health Council.
- Step Up Silicon Valley, a community collaboration coordinated by Catholic Charities of Santa Clara County, focuses on reducing poverty by 2020.
- Get Healthy San Mateo County.
- Project Safety Net, a collaborative that works to improve the emotional wellness of youth in Palo Alto and prevent youth suicide.

## **Selecting Focus Areas for Community Partnership Efforts**

These criteria are used to select focus areas for LPCH community benefit programming:

- A needs assessment process, such as those mentioned previously, has identified the issue as important to a diverse group of community stakeholders.
- The issue affects a relatively large number of individuals.
- The issue has serious impact at the individual, family, or community level, and/or demonstrates a significant variance from relevant benchmark data.
- If left unaddressed, the issue is likely to become more serious.
- The issue offers potential for program intervention that can result in measurable impact.
- By being addressed, improved status may mitigate the overarching issues of disparity and access to care.
- LPCH has the required expertise, human, and financial resources to make an impact while working collaboratively with others in the community.

## **LPCH Community Partnerships Priorities**

Based on previous needs assessment reports, continuous input derived from ongoing participation in multiple community collaborative activities, and using the above criteria, LPCH has directed community benefit resources to these priority areas since 2005:

- Improving access to primary health care services for children, teens and expectant mothers, focusing on building capacity into existing community resources and on the medical home concept.
- Preventive and education programs, with special attention to prevention of pediatric obesity.

On March 31, 2011, the Community Advisory Council reviewed these two priorities and voted to continue focusing on them. However, the group also voted to add the social and emotional health of youth as a third focus area, given overwhelming statistical and anecdotal evidence that this is a major issue for local youth.

## **Program Development Approach**

Programs evolve through a structured process that includes:

- Quantifiable objectives established for the program.
- An annual planning process, targeted to the priorities.
- Program consistency with the mission and principles, with emphasis on building and maintaining partnerships with community organizations that share our goals.
- Measurable goals and evaluation components for large programs and investments.
- New programs create synergies with already-existing community services initiatives.
- Programs are included in annual reporting and quarterly progress reports to the LPCH Board of Directors' Public Policy and Community Services Committee.

Criteria for selecting new programs or interventions are:

- Target population(s): Will the intervention fit the needs and characteristics of the people we are trying to serve?
- Number of people: How many people will be helped by the intervention?
- Estimated effectiveness/efficiency: What is the track record to date of this approach? Are there adequate resources to implement this intervention?
- Existing efforts: Who else is working on this? What will LPCH's role be? How can we best complement/enhance an existing effort? Is this role meaningful?
- Degree of controversy: Is this intervention acceptable to the community?

## **V. 2011 LPCH Community Benefit Programs**

A community benefit is a service, program, or project provided or funded by the hospital which either directly or indirectly fulfills an ongoing need or service delivery gap that has been identified through the hospital's needs assessment processes. The primary purpose of a community benefit program is to improve the health status of the community in general or improve the health status of a group of community members for whom disparities exist. Services that benefit only a single patient or a group of patients in the hospital are generally not considered community benefit programs, with a few exceptions. Community benefit services and programs fall within the following general categories:

### **A. Benefits for economically disadvantaged**

These services and programs target at-risk or underserved populations that have been identified through the needs assessment process. They include inpatient and outpatient medical services to patients that are partially reimbursed by means-tested government programs and patients who qualify for charity care.

### **B. Benefits for the broader community**

These services and programs are designed to maintain or improve the health of the community-at-large or specific populations that do not necessarily meet the definition of "economically disadvantaged". This category includes health education programs, child safety programs, advocacy, regional perinatal networks, and other programs that contribute to the community's health knowledge and refer community members to appropriate resources.

### **C. Health research, education, and training programs**

These services and programs contribute to the supply of health professionals in the community and the body of medical knowledge. This category includes the direct financial support that LPCH contributes to the research and teaching programs of Stanford University, internship and clinical experience programs for nurses, allied health-care professionals, and support for research and projects addressing community health issues.

## **Community Partnerships Program Focus Area: Improving Access to Primary Health Services Focusing on Building Capacity into Existing Community Resources and on the Medical Home Concept**

### **Need Statement:**

Lack of health insurance creates a major barrier to accessing and receiving medical care. Uninsured and underinsured children are more likely to go without medical care, have unmet healthcare needs, and lack a personal doctor or nurse. For children, access to a health care provider is important to ensure timely treatment for periodic and chronic illnesses as well as preventive health care. In San Mateo and Santa Clara counties, children are eligible for health insurance through a number of programs; including Medi-Cal, Healthy Families, and Healthy Kids. Because of these health insurance programs, most children can access health insurance. The access issue becomes one of access to a regular, convenient provider and appropriate utilization of benefits.

According to the Health Plan of San Mateo (HPSM), 10% of children ages 25 months – 6 years and 8% of children ages 7 – 11 enrolled in the Healthy Kids and Healthy Families insurance programs do not have a usual source of medical care or a primary care provider whom they visit when they need to see a doctor, a 2% decrease in children without a primary care provider in both age groups since 2009. However, since 2009, HPSM reports that children ages 12 – 18 years without a usual source of medical care have increased to 12%, an increase of 1%. Additionally, the HPSM cites that there are substantially higher rates of children enrolled in the Medi-Cal insurance program who do not have a usual source of medical care or a primary care provider. The HPSM concludes that distance to a usual source of care, inflexible scheduling hours, and communication issues are possible reasons for not having a usual source of care. Unfortunately, in San Mateo County only approximately 40% of families live within 15 minutes of a usual

source of care and only 46% of parents with enrolled children indicate that their child's appointments are kept on-time. Parents say that scheduling an appointment around work is often difficult, and 60% report that their child's doctor does not always explain things well.

The American Academy of Pediatrics (AAP) recommends that children between the ages of 12 and 18 months have a preventive care visit every three months and thereafter every six months until their third birthday. From age three to 21, the AAP recommends preventive care visits on an annual basis. Although approximately 90% of children in San Mateo and Santa Clara counties have a usual source of medical care, many do not visit their primary care doctor for the well-child visits as recommended by the AAP and accessible through the Medi-Cal, Healthy Families, and Healthy Kids insurance programs. According to the National Committee for Quality Assurance's Healthcare Effectiveness Data and Information Set (HEDIS), only approximately 65% of children in San Mateo County and 55% of children in Santa Clara County receive the recommended well-child visits. However, both counties have increased the percentage of children receiving the recommended well-child visits by approximately 5% in San Mateo County and 10% in Santa Clara County since 2009. Additionally, HEDIS reports that roughly 20% of children in San Mateo and Santa Clara counties do not receive the recommended and available immunizations, although this is a 5% increase in children receiving the recommended immunizations since 2009.

### ***LPCH Is a Major Supporter of Government Plans and A Safety Net Provider***

LPCH's largest community benefit investment to improve access to care for vulnerable populations is its commitment to provide care to children, adolescents, and pregnant women from northern California and beyond who are covered by Medi-Cal, out-of-state Medicaid, and other government programs. This is a critical contribution to the health status of all children, adolescents and pregnant women both in our immediate community and from throughout northern California. Without this commitment, seriously ill children and high-risk pregnant women from our primary service areas, such as residents of East Palo Alto, an identified at-risk population, and from throughout California would not have access to the state-of-the-art tertiary and quaternary care that only the physicians and facilities of a hospital at LPCH's level can provide.

For instance, LPCH operates California Children's Service (CCS) special-care centers in 19 different specialties from pediatric cardiology to oncology. LPCH's high-risk obstetrics and neonatal intensive care programs transport mothers and babies from 100 community hospitals, so LPCH is a critical contributor to the State's objectives of improving prenatal care for high-risk pregnancies and reducing infant and maternal mortality.

In LPCH's immediate service area, few private pediatricians and obstetricians see Medi-Cal patients or the uninsured. LPCH and its faculty physicians participate in all local Medi-Cal managed care health plans, i.e. the Health Plan of San Mateo, the Santa Clara Family Health Plan, Anthem Blue Cross Medi-Cal Managed Care, Central Coast Alliance for Health, Alameda Alliance etc. All LPCH clinics offer significantly discounted care to low-income families. And, to broaden access to outpatient care, LPCH collaborates with San Mateo County to serve Medi-Cal patients at county clinics and federally-qualified health centers in various locations. In addition, LPCH operates a mobile clinic serving homeless and uninsured adolescents, where care is provided without charge. The Stanford School of Medicine operates two free clinics in Menlo Park and San Jose.

LPCH provides services to a small number of patients covered by the Medicare program, but we are not reporting this in our financial valuation of community benefit per recent guidelines from the IRS, Catholic Health Association/VHA, etc. Care was provided to 141 patients covered by Medicare with a shortfall between cost of care and reimbursement of \$1,364,331.

403 patients received care costing \$427,336 under the hospital's charity care policy, which is attached to this report. This number is smaller than it is for most general community hospitals of similar size that serve adults because nearly all children in Santa Clara and San Mateo counties qualify for some kind of insurance coverage: Medi-Cal, Healthy Families, Healthy Kids, CCS, CHDP, etc. In addition, the hospital

invested \$411,011 in salaries and benefits for staff members who assist families to determine if they qualify for government insurance programs. This makes sure that children and expectant mothers not only have insurance coverage for their current hospital service, but also for subsequent in-home services, rehabilitation, pharmaceuticals, etc.

LPCH physicians provide specialty outpatient services at outreach clinics in California, Oregon, Washington, Nevada, New Mexico, Montana, Alaska, and Hawaii. LPCH also provides regional back-up, consultation, and training services to obstetrics units and neonatal intensive care units located throughout northern California through the Mid-Coastal California Perinatal Outreach Program (MCCPOP). This is the designated Perinatal Regionalization Project that provides outreach education, consultation, and transport for high-risk infants in California's mid-coast counties. These outreach services contribute significantly to reducing infant mortality and morbidity and mortality from disease for children from many California counties

**LPCH's FY2011 under-reimbursed expense (cost of care less the reimbursement received) for 22,425 patients covered by Medi-Cal, out-of-state Medicaid, Healthy Families, Healthy Kids, CHDP, CCS and other means-tested government programs was \$111,541,267. 16,626 patients covered by Medi-Cal/Medicaid accounted for a \$101,823,194 shortfall and 5,799 patients covered by Healthy Kids, Healthy Families, CHDP, CCS and other government programs accounted for an additional \$9,718,073 shortfall. Charity care costs for 403 patients totaled another \$427,336. The Lucile Packard Foundation for Children's Health contributed \$3,129,763 for under-compensated care. In 2011, LPCH was one of just three hospitals in Santa Clara and San Mateo counties eligible to receive disproportionate share funding because of its significant support of means-tested government programs.**

**We believe our commitment to these programs is a critical benefit to our local community and to the State of California, because it assures that children and pregnant women can receive state-of-the-art medical services, regardless of source for payment.**

### **Collaborative Projects to Improve Access to Care**

LPCH continues to work with the San Mateo Medical Center, San Mateo County Health Services, Health Plan of San Mateo, and other hospitals in the county in the Community Health Network for the Underserved. Goals are to improve access to care and health outcomes for underserved pregnant women and children and to improve coordination of public and private health care resources to leverage the respective assets of all delivery systems in the region. This year the effort focused on building additional capacity into San Mateo County community clinics and re-distributing low-risk deliveries so that low-risk pregnant women are delivering at hospitals closer to their homes, which helps LPCH retain its capacity to serve the highest-risk pregnant women.

For FY2011, LPCH committed to funding the cost of two additional county-employed pediatric providers in the Fairoaks and Willow county clinics at a cost of \$406,500 for FY2011 and up to \$447,000 for FY2012. LPCH is also allowing the County reasonable access to LPCH's physician recruitment staff, free of charge, to assist the County in recruiting a pediatric endocrinologist and gastroenterologist.

LPCH also agreed to reimburse the County \$300,000 in both FY2011 and 2012 for OB-GYN physicians who perform labor and delivery services for low-income San Mateo County women who deliver at LPCH. Through this agreement, the County will improve the coordination and management of prenatal care and track and monitor improvements in prenatal care access and delivery outcomes for the low-income women served by both the County and LPCH.

Going forward, the focus is on improving systems of care to facilitate referral of children into LPCH who need specialty care and also to keep children who can benefit from community-based care with general pediatricians in the community. This effort strives to have children cared for at the most appropriate level of care with the best access. This past year, the focus has been on co-managing (LPCH specialists and community pediatricians) children with asthma and other pulmonary problems.

LPCH, through its Community Partnerships staff, is also participating in *Step Up Silicon Valley: The Campaign to Cut Poverty*, which is working to reduce poverty in Santa Clara County by 50% by 2020. *Step Up Silicon Valley* is a collaborative effort, led by Catholic Charities of Santa Clara County, that includes nonprofit human service providers, faith-based organizations, government representatives and other stakeholder groups, coordinating efforts and setting measurable goals. The plan addresses the five key areas of need: food, housing, healthcare, education and income. LPCH staff provided leadership in drafting the healthcare plan. It calls for increased attention to chronic care and medical home models of care, as well as the sustainability of the Healthy Families and Healthy Kids programs which are threatened by California's budget crisis.

### **Partnership with Ravenswood Family Health Center- Total investment = \$386,464**

A cornerstone of LPCH's community benefit programming is providing the hospital's human and financial resources to build capacity into community organizations that share our mission. The hospital's partnership with Ravenswood Family Health Center in East Palo Alto is a good example.

This Federally Qualified Health Center grew from an extensive planning process made necessary by the abrupt closure of Drew Health Center in 1998, which left East Palo Alto without primary care medical services. A collaborative partnership formed to deal with the immediate crisis and plan for more stable services. Partners included LPCH, Stanford Hospital and Clinics, the San Mateo County Health Services Agency, El Concilio of San Mateo County, the City of East Palo Alto, and the Peninsula Community Foundation (now Silicon Valley Community Foundation). The group released their needs report in November 1998, secured reactivation of federal section 330 funding in early 1999, developed a new 501c(3) tax exempt organization with board of directors and governance structure, coordinated delivery of interim clinical and support services, and developed plans for permanent clinic facilities. During this time, LPCH provided OB and pediatric services in temporary facilities in the East Palo Alto Municipal Building and the San Mateo County Health Services Agency provided shuttle services to transport community residents to county clinics and services at LPCH and Stanford Hospital. Seed funding to cover the cost of building and installing modular buildings was provided by the David and Lucile Packard Foundation, and the City of East Palo Alto provided property for a new clinic with a \$1 per year rental charge. The Peninsula Community Foundation (now Silicon Valley Community Foundation) provided seed funding for land preparation and construction of a modular multi-service center next to the new clinic that now houses several community-based organizations.

The clinic and service center, housed in modular buildings, opened in December 2001. Ever since, LPCH has provided pediatric and obstetrics services there, and, until three years ago, provided a social worker too.

In FY2011, LPCH continued its involvement with Ravenswood Family Health Center through:

- Providing \$386,464 to support a 1.2 FTE pediatrician, integrated mental health, and pediatric dental services. The pediatric census continues to grow with 42% (3,724) of the center's patients being under age 18.
- Providing, under contracts through which the hospital is fully reimbursed, the services of OB/GYNs, additional pediatricians, and a nurse practitioner.
- Providing medical-legal advocacy services through the Peninsula Family Advocacy Program, a collaborative program with the Legal Aid Society of San Mateo County.
- An LPCH leader serves as an ex-officio board member.

Metrics	Outcomes
<p>By 6/30/11, RFHC will have provided:</p> <ul style="list-style-type: none"> <li>▪ 2,000 pediatric medical patients with 6,000 medical visits.</li> <li>▪ 900 pediatric dental patients with 2,000 oral health visits.</li> <li>▪ 140 pediatric behavioral health patients with 400 behavioral health visits.</li> <li>▪ 20 children with screening, assessment and referral for childhood trauma.</li> <li>▪ The LCSW will have completed 2 series of 4 parenting sessions using the Family Wellness model for 20 families, including families with children in RCSD.</li> </ul>	<p>2,991 unduplicated patients received 9,774 medical visits.</p> <p>1,759 unduplicated patients received 2,162 oral visits.</p> <p>180 patients received 580 behavioral health visits.</p> <p>118 children were screened, assessed and referred for childhood trauma.</p> <p>One group session was held. Staff learned that parents prefer 1-1 sessions with the LCSW. Since 1-11, the LCSW has provided parenting support to 20 patients and families.</p>

**Mobile Adolescent Health Services – Total investment = \$586,446**

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; complete physical exams; family planning services; testing for, counseling and treatment for HIV and STDs and pregnancy testing; immunizations, mental health counseling and referrals, nutrition counseling, referrals to community partners, risk behavior reduction counseling, and substance abuse counseling and referrals.

This past year, community partners included 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 Billy DeFrank Center in San Jose, which serves lesbian, gay, bisexual, transgender and questioning youth, and the Job Corps training facility in San Jose.

The program is also a training and research site to expose medical students, residents, and fellows to the best practice of community medicine designed to reach medically underserved youth. The Mobile Adolescent Health Services program also conducts research projects that further the understanding of medical, psychosocial, and nutritional issues that impact youth.

This program set specific performance measures for FY2011.

Metric	Outcome
<p>By August 31, 2011:</p> <ul style="list-style-type: none"> <li>▪ 1100 medical visits.</li> <li>▪ 1000 dietitian visits, 700 social worker visits.</li> <li>▪ 45% of eligible patients will receive all 3 Hepatitis shots in series.</li> <li>▪ 50% of sexually active patients will increase condom/birth control use by at least 1 level on a 1-5 Likert scale.</li> <li>▪ 90% of sexually active females will be given a focused educational intervention on Plan B, will receive Plan B, and will demonstrate increased knowledge of Plan B measured in pre-and post-survey.</li> <li>▪ 70% of eligible patients (per hospital policy) will receive seasonal and any other recommended vaccine (i.e. H1N1, TDAP).</li> </ul>	<p>1159 medical visits for 418 unique patients. 1321 dietitian encounters. 689 social worker encounters.</p> <p>50% achieved.</p> <p>60% achieved.</p> <p>100% received the intervention and were provided with Plan B. Average knowledge level was 50% (5 questions out of 10 correct on a pre-intervention survey). Average knowledge level increased to 90% 6 months post intervention.</p> <p>90% of eligible patients received vaccine boosters and flu vaccine.</p>

**Children’s Health Insurance Initiatives – Total investment = \$100,000**

LPCH has been supportive of the Children’s Health Initiatives in both San Mateo and Santa Clara counties since their inception. These programs expand health coverage to children who do not qualify for Medi-Cal or Healthy Families programs through the creation of locally-funded Healthy Kids programs.

In FY2011 LPCH paid for one year of premiums in the Healthy Kids program for 50 children in each county, a contribution totaling \$100,000.

LPCH and the two programs in both counties set specific performance goals for the hospital’s investment in these programs.

**For San Mateo County Children’s Health Initiative**

Metrics	Outcomes
<p><u>Access and “medical home” outcomes</u></p> <p>1. Maintain or increase the following percentages of members in each age group who access primary care services:            88% for 25 mo. - 6 yrs.            90% for 7-11 years old.            89% for 12-19 years old</p>	<p>90%            92%            88%</p>
<p><u>Preventive care outcomes</u></p> <p>1. Increase from 54% the percentage of members who have initial health assessment within 120 days of enrollment.</p> <p>2. Increase from 75% percentage of well-child visits for members aged 3-6.</p> <p>3. Increase from 56% the percentage of well-child visits for members 12-18.</p> <p>4. Maintain at 100% total members identified as having persistent asthma who were appropriately prescribed medication for long-term control.</p>	<p>57.94%. The Plan has increased pediatric clinic hours and clinicians, makes welcome calls to new members, and calls members who have not had an initial assessment.</p> <p>76.04%</p> <p>Stayed about the same.</p> <p>89.29% of Healthy Kids members ages 5-11 and 89.48% of children 12-18 with persistent asthma were appropriately prescribed long-term control medication.</p>
<p><u>Retention outcomes</u></p> <p>1. Maintain or increase from 89% number of HK members who retain coverage annually.</p> <p>2. Decrease from 50% the percentage of HK members who disenroll due to avoidable reasons.</p>	<p>Renewal rate is 90%.</p> <p>Remains at 50%.</p>

**For Santa Clara County Children’s Health Initiative**

<b>Metrics</b>	<b>Outcomes</b>
Increase to at least 82% number of Healthy Kids members who visited primary provider in past 12 months.	88.1% of children/ adolescents in Healthy Kids visited their PCP. Specifically, 100% of children 12 and 24 months, 86.8% 25 months to 6 years, 85.9% 7-11 years, and 79.5% of adolescents 12-19.
Increase to at least 5,500 the number of children referred by PCP to health education programs.	7,741 parents/children were referred to programs on parenting, fitness, pediatric nutrition, helmet safety, family nutrition, diabetes and other topics, a 77% increase over previous year.
Increase to at least 73% number of Healthy Kids members who renew coverage after initial year.	<p>74% renewed: 95% in Healthy Kids, 3% moved into Healthy Families/MediCal, and 2% found other coverage. Of the 26% who did not renew, 72% had an unavoidable reason, such as moving or aging out.</p> <p>Other highlights:                      \$669,000 in retroactive funding from the state enabled the Plan to serve more children despite other cuts. Individual contributions increased 45% over 2010. The Santa Clara Family Health Foundation established its own Community Outreach Program independent of the Plan’s program. This program worked through community-based nonprofit agencies to refer 699 uninsured children to resources for coverage. Enrollment in all programs increased 6% with an 8% increase for MediCal, 7% increase for Healthy Families. The new Childhood Obesity Project encouraged pediatricians to record BMI and refer families to appropriate health education resources. Parents of 730 children attended the 5 Keys to Healthy Eating classes, a 22% increase over the previous year.</p>

**Putting Healthcare Back into Schools Initiative – Total investment = \$265,000**

In FY2008, LPCH, the Lucile Packard Foundation for Children’s Health, San Jose Unified School District, and School Health Clinics of Santa Clara County embarked on an exciting initiative to jointly plan and fund a community program that would make an impact on children’s health status over an extended time period.

Goals for the **Putting Healthcare Back into the Schools Initiative** are to improve access to primary care and preventive services, including health education, for students ages 8-13 in four schools (two elementary and two middle schools) in the San Jose Unified School District and to facilitate establishing a medical home for students who do not have one. The hospital and Foundation are funding four school nurses, placed full-time in four schools in low-income area of central San Jose. These nurses are formally linked to two school health clinics operated by School Health Clinics of Santa Clara County with addition of a nurse practitioner who supports the nurses and this project.

This program is a demonstration project. We are testing the efficacy of increasing nursing services in schools with structured linkage to a school health clinic that can provide support for school nurses as they provide ever-more complex services to at-risk children. A doctoral-level Clinical Associate Professor in the Department of Pediatrics and Center for Education in Family and Community Medicine at Stanford University School of Medicine has designed a rigorous evaluation for the five years of this project.

In the fourth year of operation, 2,837 unduplicated children were served at the four schools with LPCH/LPFCH-funded nurses. 82% of these were Latino children and 79% were low income.

<b>Metrics</b>	<b>Outcomes</b>
Preventive services: Screenings, referrals and follow-up care	Nearly all students in demonstration schools who were screened and referred to a healthcare provider for possible vision (98%), hearing (100%), dental (100%) and scoliosis (50%) were assessed by the appropriate specialist, compared to control schools (58% vision, 61% hearing, 8% scoliosis).
Asthma management	100% of students identified with asthma in demonstration schools were contacted by the school nurse and asked to complete a follow-up asthma form.
Establishment of a medical home	<p>There is a slight decrease in the percentage of parents who take their child to the emergency department and report that they have no health insurance in demonstration schools.</p> <p>51% of parents with children with asthma in demonstration schools reported that the school nurse was helpful in providing information about resources to help manage their child's asthma (37.9% of parents in control schools.)</p> <p>Parents in demonstration schools reported using fewer ER services for an asthma episode (17% vs. 22% in control schools).</p>
Student absenteeism due to illness	Data not yet available for academic year 2011.
Academic achievement	The percentage of students with asthma scoring "advanced" or "proficient" on the 2009-2010 CST ELA equalize with students with no health condition in demonstration schools (33-34%).
Strengthened collaboration with community organizations	<p>SJUSD has solidified its partnership with School Health Clinics of Santa Clara County for student referral/follow-up and health education.</p> <p>SJUSD partners with community agencies to provide asthma education with Breathe California, dental screening and follow-up with the Santa Clara County Dental Society and Johnson and Johnson.</p> <p>Professional vision exams are provided through Essilor Vision Foundation and insurance outreach through Kaiser.</p>
Development of SHCSCC health education program	SHCSCC launched health education programs in demonstration schools. A total 128 presentations, reaching 4000 students, teachers and parents, were provided in 2011.
Expansion of school health service program and strengthened organizational processes.	Completed merge of health conditions data with district data warehouse allows for continued monitoring and follow-up of student health data. Successful implementation of district-wide H1N1 vaccinations in fall 2009 and winter 2010. Almost

<p>Collaboration with Stanford School of Medicine and LPCH</p>	<p>17,000 doses administered by school nurses.  Nursing “best practices” at demonstration schools implemented district-wide.  Four non-demonstration project schools now fund additional nursing time (three full-time and two .8FTE nurses) by reallocating Title I funding.</p> <p>Partnership with Stanford/LPCH Pediatrics Residency program established, with residents providing 7 asthma and H1N1 education sessions for parents, teachers and nurses.  Stanford medical students helped to develop nurse data monitoring tools.</p>
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**Care A Van for Kids – Total investment = \$205,817**

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 LPCH. During the past fiscal year, 256 unduplicated individuals received 1579 rides. 114 unduplicated individuals received transportation facilitation services.

**Community Partnerships Program Focus Area: Preventive and Educational Programs that Provide Awareness and Education About Pediatric Health Issues and Help to Create Community Environments that Promote Improved Health Status for Children, Adolescents and Expectant Women, with Special Attention to Prevention of Pediatric Obesity.**

**Need Statement:**

In 2003, US Surgeon General, Dr. Richard Carmona, declared childhood obesity a national epidemic. At that time, Dr. Carmona identified that nearly 18% of children, nationally, were overweight or obese. Dr. Carmona concluded that children who are overweight or obese are at risk of developing high blood pressure, high cholesterol, asthma, and Type 2 diabetes. Type 2 diabetes is a particular concern as it now is being found in children at increasing rates. Additionally, overweight and obese children are also more likely to have weight problems in adulthood.

The November 9, 2011 release of the California Center for Public Health Advocacy (CCPHA) and UCLA Center for Health Policy Research study, "A Patchwork of Progress: Changes in Overweight and Obesity Among California 5th, 7th, and 9th Graders, 2005-2010", suggests that the 30-year trend of increasing obesity rates in California may be leveling-off, though rates are still three times higher among 12-19 year olds and four times higher among 6 – 11 year olds than they were in the 1970s. Although Santa Clara County has maintained their childhood overweight and obesity rates with a gain of only 0.2% between 2005 and 2010, San Mateo County has made great improvements with a 5.6% decline in rates of childhood overweight and obesity from 2005 - 2010.

Physically fit children generally have better memory, concentration, and energy levels. They tend to be healthier emotionally and are more inclined to carry their healthy lifestyle into adulthood. Today, the children in San Mateo and Santa Clara counties fare marginally better than the California state averages for physical fitness and childhood overweight and obesity. Although, the California Department of Education's Physical Fitness Test (CDE PFT) results show that, on average, only 38% of children in San Mateo and Santa Clara counties are meeting each of California's six fitness standards between grades 5 and 9, both counties rank 4% higher than the state average of 34%. Additionally, when measured against the Center for Disease Control & Prevention's Body Mass Index (CDC BMI), 34% of children in San Mateo County and 33% of children in Santa Clara County are of an unhealthy weight, either clinically overweight or obese. While a third of children in both counties are overweight or obese, this number is also slightly lower than the California state average of 38%. However, approximately 45% of these children are served by low-income public health programs in both counties, which is significantly higher than the state average of 37% and results in a disproportionate share of health care costs for pediatric overweight and obesity falling to underfunded public programs.

The California Center for Public Health Advocacy (CCPHA) estimates that, between 2003 and 2009, health care and loss of productivity costs for the overweight, obese, and physically inactive nearly doubled and, as of 2006, were costing California an estimated \$41 billion per year. More specifically, in 2006, the estimated costs for Santa Clara County reached approximately \$2.1 billion and nearly \$1.2 billion in San Mateo County per year. The CCPHA predicts that the trend for dramatic growth in costs will continue and that, by the end of 2011, California's costs will be \$53 billion; including increases to nearly \$2.7 billion in Santa Clara County and \$ 1.5 billion in San Mateo County. Looking forward, the study concludes "...even small improvements in health can have a considerable impact. A 5 percent improvement in the rate of physical activity and healthy weight over five years could trim almost \$12 billion from the state's obesity costs."

**Access for Low-income Families to LPCH Pediatric Weight Control Program – Total Investment = \$160,000**

LPCH sponsors a nationally-recognized Pediatric Weight Control Program, a 26-week, family-based behavior modification program for overweight children. The program is offered both at the hospital and at community locations.

The program costs \$3500 per family. Because insurance plans do not yet reimburse for weight management programs, this cost must be borne by the family. The hospital has set up a mechanism for families to apply through the hospital’s charity care program for partial or full support to take the program. In FY2011, the hospital provided \$160,000 for families who could not afford the program cost.

Metrics	Outcomes
77% of families beginning 25-week program complete the entire program with average reduction in overweight of 6%.	With 7 groups and 70 families, 84% completed program and decreased overweight by an average 7.6% (range of +4% to a -30%).

**Silicon Valley Youth Health Literacy Collaborative – Total Investment = \$18,375**

In FY2010, LPCH launched a three-year collaborative project with El Camino Hospital in Mountain View and HealthTeacher, Inc., HealthTeacher is a leading provider of online health promotion, disease prevention, social/emotional wellness and safety resources for kindergarten through 12th grade and is used by nearly 30,000 teachers nationwide. HealthTeacher helps establish community-based youth health collaboratives by developing partnerships between healthcare organizations, businesses, community leaders and schools to address the growing issues affecting the health status of young people.

HealthTeacher, Inc. provides more than 300 lesson plans in the 10 health topic areas aligned to the national and California health education standards: alcohol and other drugs, anatomy, community/ environmental health, injury prevention, mental and emotional health, nutrition, personal and consumer health, physical activity, family health and sexuality, and tobacco.

Metrics	Outcomes
For year 1, work with local coordinator to assure depth of utilization in first wave of participating districts.	First year of 3-year project. 11 districts representing 214 schools and 134,447 students have signed MOUs to participate. Varied range of use intensity with Cupertino, Campbell, and Franklin-McKinley SD (southeast San Jose) the heaviest so far.

**Nutrition Education in School Health Clinics of Santa Clara County – Total Investment = \$30,000**

LPCH provided funding this past year to support nutrition education programs provided by the health educator at School Health Clinics of Santa Clara County. This need was identified by the school nurses working in the Putting Healthcare Back into Schools Demonstration Project referenced earlier.

SHCSCC is a not-for-profit, 501(c) 3 organization that currently operates five licensed Federally Qualified Health Centers located on school campuses in the central and east areas of San Jose and in Gilroy. The clinics serve children from birth to age 19 from the host school and other feeder schools in the district and the surrounding neighborhood. All clinics are located in communities with high health access disparities due to poverty, insurance status, etc. They provide urgent care for illness and injuries; annual and sports physicals; monitoring and treatment of chronic diseases; vaccine and immunizations, including TB tests; lab tests; dental screening and referral; prescriptions; and confidential services and counseling for teens. These clinics operate under the supervision of a full-time physician medical director, and staff includes physicians, physician assistants, nurse practitioners, and bi-lingual clerical support.

Metrics	Outcomes
<p>By August 31, 2011:</p> <ul style="list-style-type: none"> <li>• Nutritionist and health educator will conduct 80 nutrition education classes that also include a physical activity for at least 1,300 children and/or parents.</li> <li>✓ Participants who attend more than one session will be surveyed at the beginning and end of each program to evaluate knowledge and behavior change.</li> <li>✓ 80% will demonstrate increased knowledge of maintaining a healthy lifestyle.</li> <li>✓ 80% will demonstrate they know how to read a food label and understand portion sizes.</li> <li>✓ 80% will demonstrate they understand the importance of physical activity and will know about activity options.</li> </ul> <ul style="list-style-type: none"> <li>• Nutritionist will support 4 six-month groups of the Pediatric Weight Management Program, 2 in San Jose and 2 in Gilroy.</li> <li>✓ She will provide 120 nutritional consultations with 40 unduplicated clients/family</li> <li>✓ 80% of program participants will show positive changes in behavior as evaluated by nutritionist at individual sessions.</li> </ul> <p>60% of participants in weight control program will meet or exceed their BMI goals.</p>	<p>121 classes with 1,701 students and 160 parents in grades 1-8 at 5 schools. Curriculum focused on food labels, sugar content, healthy choices, and why physical activity is important.</p> <p>Pre-and post-surveys completed</p> <p>76% increase in children's knowledge of how many daily fruits/vegetable servings are recommended, from 11% pre-survey to 87% post.</p> <p>At pre-survey, 44% of children could correctly name one thing to look for on a food label; in post-survey, 94% of children could do so.</p> <p>In both pre-and post-surveys, 100% of children answered correctly that physical activity is good and makes bones stronger. At the end of the classes, children named more physical activity options and self-reported that they had added more activity to their daily lives.</p> <p>These classes far exceeded expectations and SHCSCC continues to receive numerous requests from teachers, parents and the community for them.</p> <p>Nutritionist supported 15 sessions in San Jose and Gilroy. She met with 25 unduplicated clients to reinforce completing daily food journals and provided counseling to develop an individual action plan for maintenance of weight loss.</p> <p>Nutritionist provided 236 individual visits to 30 unduplicated children. This bilingual nutritionist is essential to the fight against childhood obesity because she can work with parents and children to discuss balanced meal basics, healthy beverages, fruit and vegetable choices, healthy lunches, sleeping and eating behaviors, physical activity, and choosing healthy choices in restaurants.</p> <p>80% of participants made positive changes in diet and physical activity and 60% met or exceeded BMI goals. 80% lowered BMI and others maintained (a positive result in growing children).</p>

## **Leadership in Community Collaboratives Addressing Obesity Prevention**

During FY2011 LPCH continued leadership and participation with three community collaboratives working to create environments that encourage healthier lifestyles and prevent obesity: the Get Healthy San Mateo County Task Force, the Bay Area Nutrition and Physical Activity Collaborative (BANPAC), and the Santa Clara County Office of Education's Coordinated School Health Advisory Council.

The Executive Director, Community Partnerships is serving on the Santa Clara County Office of Education's Coordinated School Health Advisory Council, which provides resources to encourage all county districts to adopt the CDC's Comprehensive School Health model. She also serves on the Palo Alto Unified School District's Health Council which is designing a coordinated school health program for PAUSD.

LPCH is also a partner with the National Association of Children's Hospital and Related Institutions (NACHRI) Focus on a Fitter Future Initiative. This project is addressing the role of children's hospitals in combating the epidemic of pediatric obesity. This multidisciplinary group began in 2008 with support from Mattel Children's Foundation and participation from 15 NACHRI institutions. Unique to this group is its inclusion of physicians, dietitians, exercise specialists, psychologists, researchers and executive sponsors from participating hospitals. The goal of the members of FOCUS on a Fitter Future is to deliver quality, cost effective care and improve service for children and families in the prevention and treatment of pediatric obesity. Over an 18-month period, the teams shared common experiences and challenges related to building and sustaining a thriving childhood obesity clinic or program. Seven subcommittees were formed to tackle the most pressing issues.

LPCH is particularly focusing on building a healthier hospital environment for patients, their families, visitors and staff through food and beverage policies, employee wellness initiatives, environmental initiatives, and benefits redesign to encourage preventive services.

### **SafeKids Coalition - Total Investment = \$36,508**

LPCH is the lead agency for the SafeKids Coalition of Santa Clara and San Mateo counties, one of 600 across the US in 49 states. Safe Kids USA is a nationwide network of organizations working to prevent unintentional childhood injury, the leading cause of death and disability for children ages 1 to 14. SafeKids coalitions work to educate families, provide safety devices to families in need and advocate for better laws to help keep children safe, healthy and out of the emergency room. The group teaches families about child injury risks and prevention, encourages and conducts research on leading injury risks, evaluates solutions for injury risks, 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 FY2011, SafeKids' child safety committee participated in many community events in San Mateo and Santa Clara counties serving approximately 2,160 families with bike helmet fitting instruction and bike and pedestrian safety.

### **Child Safety Outreach Program – Total Investment = \$177,417**

LPCH operates a free, permanent child passenger seat fitting station in the hospital parking structure that provides a certified technician to teach and assist parents to correctly install car seats. The permanent, seven-days-a-week service means that parents do not need to rely on community fairs or other sporadic opportunities for assistance. The program also visits community locations such as Ravenswood Family Health Center in East Palo Alto and Kohl's stores in the south bay area.

The inspections confirm national statistics that over 85% of all car seats are not installed correctly and thus do not provide optimal protection. However, national statistics show that misuse reduction efforts such as the car seat fitting station are working. Inspections and public service announcements cost just \$5 per seat, but save \$390 per seat in avoided injuries.

In FY2011, the LPCH car seat program provided instruction to 1,962 parents.

**Perinatal, Parenting, and Community Health Education Programs – Total “Scholarship” Investment = \$9,209**

LPCH sponsors programs provided at the hospital and in community locations, ranging from childbirth preparation, infant CPR, infant safety, breastfeeding instruction, and adjusting to the first year as parents, to programs for grandparents and siblings, the popular Heart-to-Heart program for pre-teens and their same-gender parents, and evening lectures about child health issues such as sleep disorders. In addition, the hospital and the Stanford School of Medicine host an annual update on autism, which presents the latest discoveries in autism for parents, teachers, social workers, etc.

While the hospital makes a significant investment to provide these programs, most costs are covered through class registration fees. LPCH reports only the cost of providing “scholarships” for those who cannot afford the cost, or the cost of providing interpreters for the hard-of-hearing, etc. as a community benefit expense.

**Education Programs for Patients**

In addition to these community education programs, the hospital also provides substantial educational resources to patients and their families.

In an attempt to normalize the life of hospitalized children, all patients attend school while at LPCH. Depending on their condition, they either attend school in one of the three classrooms provided by LPCH or the teachers come to their bedside. The school is operated by the Palo Alto and Mountain View-Los Altos school districts as part of their special education programs. The teachers are in constant contact with the child’s home school.

Another program, HEAL (Hospital Educational Advocacy Liaison) helps medically fragile children return to school by educating teachers, parents, and child peers about their unique cognitive and social/emotional needs.

Because these programs benefit LPCH’s own patients, they are not included in the community benefit valuation.

## **Community Partnerships Program Focus Area: Improving the Social and Emotional Health of Youth**

### **Need Statement:**

Depression can diminish the quality of a young person's life, resulting in fewer friends, less social support, greater stress, and lower academic achievement. Evidence suggests that in adolescence, depression and suicidal behavior are linked and depression can also exacerbate chronic illnesses such as asthma and diabetes. Depression can be difficult to detect in children, as it manifests in different ways than it does in adults. In 2007, 29% of the nation's high school students were estimated to have reported depression-related feelings, and 8% had experienced a major depressive episode.

Evidence about the emotional health of youth is more anecdotal than available in hard data. But one need only talk to any school teacher, principal, or director of a youth-serving organization to know that the extent of emotional and behavioral issues is huge. The California Healthy Kids Survey, administered by the California Department of Education, does ask young people in grades 7, 9 and 11 if, in the past 12 months, they have felt so sad and hopeless every day for two weeks or more that they stopped doing some usual activities. The results of the 2009 Santa Clara County survey and 2010 San Mateo County survey are sobering, although it is important to note that this data is self-reported, not a diagnosis of clinical depression.

- Depression-related feelings among females are higher than rates of males.
- Rates rise as children and adolescents get older.
- Rates are highest among children and adolescents in non-traditional school settings. (Continuation Education, Community Day Schools, etc.).
- Rates are highest among Native American and Pacific Islander children and adolescents.
- Rates are lowest among Asian and Caucasian children and adolescents.
- African American/Black and Hispanic/Latino children and adolescents average in the middle, but rates are much closer to Native American and Pacific Islander than Asian and Caucasian children and adolescents.

In San Mateo County, reported depressive feelings were highest amongst Pacific Islander youth (38.9%); followed by Native American (35.8%); Hispanic/Latino (34.3%); Multiethnic (32.4%); African American/Black (29.7%); Asian (27.1%); and Caucasian/White, (26.6%). Students classifying themselves as "other" were at 32.5%,

In Santa Clara County, results were similar: Pacific Islander (36.8%); Native American (35.3%); Hispanic/Latino (34.1%); Multiethnic (33.4%); African American/Black (31.2%); Caucasian/White (26.8%); Asian (26.4%) and students classifying themselves as "other" at 31.5%.

The simple conclusion is that between one-quarter and one-third of all young people report depressive feelings that affect their quality of life at the same time that supportive positions in schools such as counselors and school nurses have been cut and mental health services provided by the counties have been drastically reduced or eliminated. Additionally, parents even have difficulty identifying that their child may be depressed or have depression-related feelings. According to the 2010 California Parent Survey conducted by the Lucile Packard Foundation for Children's Health, only 6% of California's parents and 5.5% of parents in the San Francisco Bay Area report being somewhat or very concerned that their child may be depressed. This statistic is surprising because, in 2009 and 2010, the California Healthy Kids Survey (CHKS) reported 27% of Santa Clara County and 26% of San Mateo County 7<sup>th</sup> graders feeling so sad or hopeless for 2 weeks during the previous year that they stopped doing their usual activities. In its worst manifestation, depression leads to suicide, which is the third leading cause of death for youth ages 15-24 nationwide, according to the Centers for Disease Control and Prevention (CDC). In fact, the youth suicide rate nearly tripled between 1952 and 1995 nationwide, although the rate has dropped for children ages 10-19 over the last decade, according to CDC statistics. Nonetheless, youth suicide probably is underreported because of social stigma, shame, and guilt among family and friends.

The latest data from the California Department of Finance, from 2009, reports 7.5 youth suicides per 100,000 youths aged 15-24 in Santa Clara County. San Mateo County is faring better. Although one youth suicide is too many, in 2009, the San Mateo County statistic is not reportable as the County had less than 20 total youth suicides.

Ingesting drugs or poisons are the most common reasons for self-inflicted, non-fatal injury hospitalizations (suicide *attempts* with firearms are not as common, since gunshots often are fatal). Self-mutilation includes cutting, which is more common among females than males. It also can include scratching, branding, burning, biting, hitting and bruising, or pulling hair. These types of self-mutilation are not usually suicide attempts, but rather ways of coping with intense and overwhelming emotions. Self-injury is stigmatized, and often hidden from family and friends.

In San Mateo County, latest data available (2009) shows 76 hospitalizations for self-inflicted injuries among youth 5-20, with 41 for youth 16-20 and 35 for youth 13-15. Unfortunately, this represents an increase from 60 hospitalizations in 2006.

In Santa Clara County, the same data base showed 107 hospitalizations: 78 in the age 16-20 category; 27 for youth 13-15 and 2 in the 5-12 age bracket. Fortunately, this represents a decrease from 118 hospitalizations in 2006.

As noted, this data probably under-represents the extent of self-injury, as only the most serious would be hospitalized. Anecdotal reports from school officials indicate an alarming increase in cutting.

**Project Safety Net and Health Care Alliance for Response to Adolescent Depression (HEARD) – Total Investment = \$65,000**

In response to three incidents of teen suicide in Palo Alto the spring of 2009, a group of child psychiatrists, nonprofit 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 portals of access for treatment. Dr. Shashank Joshi with LPCH is leading this effort and LPCH's psychiatry department has worked to open up additional appointments to make sure children in crisis are seen immediately. LPCH has supported this program for two years with \$25,000 grants in both FY2010 and FY2011.

A more broadly-focused initiative is Project Safety Net, with a mission is to develop and implement an effective, comprehensive, community-based mental health plan for overall youth well-being in Palo Alto. The plan includes education, prevention and intervention strategies that together provide a safety net for youth and teens in Palo Alto. The hospital's Executive Director, Community Partnerships serves on this task force.

LPCH committed \$40,000 in FY 2011 to support startup of the evidence-based Sources of Strength program in Palo Alto high schools and has budgeted an additional \$95,000 in FY 2012. Sources of Strength is a comprehensive wellness program that works to use peer leaders to change norms around codes of silence and help seeking in schools. The program is designed to increase help seeking behaviors and connections between peers and caring adults. Sources of Strength has a true preventive aim in building multiple sources of support around students so that when times get hard they have strengths to rely on.

The hospital will be re-focusing some of its support for other community organizations referenced below on organizations that address the social and emotional health of local youth.

## **Other Community Benefit Programs Benefitting the Broader Community**

### **Health Professionals Education and Training**

As the pediatric division of Stanford University Medical Center, education and research are primary components of LPCH's mission and are so integral to the hospital's operation that it is difficult to isolate individual activities and their costs.

LPCH provides clinical training for medical students, residents, and fellows from the Stanford University School of 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.

Stanford University School of Medicine students learn to do community health research, design interventions, and work collaboratively with community organizations through the School of Medicine's Office of Community Health.

Residents are attracted to Stanford and LPCH for their pediatric residency training because of the outstanding community advocacy rotation program established here 13 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 work in the community and develop their own service projects. Interns and residents have been involved in a number of community activities such as working with adolescent pregnancy prevention programs in the Filipino community, doing outreach for the Healthy Kids insurance program, developing dental-screening programs for low-income children, working on childhood obesity issues in low-income Latino neighborhoods, and developing an asthma management and education program with Ravenswood City School District in East Palo Alto. 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 the Stanford University School of Medicine. However, the \$40,000 in funding that the hospital provided to this program last year is included in the community benefit total and detailed below.

The hospital also provides supervision, mentoring, and clinical experience for students and fellows in nursing, pharmacy, social work, hospital chaplaincy, audiology, occupational and physical therapy from UCSF, San Jose State University, and several community colleges. The hospital is not able to isolate all direct costs for this training, so only a few documentable costs are included in the community benefit valuation table.

FY 2011 reportable costs for physician training for 163 residents and fellows are \$11,318,825. The hospital received \$5,848,763 in Children's Hospital Graduate Medical Education (CHGME) grants and \$1,220,722 from the restricted funds from the Lucile Packard Foundation for Children's Health.

### **Financial Support for Pediatric Resident Advocacy Program – Total Investment = \$40,000**

The hospital uses some of its available community benefit funds to support training of pediatric residents in advocacy, community research, and development of projects designed to improve community health status. This past year, the hospital provided \$40,000 to support the Community Pediatrics and Child Advocacy Rotation. The FY 2010-2011 residents chose the Ecumenical Hunger Project in East Palo Alto as a new longitudinal partner and the year was spent with a needs assessment to determine the best opportunities for collaboration. 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, evaluation strategies, etc.

Funds also provided four mini grants totaling \$11,035 for resident projects:

- A collaborative community-based evaluation of a one-day intensive mindfulness training program for incarcerated youth in San Mateo County

- A NICU- to- home project to create a bridge from NICU to a medical home at a county clinic for infants born into underserved families with limited resources.
- A needs assessment about the health needs of users of the East Palo Alto YMCA Farmers' Market
- A project to increase awareness and action among health professionals around the problem of human trafficking.
- A project to understand the resilience among refugee foster youth in the Bay Area.
- An Educate to Empower initiative at Head Start in East Palo Alto.

**Mid-coastal California Perinatal Outreach Program (MCCPOP) – Total Investment = \$267,664**

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 that provides outreach education, consultation and transport for 22 maternity programs in the counties of Alameda, Monterey, San Benito, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz and Stanislaus. This network promotes the highest standards of patient safety and family-centered care in these affiliated hospitals. Speakers, workshops, conferences and peer reviews are offered to community physicians and nurses, as well as site visits and compliance reviews. The physician contact facilitated by MCCPOP results in a unique source of high-risk patient referrals to LPCH and SHC, 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), and 7) California Pregnancy-Associated Mortality Review Program (PAMR).

**Suspected Child Abuse and Neglect (SCAN) Team - \$110,000**

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 LPCH and the Santa Clara Valley Medical Center (SCVMC) Center for Child Protection. The 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.

The SCAN team, located within the department of general pediatrics and led by medical director Nicole Marsico, MD, doubled its membership in its first two years and now includes the CPS directors from both counties and representatives from more LPCH and Stanford Hospital subspecialties. Due to the better surveillance and oversight that the SCAN Team brings, identified cases of child abuse continue to rise and in FY2011, the team identified and investigated 188 cases.

This past year the program received a grant from the Hedge Fund Cares Foundation which has allowed the purchase and distribution of 10,000 child abuse prevention DVDs and the purchase of a license agreement for an online training module about assessing medical issues in child abuse for all LPCH providers. The funding also allowed four hospital staff and physicians to attend the annual Conference for Child Maltreatment in San Diego. The funding has been renewed in 2012 and will be used to plan and host a one-day multidisciplinary child abuse symposium at LPCH.

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

### **Leadership in Community Emergency Management Efforts – Total Investment = \$22,095**

The Office of Emergency Management (OEM) for Stanford University Medical Center's mission is to maintain business continuity and the highest level of quality care and service during and after a disaster. OEM seeks to establish best practices and new standards for emergency management by identifying, creating, establishing and testing emergency management systems that provide for mitigation, preparedness, response, and recovery for SHC and LPCH hospitals and to be recognized as an industry leader in advancing the field of disaster medicine. In addition, because Stanford is the only academic medical center, level I trauma center and level II neonatal intensive care unit in Santa Clara County, OEM participates in several community emergency management efforts. OEM staff members have leadership roles with the Santa Clara County Safety Officer Task Force, the Santa Clara County Emergency Management Association, the Palo Alto Emergency Preparedness Work Group, and the SandHill Corridor Neighborhood Disaster Committee. In addition, the medical center houses and maintains "ever ready" the Santa Clara County Emergency Management Services disaster trailer.

### **Contributions to Community Organizations – Total Investment = \$110,717**

LPCH 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 supporting operations costs of a summer soccer camp for at-risk youth. The hospital also purchases tables at fund-raising events for community organizations that share the hospital's mission, or provides a sponsorship for events such as the American Heart Association's Silicon Valley HeartWalk and the March of Dimes' March for Babies.

In FY2011, LPCH invested \$16,858 in small program grants and \$93,859 to support fund-raising events for not-for-profit organizations such as The Ronald McDonald House, The Cornerstone Project, the Children's Health Council, the YWCA, and Kids in Common, etc.

### **Advocacy for Children's Health – Total Investment = \$154,542**

LPCH employees at all levels advocate for children's health. An on-line advocacy network alerts those who have chosen to join that an issue affecting children is at a critical stage in the county, state or federal legislation process and members are encouraged to e-mail or fax their representative explaining the importance of specialized children's hospitals and the affect the proposed legislation will have on children. LPCH enhances its advocacy efforts through personal visits with state and federal legislators and Chief Government Relations Officer Sherri Sager and CEO Christopher Dawes meet often with representatives in Sacramento and Washington DC.

Members of LPCH's 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, Children's Hospital Corporation of America, and the National Association of Children's Hospitals and Related Institutions, as well as through professional organizations such as the American Academy of Pediatrics.

### **Children's Agenda 2015 for Santa Clara County**

LPCH 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-chairs 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, LPCH's Executive Director, Community Partnerships also serves on the project's Vision Council.

Goals for this effort are:

- Children are physically, socially and emotionally healthy

- Children are prepared for and successful in school
- Children live in safe and stable homes and communities

Thirteen data outcomes are being tracked through 2015. These are:

- 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
- 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, insure the most effective utilization of resources, and create a cultural shift in how we think about and address the needs of children.

### **LPCH Leaders Lend Their Skills and Expertise to Local Not-for-Profit Organizations**

While not quantifiable, members of the LPCH 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 so integral to our community fabric. LPCH leaders serve on the board or committees of boards for Avenidas, RotaCare Bay Area, Abilities United, Palo Alto Community Child Care, the March of Dimes, the National Brain Tumor Society, Santa Clara Family Health Plan, the Ronald McDonald House, Stanford New School, Advocates for Children, and the Palo Alto Family YMCA. Staff leaders are also leaders in the Rotary Clubs of Palo Alto and San Jose and the Palo Alto Kiwanis Club.

### **Participation in Local Chambers of Commerce – Total Investment = \$40,386**

LPCH 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 member) and Menlo Park. As a major employer in this area, LPCH’s support of these organizations contributes to the economic vitality of the area.

## **VI. Community Services Plan for FY 2011-2012**

The fiscal year 2012 community benefit plan reflects one year of planning, implementation, and input from community partners and stakeholders. It also reflects the concept of “staying the course” with two focus areas first selected in 2005, then reaffirmed in 2009 and 2011, to attempt to make a more sustained impact on improving health status in our chosen focus areas: improving access to health services for children, adolescents and pregnant women through building capacity in existing community resources, and preventive and educational programs with an emphasis on prevention of pediatric obesity. The FY2012 plan also includes a first year of initiatives for the third focus area selected by the Community Advisory Council and Board of Directors in spring 2011: Improving the social and emotional health of youth.

**Focus Area I: Improving Access to Health Services for Children, Adolescents and Pregnant Women, Focusing on Building Capacity into Existing Community Resources and the “medical home model.”**

### **Need Statement:**

Lack of health insurance creates a major barrier to accessing and receiving medical care. Uninsured and underinsured children are more likely to go without medical care, have unmet healthcare needs, and lack a personal doctor or nurse. For children, access to a health care provider is important to ensure timely treatment for periodic and chronic illnesses as well as preventive health care. In San Mateo and Santa Clara counties, children are eligible for health insurance through a number of programs, including Medi-Cal, Healthy Families, and Healthy Kids. Because of these health insurance programs, most children can access health insurance. The access issue becomes one of access to a regular, convenient provider and appropriate utilization of benefits.

According to the Health Plan of San Mateo (HPSM), 10% of children ages 25 months – 6 years and 8% of children ages 7 – 11 enrolled in the Healthy Kids and Healthy Families insurance programs do not have a usual source of medical care or a primary care provider whom they visit when they need to see a doctor, a 2% decrease in children without a primary care provider in both age groups since 2009. However, since 2009, HPSM reports that children ages 12 – 18 years without a usual source of medical care have increased to 12%, an increase of 1%. Additionally, the HPSM cites that there are substantially higher rates of children enrolled in the Medi-Cal insurance program who do not have a usual source of medical care or a primary care provider. The HPSM concludes that distance to a usual source of care, inflexible scheduling hours, and communication issues are possible reasons for not having a usual source of care. Unfortunately, in San Mateo County only approximately 40% of families live within 15 minutes of a usual source of care and only 46% of parents with enrolled children indicate that their child’s appointments are kept on-time. Parents say that scheduling an appointment around work is often difficult, and 60% report that their child’s doctor does not always explain things well.

The American Academy of Pediatrics (AAP) recommends that children between the ages of 12 and 18 months have a preventive care visit every three months and thereafter every six months until their third birthday. From age three to 21, the AAP recommends preventive care visits on an annual basis. Although approximately 90% of children in San Mateo and Santa Clara counties have a usual source of medical care, many do not visit their primary care doctor for the well-child visits as recommended by the AAP and accessible through the Medi-Cal, Healthy Families, and Healthy Kids insurance programs. According to the National Committee for Quality Assurance’s Healthcare Effectiveness Data and Information Set (HEDIS), only approximately 65% of children in San Mateo County and 55% of children in Santa Clara County receive the recommended well-child visits. However, both counties have increased the percentage of children receiving the recommended well-child visits by approximately 5% in San Mateo County and 10% in Santa Clara County since 2009. Additionally, HEDIS reports that roughly 20% of children in San Mateo and Santa Clara counties do not receive the recommended and available

immunizations, although this is a 5% increase in children receiving the recommended immunizations since 2009.

**Goal: Increased access for all children, adolescents and pregnant women to primary and specialty care in a comprehensive medical home model.**

Target Population: Children and youth aged 1-25 and pregnant women in Santa Clara and San Mateo counties.

**Strategy 1: Increase supply of providers in community clinics to increase their capacity to provide a medical home for children, teens and pregnant women.**

Community Partner: Ravenswood Family Health Center (East Palo Alto)

Objectives: By June 30, 2012, RFHC will have provided:  
2000 pediatric medical patients with 6,000 visits  
900 pediatric dental patients with 2000 oral visits  
36 diet-controlled gestational diabetes patients with nutritional counseling

LPCH investment: \$300,000  
\$200,000 for 1.2 FTE pediatrician  
\$50,000 for dental services  
\$50,000 for prenatal nutrition counseling

Community Partner: San Mateo County Health Services

Objectives: Improved access to primary pediatric care at Willow and Fair Oaks clinics plus transfer of some patients currently seen at LPCH clinics to clinics closer to their homes. County and HPSM will schedule deliveries for low-risk pregnant women to other hospitals closer to their homes. County will work to improve coordination/management of prenatal care and track and monitor.

LPCH investment: maximum \$747,000.  
\$300,000 for OB support  
Maximum \$447,000 for two pediatric providers

**Strategy 2: Sustain LPCH's Mobile Adolescent Health Services Program for homeless and uninsured youth ages 10-25.**

Community Partners: Indochinese Housing Development Center in San Francisco; Alta Vista Continuation High School in Mountain View; Peninsula Continuation High School in San Bruno, East Palo Alto Charter High School in East Menlo Park; Los Altos High School in Los Altos; Billy DeFrank Youth Center in San Jose, and Job Corps training site in San Jose.

Objectives: By August 31, 2012:

- 1100 medical visits, 1,000 dietitian visits, and 650 social worker visits.
- 45% of eligible patients will receive all 3 shots in Hepatitis series.
- 50% of sexually active patients will increase their condom/birth control use by at least 1 level on a 1-5 Likert scale.
- 90% of sexually active females will be given a focused educational intervention on Plan B, will receive Plan B, and will demonstrate increased knowledge of Plan B as measured by pre-and post-survey.
- 70% of eligible patients (per hospital policy) will receive seasonal and any other recommended vaccination (H1N1, DTAP).

- 100% of patients will use the PHQ standardized depression-screen questionnaire with social workers discussing with each patient. Patients screening positive will be counseled, referred to psychiatry care if needed, and tracked.

LPCH investment: \$595,518

**Strategy 3: Support premium cost for children older than age 5 in the Santa Clara County and San Mateo County Healthy Kids Insurance programs.**

Community Partners: Children’s Health Initiatives in both counties.

Objectives:

**Santa Clara County CHI:**

- Increase the percentage of Healthy Kids members who visited their primary care physician in the past 12 months to at least 82%.
- Increase the number of children referred by a primary care physician to health education programs to at least 5,500 children.
- Increase the percentage of Healthy Kids members who renew their coverage after the initial year to at least 73%.

**San Mateo County CHI:**

Access and “medical home” outcomes

1. Maintain or increase the following percentages of members in each age group who access primary care services:
  - 90% for 25 mo. - 6 yrs.
  - 92% for 7-11 years old.
  - 88% for 12-19 years old

Preventive care outcomes

1. Increase from 57% the percentage of members who have initial health assessment within 120 days of enrollment.
2. Increase from 76% percentage of well-child visits for members aged 3-6.
3. Increase from 56% the percentage of well-child visits for members 12-18.
4. Increase from 89% the total members identified as having persistent asthma who were appropriately prescribed medication for long-term control.

Retention outcomes

1. Maintain or increase from 90% number of HK members who retain coverage annually.
2. Decrease from 50% percentage of HK members who disenroll due to avoidable reasons.

LPCH investment: \$100,000

**Strategy 4: Support provision of school-based health services with implementation of five-year Putting Healthcare Back Into Schools Demonstration Project.**

Community Partners: San Jose Unified School District, School Health Clinics of Santa Clara County, Lucile Packard Foundation for Children’s Health.

Objectives:

Students in demonstration schools will have improved healthcare management and those with chronic conditions will have better outcomes. By end of FY 2011-2012 school year:

- 70% of students referred for vision, dental, and hearing, and 25% for scoliosis will have been seen by a licensed provider.
- Every student, or parent of student, identified with asthma will have been contacted by nurse; every student identified as having asthma severity of 3 (out of 10) or greater will have received an

additional assessment; nurse will have provided at least one asthma education opportunity for all students and/or parents with asthma and one education opportunity for staff.

- SHCSCC will have provided at least 36 educational sessions in project schools.

Facilitate establishment of a medical home for students who do not have one. By the end of the school year:

- 70% of students referred by nurse will be evaluated by SHCSCC NP for clinic services or appropriate referral;
- Information about SHCSCC will have been given to all parents on at least 2 occasions.

There are also several longer-range objectives to be met by the end of the project this academic year.

LPCH investment: \$265,000

***Strategy 5: Sustain Care A Van program to insure transportation to the hospital for those who do not have reliable transportation to the hospital.***

Community Partners: Volunteer drivers and corporate funders.

Objective: Maintain program at minimum current ride volume.

LPCH investment: \$210,000

**Focus Area 2: Provide, or work in partnership with others to provide, preventive programs that enhance awareness and education about pediatric health issues and seek to create community environments that promote an improved health status for children, adolescents and expectant women. Special attention to prevention of pediatric obesity.**

### **Need Statement:**

In 2003, US Surgeon General, Dr. Richard Carmona, declared childhood obesity a national epidemic. At that time, Dr. Carmona identified that nearly 18% of children, nationally, were overweight or obese. Dr. Carmona concluded that children who are overweight or obese are at risk of developing high blood pressure, high cholesterol, asthma, and Type 2 diabetes. Type 2 diabetes is a particular concern as it now is being found in children at increasing rates. Additionally, overweight and obese children are also more likely to have weight problems in adulthood.

The November 9, 2011 release of the California Center for Public Health Advocacy (CCPHA) and UCLA Center for Health Policy Research study, "A Patchwork of Progress: Changes in Overweight and Obesity Among California 5th, 7th, and 9th Graders, 2005-2010", suggests that the 30-year trend of increasing obesity rates in California may be leveling-off, though rates are still three times higher among 12-19 year olds and four times higher among 6 – 11 year olds than they were in the 1970s. Although Santa Clara County has maintained their childhood overweight and obesity rates with a gain of only 0.2% between 2005 and 2010, San Mateo County has made great improvements with a 5.6% decline in rates of childhood overweight and obesity from 2005 - 2010.

Physically fit children generally have better memory, concentration, and energy levels. They tend to be healthier emotionally and are more inclined to carry their healthy lifestyle into adulthood. Today, the children in San Mateo and Santa Clara counties fare marginally better than the California state averages for physical fitness and childhood overweight and obesity. Although, the California Department of Education's Physical Fitness Test (CDE PFT) results show that, on average, only 38% of children in San Mateo and Santa Clara counties are meeting each of California's six fitness standards between grades 5

and 9, both counties rank 4% higher than the state average of 34%. Additionally, when measured against the Center for Disease Control & Prevention's Body Mass Index (CDC BMI), 34% of children in San Mateo County and 33% of children in Santa Clara County are of an unhealthy weight, either clinically overweight or obese. While a third of children in both counties are overweight or obese, this number is also slightly lower than the California state average of 38%. However, approximately 45% of these children are served by low-income public health programs in both counties, which is significantly higher than the state average of 37% and results in a disproportionate share of health care costs for pediatric overweight and obesity falling to underfunded public programs.

The California Center for Public Health Advocacy (CCPHA) estimates that, between 2003 and 2009, health care and loss of productivity costs for the overweight, obese, and physically inactive nearly doubled and, as of 2006, were costing California an estimated \$41 billion per year. More specifically, in 2006, the estimated costs for Santa Clara County reached approximately \$2.1 billion and nearly \$1.2 billion in San Mateo County per year. The CCPHA predicts that the trend for dramatic growth in costs will continue and that, by the end of 2011, California's costs will be \$53 billion; including increases to nearly \$2.7 billion in Santa Clara County and \$ 1.5 billion in San Mateo County. Looking forward, the study concludes "...even small improvements in health can have a considerable impact. A 5 percent improvement in the rate of physical activity and healthy weight over five years could trim almost \$12 billion from the state's obesity costs."

**Goal: Increase awareness of the importance of good nutrition, physical activity, avoidance of substance abuse, car safety and other safety issues, parenting and child health issues, and general healthy lifestyle issues for parents, children, youth and pregnant women.**

Target Population: All children and youth aged 0-25 and their parents in Santa Clara and San Mateo counties.

***Strategy 1: Support Silicon Valley Youth Health Literacy Collaborative for 186 schools in Santa Clara County***

Community Partners: El Camino Hospital, HealthTeacher, Inc., participating school districts.

Objectives

- Use of standards-based pre-post assessment tool will increase from 38% to 60% of schools actively participating.
- Teacher satisfaction per annual survey will increase from 53% to 70% due to continued enhancements and content improvements.
- 15 second-year trainings and 20 first-year trainings will be conducted by June 30, 2012.
- Following the fall 2011 launch of HealthTeacher's "Deep Breathing" Mobile Application, 2 pre-selected teachers will fully implement deep breathing exercises in the classroom and report 25% less stress level in students.

LPCH investment: \$72,513

***Strategy 2: Support "scholarships" for families participating in LPCH Pediatric Weight Management Program.***

Community Partners: YMCA

Objective: 77% of families beginning 25-week program complete the entire program with average reduction in overweight of 6%.

LPCH investment: \$71,000

**Strategy 4: Continue leadership role with community collaboratives addressing prevention of pediatric obesity.**

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.

Objectives: Maintain collaborative's leadership role in networking together multiple community efforts and advocating for community change.

LPCH investment: time of Executive Director, Community Partnerships

**Strategy 5: Continue lead agency role for San Mateo-Santa Clara County SafeKids Coalition**

Community Partners: Police departments of Atherton, Belmont, Brisbane, Burlingame, Daly City, East Palo Alto, Foster City, Millbrae, San Bruno, San Carlos, Redwood City, Campbell, Gilroy, Mountain View, Morgan Hill, Palo Alto, San Jose, Sunnyvale; Fire departments of Burlingame, Menlo Park, Redwood City, South San Francisco, Woodside, San Jose and Santa Clara County; the San Mateo and Santa Clara County Public Health Departments; California Highway Patrol in Gilroy and Redwood City; the San Mateo County and Santa Clara County Sheriffs Offices; Santa Clara Valley Medical Center and Stanford Hospital.

Objectives: Reduce accidental death/injury for children under age 12 by providing education about car safety, home safety, pedestrian and bike safety.

In FY2012, increase SafeKids agency participation by 25% to ensure adequate staffing for child safety events in two counties.

In FY2012, enhance sustainability of pedestrian safety efforts by completing the Garfield School project in Redwood City.

LPCH investment: approximately \$45,000 in time of Community Program Coordinator (.5 FTE) to lead coalition.

**Strategy 6: Expand outreach of Safely Home Car Seat Fitting Program**

Community Partners: Kohl's and other community locations

Objectives:

Increase the number of child safety events by 20%.

Hold two child passenger safety technician trainings in the area to increase the availability of car seat check events and to provide sustainability in the community.

LPCH investment: \$191,054

**Strategy 7: Continue to grow offerings in Your Child's Health University parenting programs**

Partners: LPCH and community physicians

Objectives:

Host at least four All About Pregnancy classes at no cost to provide early education to newly expectant parents and those considering pregnancy. Prenatal education prior to conception and early in pregnancy has been shown to increase healthy outcomes for mothers and babies.

Hold at least two Spanish Heart to Heart classes for girls and mothers and at least two programs for boys and fathers to make this program available to those who might not ordinarily take advantage of such programs due to language or cost barriers.

LPCH investment: Approximately \$15,000 in providing “scholarships” to those who cannot afford registration fees.

### **Focus Area 3: Improve the social and emotional health of youth**

#### **Need statement:**

Depression can diminish the quality of a young person’s life, resulting in fewer friends, less social support, greater stress, and lower academic achievement. Evidence suggests that in adolescence, depression and suicidal behavior are linked and depression can also exacerbate chronic illnesses such as asthma and diabetes. Depression can be difficult to detect in children, as it manifests in different ways than it does in adults. In 2007, 29% of the nation’s high school students were estimated to have reported depression-related feelings, and 8% had experienced a major depressive episode.

Evidence about the emotional health of youth is more anecdotal than available in hard data. But one need only talk to any school teacher, principal, or director of a youth-serving organization to know that the extent of emotional and behavioral issues is huge. The California Healthy Kids Survey, administered by the California Department of Education, does ask young people in grades 7, 9 and 11 if, in the past 12 months, they have felt so sad and hopeless every day for two weeks or more that they stopped doing some usual activities. The results of the 2009 Santa Clara County survey and 2010 San Mateo County survey are sobering, although it is important to note that this data is self-reported, not a diagnosis of clinical depression.

- Depression-related feelings among females are higher than rates of males.
- Rates rise as children and adolescents get older.
- Rates are highest among children and adolescents in non-traditional school settings (Continuation Education, Community Day Schools, etc.).
- Rates are highest among Native American and Pacific Islander children and adolescents.
- Rates are lowest among Asian and Caucasian children and adolescents.
- African American/Black and Hispanic/Latino children and adolescents average in the middle, but rates are much closer to Native American and Pacific Islander than Asian and Caucasian children and adolescents.

In San Mateo County, reported depressive feelings were highest amongst Pacific Islander youth (38.9%); followed by Native American (35.8%); Hispanic/Latino (34.3%); Multiethnic (32.4%); African American/Black (29.7%); Asian (27.1%); and Caucasian/White, (26.6%). Students classifying themselves as “other” were at 32.5%,

In Santa Clara County, results were similar: Pacific Islander (36.8%); Native American (35.3%); Hispanic/Latino (34.1%); Multiethnic (33.4%); African American/Black (31.2%); Caucasian/White (26.8%); Asian (26.4%) and students classifying themselves as “other” at 31.5%.

The simple conclusion is that between one-quarter and one-third of all young people report depressive feelings that affect their quality of life at the same time that supportive positions in schools such as

counselors and school nurses have been cut and mental health services provided by the counties have been drastically reduced or eliminated. Additionally, parents even have difficulty identifying that their child may be depressed or have depression-related feelings. According to the 2010 California Parent Survey conducted by the Lucile Packard Foundation for Children's Health, only 6% of California's parents and 5.5% of parents in the San Francisco Bay Area report being somewhat or very concerned that their child may be depressed. This statistic is surprising because, in 2009 and 2010, the California Healthy Kids Survey (CHKS) reported 27% of Santa Clara County and 26% of San Mateo County 7<sup>th</sup> graders feeling so sad or hopeless for 2 weeks during the previous year that they stopped doing their usual activities. In its worst manifestation, depression leads to suicide, which is the third leading cause of death for youth ages 15-24 nationwide, according to the Centers for Disease Control and Prevention (CDC). In fact, the youth suicide rate nearly tripled between 1952 and 1995 nationwide, although the rate has dropped for children ages 10-19 over the last decade, according to CDC statistics. Nonetheless, youth suicide probably is underreported because of social stigma, shame, and guilt among family and friends.

The latest data from the California Department of Finance, from 2009, reports 7.5 youth suicides per 100,000 youths aged 15-24 in Santa Clara County. San Mateo County is faring better. Although one youth suicide is too many, in 2009, the San Mateo County statistic is not reportable as the County had less than 20 total youth suicides.

Ingesting drugs or poisons are the most common reasons for self-inflicted, non-fatal injury hospitalizations (suicide *attempts* with firearms are not as common, since gunshots often are fatal). Self-mutilation includes cutting, which is more common among females than males. It also can include scratching, branding, burning, biting, hitting and bruising, or pulling hair. These types of self-mutilation are not usually suicide attempts, but rather ways of coping with intense and overwhelming emotions. Self-injury is stigmatized, and often hidden from family and friends.

In San Mateo County, latest data available (2009) shows 76 hospitalizations for self-inflicted injuries among youth 5-20, with 41 for youth 16-20 and 35 for youth 13-15. Unfortunately, this represents an increase from 60 hospitalizations in 2006.

In Santa Clara County, the same data base showed 107 hospitalizations: 78 in the age 16-20 category; 27 for youth 13-15 and 2 in the 5-12 age bracket. Fortunately, this represents a decrease from 118 hospitalizations in 2006.

As noted, this data probably under-represents the extent of self-injury, as only the most serious would be hospitalized. Anecdotal reports from school officials indicate an alarming increase in cutting.

**Goal: Work with others to increase emotional and social well-being of youth as evidenced in Project Cornerstone Search Institute survey results, CHIS data, etc.**

Target population: Youth ages 10-25

***Strategy 1: Support Palo Alto high schools and LPCH/Stanford Department of Child Psychiatry in implementation of evidence-based Sources of Strength program in schools.***

Community Partners: Gunn High School

Objectives:

- Student Peer Leaders who help lead this intervention will show an increase from baseline in a willingness to get trusted adults involved with students who are at high risk for suicide and will gain knowledge of adults who are capable to help with suicide concerns.
- Student Peer Leaders trained in Sources of Strength will show an increase in the number of communication ties to adults in school and in their community (family, other adults) and rate themselves as stronger in social support resources to support their coping.

- Peer Leader positive prevention messaging projects (poster campaigns, presentations, on-line messaging) will reach 60% or more of enrolled Gunn High School students.
- The school population as a whole will demonstrate a change in the social norms of Gunn High School, increasing the acceptability of seeking help from adults for distress and expanding what it means to be a "loyal friend" to include getting help for a friend who is distressed or suicidal.
- The staff as a whole will endorse improvements in school climate and youth-adult communication by the end of the first year of intervention, as measured by scores on the school climate questionnaire.
- In the school population, a greater number of school staff will be named as "trusted adults" at Gunn High School, compared to baseline.

***Strategy 2: Continue active participation in Project Safety Net collaborative***

Community Partners: All organizations participating in Project Safety Net

Objective: Determine ways in which LPCH can be more engaged in task force work

***Strategy 3: Continue leadership role with Project Cornerstone Advisory Council***

Community Partners: All organizations working with Project Cornerstone

Objective: Determine ways in which LPCH resources can be used to further Project Cornerstone work.

***Strategy 4: Identify organizations supporting the emotional and social health of youth and support their efforts and support their fund raising and/or programs.***

Community Partners: To be determined.

## Appendix A: Key Findings from Multiple Data Sets in Santa Clara and San Mateo Counties

### Outcome: Children are Physically, Socially and Emotionally Healthy

Indicator	Healthy People 2010 Goal	Santa Clara County	San Mateo County	California
<b>Prenatal Care and Birth Outcomes</b>				
Percentage of women receiving first trimester prenatal care - 2009 kidsdata (CDHS)	90%	84.2%	88.9%	82.9%
Infant mortality rate per 1000 infants - 2007-2009 Kidsdata (CDHS)	4.5	3.7	3.7	5.1
Percentage infants born at low birth weight - 2009 KidsData (CDHS)	5%	7.2%	6.7%	6.8%
<b>Access to Healthcare Services</b>				
Percentage of children fully immunized by age 2 – 2010 KidsData	90%	93.5%	88.7%	90.7%
Percentage of children 0-17 with health insurance – 2009 CHIS		97.7%	98.7%	95.1%
Percentage of children 12-17 who have seen a physician for routine health check-up in past year – 2009 CHIS		85.8%	Not Available	85.7%
Percentage of children 1-17 with dental insurance – 2010 California Parent Survey		San Francisco Bay Area <sup>1</sup> : 84.6%		79.8%
Percentage of children 1-17 who have seen dentist in past year – 2010 California Parent Survey		San Francisco Bay Area: 83.5%		82.6%
<b>Nutrition, Weight and Physical Fitness</b>				
Percentage of women initiating breastfeeding at hospital – 2009 KidsData (CDPH)	75%	95.6%	96.7%	89.6%
Percentage of women breastfeeding exclusively while at hospital – 2009 KidsData (CDPH)		72.1%	78.1%	50.2%
Percentage of public school 5 <sup>th</sup> , 7 <sup>th</sup> , 9 <sup>th</sup> graders overweight or at risk for overweight – 2010 KidsData (UCLA)		32.9%	34.1%	38%
Percentage of 5 <sup>th</sup> , 7 <sup>th</sup> , and 9 <sup>th</sup> graders who meet <b>all (6 of 6)</b> state fitness standards – 2010 KidsData (CDE FFT)		37.7%	39.2%	35%

<sup>1</sup> The California Parent Survey was conducted by the Lucile Packard Foundation for Children's Health. The survey collected data from the "San Francisco Bay Area" and "Los Angeles County". The "San Francisco Bay Area" statistic includes data from Alameda, Contra Costa, Marin, San Francisco, San Mateo, and Santa Clara counties.

<b>Mental, Emotional and Behavior Health</b>				
Percentage of 7 <sup>th</sup> graders who responded “very much true” or “pretty much true” to “At my school, there is a teacher or adult who really cares about me.” – 2009/2010 CHKS <sup>2</sup>		61%	64%	58%
Percentage of 7 <sup>th</sup> graders who responded “very much true” or “pretty much true” to “Outside of my home and school, there is an adult who really cares about me.” – 2009/2010 CHKS		84%	85%	82%
Percentage of parents reporting being somewhat or very concerned that their child may be depressed – 2010 California Parent Survey		San Francisco Bay Area: 5.5%		6%
Percentage of 7 <sup>th</sup> graders reporting feeling so sad or hopeless for 2 weeks during previous year that they stopped doing usual activities 2009/2010 CHKS		27%	26%	28%
<b>Teen Births</b>				
Teen birth rate per 1000 females ages 15-19 – 2009 KidsData (CDOF: 15-17,18-19) <sup>3</sup>		49.3	45.4	71
Percentage of teens 14-17 reporting they have not had sex - 2009 CHIS		82.9%	70.7%	80.8%
<b>Drug, Alcohol and Tobacco Use</b>				
Percentage of 11 <sup>th</sup> graders who reported smoking tobacco during last month - 2009/2010 CHKS		13%	13%	13%
Percentage of 11 <sup>th</sup> graders who reported drinking alcohol during last month - 2009/2010 CHKS		31%	34%	34%
Percentage of 11 <sup>th</sup> graders who reported using marijuana during last month – 2009/2010 CHKS		18%	23%	20%

<sup>2</sup> 2008-2010 denotes the most recent California Healthy Kids Survey (CHKS) results in San Mateo. However, the most recent California Healthy Kids Survey (CHKS) results in Santa Clara County are for years 2007 – 2009. This difference is likely due to Santa Clara County’s participation in the 2010 Project Cornerstone Developmental Assets Survey.

<sup>3</sup> For the purpose of this data chart, the California Department of Finance (CDOF) is the primary data source for all birth and death statistics.

**Outcome: Children Live in safe and Stable Families and Communities**

Indicator	Healthy People 2010 goal	Santa Clara County	San Mateo County	California
<b>Family Economic Self Sufficiency</b>				
Median family income – 2010 US Census Bureau		\$85,002	\$82,748	\$57,708
Estimated income needed to be self-sufficient for family of 1 adult, 1 preschooler and 1 school-aged child – 2011 California Family Economic Self-Sufficiency Standard		\$77,973	\$87,945	Not Available
Percentage of children 0-17 living below FPL – 2010 US Census Bureau		10.1%	6.3%	17.6%
Percentage of households that can afford median-priced home – 2011 Joint Ventures Silicon Valley, Index of Silicon Valley		Silicon Valley <sup>4</sup> : 50% (data for 2010)		65%
Percentage of public school students eligible for free-reduced price meal program – 2007-2010 KidsData (CDOE)		37.9%	35.6%	55.9%
<b>Safety at Home: Child Maltreatment</b>				
Rate of child abuse per 1000 children aged 0-17 - 2010 KidsData (California Welfare Dynamic Report System)		29.5	23	51.6
Rate of substantiated child abuse cases per 1000 children aged 0-17 - 2010 KidsData (California Welfare Dynamic Report System)	10.3	3.5	2.5	9.6
<b>Safety at School</b>				
Percentage of 7 <sup>th</sup> graders who reported feeling safe or very safe at school – 2010 CHKS		63%	63%	63%
Percentage of 7 <sup>th</sup> graders who reported seeing someone carrying a weapon at school – 2010 CHKS		29%	32%	31%
<b>Juvenile Misdemeanor and Felony Arrests</b>				
Rate of misdemeanor and felony arrests per 1000 youths ages 10-17 - 2009 CDOJ		51.4	Not Available	38.4
Rate of felony arrests per 1000 youth ages 10-17 – 2009 CDOJ		13.7	Not Available	12.9
<b>Injuries and Deaths</b>				
Rate of non-fatal injury hospitalizations per 100,00 children/youth ages 0-20 – 2009 KidsData (CDPH)		218.9	200.6	266.7
Rate of deaths per 100,000 ages 1-24 – 2009 KidsData (CDOF)		23.1	25.9	33.8
Rate of youth suicides per 100,000 ages 15-24 – 2009 KidsData (CDOF)		7.5	LNE - fewer than 20 suicides	6.6

<sup>4</sup> Joint Venture Silicon Valley’s 2011 Index of Silicon Valley determines that Silicon Valley encompasses all of Santa Clara and San Mateo Counties as well as the cities of Fremont, Newark, and Union City in Alameda County and the city of Scotts Valley in Santa Cruz County.

## **Appendix B: Financial Assistance /Charity Care Policy**

This policy applies to:

***Stanford Hospital and Clinics***

***Lucile Packard Children's Hospital***

***Stanford University***

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assistance is available for physician services provided by the non Stanford physician; such physician services are not covered by this policy.) In the event that there is uncertainty as to whether a particular service is medically necessary, a determination shall be made by the Chief Medical Officer of LPCH. Except as specifically stated, reference to "healthcare services" in this Policy shall mean such medically necessary hospital and physician services.

b. Services that are generally not considered to be medically necessary and are therefore not eligible for Financial Assistance include:

- (1) Reproductive Endocrinology and Infertility services
- (2) Cosmetic or plastic surgery services
- (3) Vision correction services including LASEK, PRK, Conductive Keratoplasty, Intac's corneal ring segments, Custom contoured C-CAP, and Intraocular contact lens

2. In rare situations where a physician considers one of these services to be medically necessary, such services may be eligible for Financial Assistance upon review and approval by the Chief Medical Officer of LPCH. LPCH reserves the right to change the list of services deemed to be not medically necessary at its discretion.

**3. Patient Eligibility for Financial Assistance – General Provisions:**

- a. All patients who receive medically necessary hospital and physician services at LPCH may apply for Financial Assistance under this Policy.
- b. All individuals applying for Financial Assistance under this Policy are required to follow the procedures set forth below.
- c. LPCH shall determine eligibility for Charity Care or a Financial Need Discount based upon an individual determination of financial need in accordance with this Policy, and shall not take into account an individual's age, gender, race, immigrant status, sexual orientation or religious affiliation.

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**B. CHARITY CARE**

**1. Definition of Charity Care:**

a. Charity Care shall mean medically necessary hospital or physician services provided to a patient at no charge to the patient or his/her family.

## 2. **Priorities For Charity Care:**

a. LPCH shall grant Charity Care to those patients who apply for and are deemed to be eligible for Charity Care, at its discretion and subject to the following priorities:

(1) First Priority: Individuals who received emergency services will receive first priority for Charity Care. (Pursuant to EMTALA the determination of eligibility for Financial Assistance cannot be made until the patient has received legally required screening and any necessary stabilizing treatment.)

(2) Second Priority: Individuals who have had or will have medically necessary services and for whom LPCH is the closest hospital to the individual's home or place of work. (In general, if there is a county hospital in the county in which the patient lives or works, and the county hospital can provide the non-emergency service that the patient needs, the patient will be directed to that county hospital.)

(3) Third Priority: Individuals who have had or will have medically necessary services and for whom LPCH is not the closest hospital to the patient's home or place of work, but for whom one or more of the following factors applies:

(a) the patient has a unique or unusual condition which requires treatment at LPCH, as determined by the Chief Medical Officer of LPCH;

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(b) the patient presents a teaching or research opportunity that will further the hospitals' teaching missions, as determined by the Chief Medical Officer of LPCH.

b. LPCH may grant Charity Care for specialized high cost services subject to the review and approval of the Chief Medical Officer of LPCH.

c. LPCH shall establish a patient's eligibility for Charity Care in accordance with the procedures set forth below

### **C. FINANCIAL NEED DISCOUNT**

#### **1. Definition of Financial Need Discount:**

a. Under the Financial Need Discount, LPCH shall limit the expected payment for medically necessary hospital and physician services by a Financially Qualified Patient, as defined below, to a discounted rate comparable to LPCH's government payers.

b. LPCH will extend to the Financially Qualified Patient a no interest extended payment plan with terms negotiated between LPCH and the patient. The term of this loan will be based on the amount owed, the patient's financial circumstances, medical costs, and other relevant factors, and will be for no less than twelve (12) monthly payments.

c. LPCH shall establish a patient's income and eligibility for the purposes of Financial Need Discount in accordance with the procedures set forth below, and shall grant a Financial Need Discount to those individuals who meet the definition of a Financially Qualified Patient.

**2. Definition of Financially Qualified Patient:**

a. A Financially Qualified Patient is an individual who meets the criteria set forth in both (1) and (2) below:

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(1) The individual's family income does not exceed four hundred percent (400%) of the federal poverty level (FPL). For the purposes of this Policy, a patient's "family" means:

(a) For an individual 18 years of age and older, that individual's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.

(b) For an individual under 18 years of age, that individual's parent, caretaker, relatives and other children of the parent, caretaker or relative who are under 21 years.

(2) The individual is a patient who is either "self-pay" or has "high medical costs." For the purposes of this Policy a patient is:

(a) A "self-pay" patient because s/he does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medi-Cal, and does not have an injury that is compensable for the purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by LPCH.

(b) A "patient with high medical costs" because the patient's family income, as "family" is defined above, does not exceed 400% FPL if that patient does not receive a discounted rate from the hospital as a result of his or her third-party coverage and who has high medical costs.

For these purposes, "high medical costs" means:

(i) Annual out-of-pocket costs incurred by the individual at the hospital that exceed ten percent (10%) of the patient's family income in the prior 12 months.

(ii) Annual out-of-pocket expenses that exceed ten percent (10%) of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient's family in the

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prior 12 months.

#### **D. PROCEDURES FOR APPLYING FOR FINANCIAL ASSISTANCE**

##### **1. Procedures For All Applicants**

a. The following definitions shall apply to an application for Charity Care and Financial Need Discount.

(1) The term "patient" shall also mean the patient's "family." A patient's "family" means:

(a) For an individual 18 years of age and older, that individual's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.

(b) For an individual under 18 years of age, that individual's parent, caretaker, relatives and other children of the parent, caretaker or relative who are under 21 years.

(2) The term "income" shall mean the annual family earnings and cash benefits from all sources before taxes, less payments made for alimony and child support. Proof of earnings may be determined by annualizing year-to-date family income.

b. Any patient who indicates an inability to pay a bill for medically necessary hospital or physician services shall be evaluated for Charity Care, other sources of funding, or a Financial Need Discount by LPCH Financial Counseling and Patient Financial Advocates, as applicable.

c. Any LPCH employee who identifies a patient whom the employee believes does not have the ability to pay for medically necessary hospital or physician services shall inform the patient that Financial Assistance may be available and that applications are available in English and Spanish in Patient Financial Services, Patient Admitting Services, all clinics, Customer Service, Patient Advocacy, Patient

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Relations and Social Services. In addition, applications are available from all outside collection agencies used by LPCH. Information about Financial Assistance, including a toll free contact number, shall also be provided in notices included with patient bills.

d. A patient may be screened initially by an LPCH Financial Counselor, prior to receiving services to determine whether or not the patient or family can be linked to Medi-Cal, Medicare, Healthy Family Program, California Children Services, Victims of Crime Program, Third Party Liability (TPL) or any other payer source. If the healthcare service has not yet been provided and is not an emergency, the Financial Counselor will also help the patient determine whether there is a county hospital in the county in which the patient works or resides that can provide the services.

e. LPCH expects patients to cooperate fully in providing information necessary to apply for governmental programs such as Medicare, Medi-Cal or Healthy Families for which the patient may be eligible. In addition the patient will be asked to fill out a Financial Assistance

Application.

f. Any patient who applies for Charity Care or a Financial Need Discount must make every reasonable effort to provide LPCH documentation of income and health benefits coverage. If a patient files an Application and fails to provide information that is reasonable and necessary for LPCH to make a determination as to eligibility for Charity Care or a Financial Need Discount, LPCH may consider that failure in making its determination. The LPCH Patient Advocacy Unit will inform patients of the consequences of failure to provide complete information on a timely basis.

g. In the event LPCH denies Charity Care or a Financial Need Discount to a patient who has fulfilled the application requirements set forth in this Policy, the patient may seek review of that determination by contacting the Manager of Patient Financial Advocacy, who will review the matter with the Chief Financial Officer of LPCH.

h. Unless a patient is informed otherwise, Financial Assistance provided under this Policy shall be valid for one full year beginning on the first day of the month of the screening. However, LPCH reserves the right to reevaluate a patient's eligibility for Financial Assistance during that one

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year time period if there is any change in the patient's financial status.

i. For patients who qualify for financial assistance under this Policy, LPCH will reimburse the patient any amount actually paid in excess of the amount due under this Policy, including interest. Interest is paid at a rate of 10% per annum and accrues from the date LPCH receives payment from the patient. Every effort is made to reimburse patient overpayments within 60 days of identification. LPCH will give the patient a credit for the amount due for at least 60 days from the date the amount is due. This Section D.i. does not apply to amounts of less than five dollars.

**2. Charity Care: Information To Be Provided By Patient For Income Eligibility Determination:**

a. A patient who applies for Charity Care shall provide to LPCH the following information:

(1) Proof of family income, as defined above, in the form of recent pay stubs or income tax returns.

(2) Proof of monetary assets, except that a patient need not provide information on retirement or deferred compensation plans qualified under the Internal Revenue Code or non-qualified deferred-compensation plans.

b. LPCH may request information regarding monthly household expenses.

c. For the purposes of determining whether a patient is eligible for Charity Care, neither the first ten thousand dollars (\$10,000.00) of the patient's monetary assets, nor fifty percent (50%) of the patient's monetary assets over the first \$10,000.00 shall be counted.

d. LPCH may require waivers or releases from a patient authorizing LPCH

to obtain account information from financial or commercial institutions or other entities that hold or maintain the monetary assets to verify their value.

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**3. Financial Need Discount: Information To Be Provided By Patient For Income Eligibility Determination:**

a. For purposes of determining whether a patient meets the definition of a Financially Qualified Patient, a patient must provide LPCH with documentation of family income, as defined above, by providing recent pay stubs or income tax returns. The patient need not provide documentation of assets or expenses.

b. If the patient is not a "self pay" patient as defined above in Section V.B. above, the patient must also provide documentation of his/her out of pocket costs at LPCH and/or the annual out of pocket medical expenses paid by the patient in the preceding twelve (12) months. LPCH will then make a determination as to whether these costs or expenses meet the definition of "high medical costs" as that term is defined in Section V.B.

c. A patient who is granted the Financial Need Discount will be offered a no interest, extended payment plan with terms negotiated by LPCH and the patient based on the patient's financial circumstances, medical costs and other relevant factors. The minimum term of the financial plan will be twelve (12) months.

**4. Public notice concerning the availability of Financial Assistance under this policy shall be by the following means:**

a. Notices are posted in visible locations where there are high volumes of inpatient and/or outpatient admitting/registrations, billing offices, admitting offices and hospital outpatient service settings.

b. Posted notices explain that LPCH has a variety of options available including financial assistance and discounts to patients who are uninsured or underinsured.

c. Notices include a contact telephone number a patient can call to obtain more information about the Policy and to apply for Financial Assistance.

d. The LPCH website includes an explanation of the Financial Assistance/Charity Care Policy, the Uninsured Patient Discount Policy,

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the availability of such assistance and discounts, and a contact telephone number.

e. LPCH billing statements inform the patient that Financial Assistance is available by contacting the LPCH Customer Service Center.

#### IV. Related Documents or Policies

- A. LPCH Financial Assistance Application
- B. LPCH Federal Poverty Guidelines
- C. LPCH Financial Assistance Approval Matrix
- D. LPCH Reviewing Financial Assistance Applications - Advocacy Checklist

#### V. Document Information

##### A. Legal Authority/References

Health and Safety Code Section 127405, 127410, 127440

##### B. Author/Original Date

October 2004, David Haray, Vice President, Patient Financial Services

##### C. Gatekeeper of Original Document

LPCH Administrative Manual Coordinator and Editor

##### D. Review and Renewal Requirements

This Policy will be reviewed every three years and as required by change of law or practice. Any changes to the Policy must be approved by the same entities or persons who provided initial approval.

##### E. Review and Revision History

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October 2004, Shoshana Williams, Director, Patient Financial Services

October 2004, David Haray, Vice President, Patient Financial Services

April 2005, David Haray, Vice President, Patient Financial Services

January 2007, Office of General Counsel

January 2007, T. Harrison, Director of Patient Representatives

June 2007, Sarah DiBoise, Chief Hospital Counsel, Gary May, VP Managed Care SUMC,

David Haray, VP Patient Financial Services, SUMC

February 2011, B. Bialy(PFS), S. Shah (Clinical Accreditation)

##### F. Approvals

September 2005, David Haray, VP Patient Financial Services

January 2007, S. DiBoise, Chief Hospital Counsel

September 2007, LPCH Board of Directors Public Policy and Community Service Committee

January 2011, LPCH VP Ops

April 2011, LPCH Board of Directors Public Policy and Community Service Committee