



# 2020

## Implementation Strategy Report

Fiscal Years 2020–2022



Lucile Packard  
Children's Hospital  
Stanford

# Lucile Packard Children’s Hospital Stanford Fiscal Years 2020–2022 Implementation Strategy

## General Information

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Authorized Governing Body That Adopted the Written Plan:	Finance Committee Lucile Packard Children’s Hospital Stanford Board of Directors
Name and EIN of Hospital Organization Operating Hospital Facility:	Lucile Salter Packard Children’s Hospital at Stanford EIN 77-0003859
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## I. About Lucile Packard Children's Hospital Stanford

Lucile Packard Children's Hospital Stanford is a 397-bed pediatric and obstetric facility located on the Stanford University campus in Palo Alto, California. Packard Children's also operates 30 pediatric acute care licensed beds at El Camino Health: 15 for the Comprehensive Care Program (within the eating disorders clinic) and 15 for standard pediatric acute care. Also, Packard Children's operates six intensive-care nursery licensed beds at Sequoia Hospital.

### Community Health Initiatives

For more than 25 years, Packard Children's Hospital has been committed to improving the health of its community. Providing exceptional services, programs, and funding far beyond its hospital walls has been part of the vision and mission of Packard Children's since day one. As part of that original commitment, Packard Children's provides direct health care services to some of its community's most vulnerable members, and it partners with government and local community-based organizations to fund programs that improve the health of its community. In addition to addressing the health disparities that exist in maternal health outcomes, Packard Children's Hospital adopted three Community Health Initiatives for 2017–2019:

- Improving access to primary health care services for children, teens, and expectant mothers
- Preventing and treating pediatric obesity
- Improving the social, emotional, and mental health of children and youth

In addition to providing financial and other support for these initiatives, Packard Children's invests in many other hospital- and community-based programs that promote the health of children, teens, and expectant mothers.

## II. Lucile Packard Children's Hospital Stanford's Service Area

Because of its international reputation for providing outstanding care to babies, children, adolescents, and expectant mothers, Packard Children's serves patients and their families around the entire San Francisco Bay Area. In the 10-county Northern California area, Packard Children's ranks third for pediatrics, with 12 percent market share, and fifth for obstetrics, with 4 percent market share.<sup>1</sup>

However, Packard Children's 2015 discharge data show that more than half (51 percent) of its inpatient pediatric cases (excluding normal newborns) and 85 percent of obstetrics cases come from Santa Clara and San Mateo counties. So, for the purposes of its community benefit initiatives, Packard Children's has identified these two counties as its target community. This hospital ranks first in market share (28 percent) for pediatrics and third for obstetrics (11 percent) in its primary service area.

Santa Clara County comprises 15 cities and large areas of unincorporated rural land. In 2017, approximately 1.94 million people lived in the county, making it the sixth largest county in California by population.<sup>2</sup> San Jose is its largest city, with over 1.03 million people (53 percent of the total). Nearly 17 percent of Santa Clara County's residents are under the age of 18, and 12 percent are 65 years or older. The median age is 36.8 years old.

San Mateo County comprises 20 cities and more than two dozen unincorporated towns and areas.<sup>3</sup> It is far less populous than Santa Clara County, with approximately 771,410 residents in 2017. Daly City is

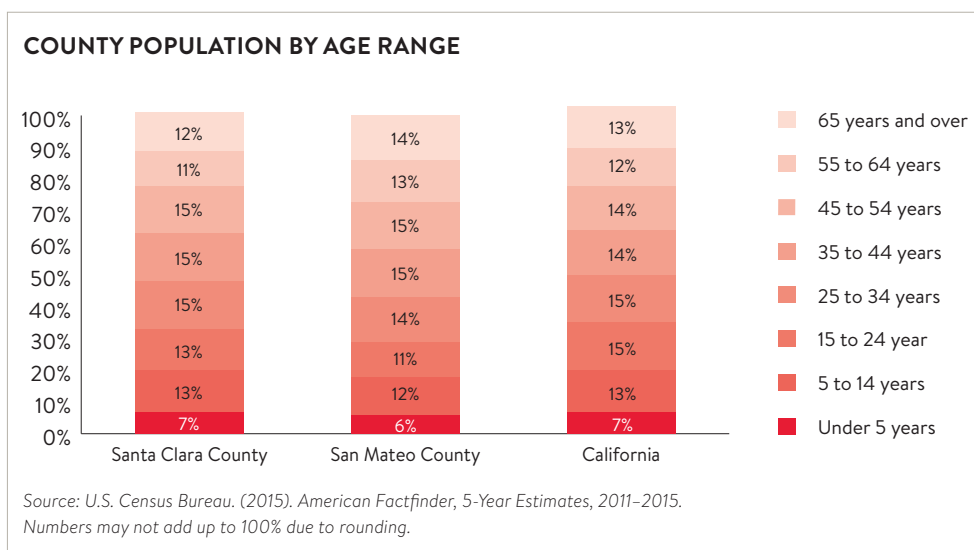
1 California Office of Statewide Health Planning and Development, 2014.

2 Santa Clara County Public Health Department. (2017). *City and Small Area/Neighborhood Profiles*. [Database]. Retrieved from <https://www.sccgov.org/sites/sccphd/enus/Partners/Data/Pages/City-Profiles.aspx>.

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

San Mateo County’s largest city by population, with over 107,000 people (14 percent of the total). Nearly 22 percent of the county’s residents are under the age of 18, and 15 percent are 65 years or older. The median age is 39.5 years old.

In both counties, residents ages 0–14 make up about a quarter of the population, which is similar to the state, as shown in the chart below. The percentage of women ages 15–50 who have given birth is 5 percent in both counties and in California<sup>4</sup> (approximately 24,000 births in 2015).<sup>5</sup>



4 Towncharts. (2018). *California Demographics Data*. [Database]. Retrieved from <https://www.towncharts.com/California/California-state-Demographics-data.html>.

5 Santa Clara County Public Health Department. (2015). Birth Statistical Master File, 2006–2015.

The ethnic makeup of both counties is extremely diverse.

**Race/Ethnicity in the Packard Children’s Service Area**

RACE/ETHNICITY	SANTA CLARA COUNTY TOTAL PERCENTAGE OF COUNTY (ALONE OR IN COMBINATION WITH OTHER RACES)*	SAN MATEO COUNTY TOTAL PERCENTAGE OF COUNTY (ALONE OR IN COMBINATION WITH OTHER RACES)*
White	50.8	57.8
Asian	37.2	30.1
Latinx (of Any Race)	26.3	25.1
Black/African American	3.4	3.4
American Indian/Alaskan Native	1.3	1.0
Native Hawaiian/Pacific Islander	0.8	2.0
Some Other Race	11.7	11.3
Two or More Races	4.8	5.0

\*Percentages do not add up to 100% because they overlap. Source: U.S. Census Bureau. (2016). 5-Year Estimates, 2012–2016.

More than 33 percent of residents in Santa Clara and San Mateo counties are foreign-born, and about 10 percent live in linguistically isolated households.<sup>6</sup> The latter is marked by wide geographic differences. For example, in Santa Clara County less than 1 percent of the population in Lexington Hills is linguistically isolated, compared with more than 50 percent in the Alum Rock neighborhood of San Jose. In San Mateo County, less than 1 percent of the population in parts of Woodside lives in linguistically isolated households, compared with more than 50 percent in parts of Daly City, South San Francisco, and Redwood City/North Fair Oaks.

Income, as a key social determinant, has a significant impact on health outcomes. The Packard Children’s community not only earns one of the highest annual median incomes in the U.S. but also bears some

of the highest costs of living. Median household incomes are \$101,173 in Santa Clara County and \$98,546 in San Mateo County, both far higher than California’s \$63,783.<sup>7</sup> Yet the California Self-Sufficiency Standard,<sup>8</sup> set by the Insight Center for Community Economic Development, indicates about 30 percent of households in Santa Clara and San Mateo counties are unable to meet their basic needs. (The 2018 standard for a two-adult family with two children was nearly \$107,000 in Santa Clara County and \$126,000 in San Mateo County.<sup>9</sup>) In both counties, about one in five residents lives below 200

7 U.S. Census Bureau. (2016). American Community Survey, 5-Year Estimates, 2012–2016.

8 The Federal Poverty Level, the traditional measure of poverty in a community, does not take into consideration local conditions such as the high cost of living in the San Francisco Bay Area. The California Self-Sufficiency Standard provides a more accurate estimate of economic stability in both counties.

9 The Insight Center for Community Economic Development. (2014). *Self-Sufficiency Standard Tool*. Retrieved from <https://insightcced.org/tools-metrics/self-sufficiency-standard-tool-for-california/>.

6 Defined as a household where no one aged 14 years or older speaks English “very well.” U.S. Census Bureau. (2016). American Community Survey, 5-Year Estimates, 2012–2016.

percent of the Federal Poverty Level, and about one-third of children are eligible for free or reduced-price lunch.<sup>10</sup> Housing costs are high: In 2018, the median home price was \$1.3 million, and the median rent was \$3,600 per month in Santa Clara County; this compares with \$1.4 million and \$4,150 per month in San Mateo County.<sup>11</sup> At least one in 13 people in the Packard Children's community is uninsured.<sup>12</sup>

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

In 2018, the Insight Center published *The Cost of Being Californian*, which cites significant income, ethnic, and gender disparities statewide. Some key findings of that report:

- California households of color are twice as likely as white households to lack adequate income to meet basic needs.

- Fifty-two percent of Latinx households in California struggle to meet essential needs, compared with 23 percent of white households.
- California households of color make up 57 percent of all households statewide but 72 percent of households that fall below the California Self-Sufficiency Standard.
- Women in California are more economically disadvantaged than men across many factors, including lower pay, taking unpaid time to care for children or family members, underemployment, and occupational segregation.
- Having children nearly doubles the chance of living below the California Self-Sufficiency Standard.

Policy changes are needed to increase wages, institute comprehensive paid family leave, curb rising housing costs, and establish universal child care.

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10 National Center for Education Statistics. (2016). NCES-Common Core of Data, 2015–2016.

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

12 U.S. Census Bureau. (2016). American Community Survey, 5-Year Estimates, 2012–2016.



## III. Purpose of Implementation Strategy

This Implementation Strategy (IS) Report describes Lucile Packard Children's Hospital Stanford's planned response to the needs identified through the 2019 Community Health Needs Assessment (CHNA) process. It fulfills Section 1.501(r)-3 of the IRS regulations governing nonprofit hospitals. Subsection (c) pertains to implementation strategy specifically, and its requirements include a description of the health needs that the hospital will and will not address. Per these requirements, the following descriptions of the actions (strategies) to take include the anticipated impact of the strategies, the resources the hospital facility plans to commit to address the health needs, and any planned collaboration between the hospital facility and other facilities or organizations in addressing the health needs.

For information about Lucile Packard Children's Hospital Stanford's 2019 CHNA process and for a copy of the 2019 CHNA report, please visit [communitybenefits.stanfordchildrens.org](http://communitybenefits.stanfordchildrens.org).

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

The 2019 CHNA assessed community health needs by gathering input from persons representing the broad interests of the community. The CHNA study team<sup>13</sup> used this primary qualitative input to determine the community's priorities. In addition, quantitative (statistical) data were analyzed to identify poor health outcomes, health disparities, and health trends. The study team compiled the statistical data and provided comparisons against Healthy

People 2020 (HP2020) benchmarks<sup>14</sup> or, if such benchmarks were not available, statewide averages and rates.

To be considered a health need for the purposes of the 2019 CHNA, the need had to fit the definition of a health need,<sup>15</sup> be prioritized by multiple focus groups or key informants, and at least two indicators had to miss a benchmark (HP2020 or state average). The 2019 CHNA identified a total of 12 health needs. The health need prioritization and selection process is described in Section VI of this report.

### 2019 Community Health Needs List

1. Health Care Access and Delivery
2. Behavioral Health
3. Diabetes and Obesity
4. Unintentional Injuries
5. Economic Stability
6. Housing and Homelessness
7. Transportation
8. Oral/Dental Health
9. Cancer
10. Communicable Diseases
11. Asthma
12. Natural Environment

<sup>13</sup> The study team was composed of the Santa Clara County Community Benefit Hospital Coalition, the Healthy Community Collaborative of San Mateo County, and Actionable Insights, LLC. For more details, see Packard Children's 2019 CHNA report.

<sup>14</sup> Healthy People ([www.healthypeople.gov](http://www.healthypeople.gov)) is an endeavor of the U.S. Department of Health and Human Services, which has provided 10-year national objectives for improving the health of Americans based on scientific data for 30 years. Healthy People sets objectives or targets for improvement for the nation. The most recent objectives are for the year 2020 (HP2020), and they were updated in 2012 to reflect the most accurate population data available.

<sup>15</sup> A health need was defined in the CHNA report as a poor health outcome and its associated risk(s), or a risk that may lead to a poor health outcome. For further information, see Section 5 of the CHNA report.

## V. Those Involved in the Implementation Strategy Development

Packard Children’s selected the health needs to address. Actionable Insights, LLC, provided guidance and expertise for this process and conducted research on evidence-based and promising practices for each selected health strategy. Actionable Insights is a consulting firm whose principals have experience conducting CHNAs and providing expertise on implementation strategy development and IRS reporting for hospitals.

## VI. Health Needs That Lucile Packard Children’s Hospital Stanford Plans to Address

### Process and Criteria Used to Select Health Needs

Lucile Packard Children’s Hospital Stanford met with Actionable Insights on January 11, 2019, to discuss the health needs identified through the community assessment and to prioritize the list.

After prioritizing the 12 health needs documented in the 2019 CHNA, Packard Children’s, by consensus, selected three of the health needs that had been identified, as well as one that reflects its particular specialty and focus. The selected needs are listed below in alphabetical order.

- **Behavioral Health**
- **Diabetes and Obesity**
- **Health Care Access and Delivery**
- **Maternal and Infant Health**

For the purposes of this IS, the Packard Children’s community benefit team renamed the first need

“**Social/Emotional Health**,” the second need “**Pediatric Diabetes and Obesity**,” and the third need “**Access to Care**” in order to better express the topics on which it will focus in addressing the needs.

### Description of Health Needs That Lucile Packard Children’s Hospital Stanford Plans to Address

#### SOCIAL/EMOTIONAL HEALTH

Social/emotional health, including mental health issues and substance use (which often co-occur), is a high-priority need in the Packard Children’s service area. Mental health—emotional and psychological well-being, along with the ability to cope with the stressors presented in one’s daily life—is key to personal well-being, healthy relationships, and the ability to function in society.<sup>16</sup> Mental health and the maintenance of good physical health are closely related. Depression and anxiety can affect people’s ability to care for themselves, and chronic diseases can lead to negative impacts on people’s mental health.<sup>17</sup> Mental health issues affect a large number of Americans, and research shows that mental health problems arise in childhood; the Mayo Clinic estimates that roughly one in five U.S. children has had a seriously debilitating mental disorder. In fact, half of all chronic mental illnesses begin by the age of 14, and three-quarters begin before age 25.<sup>18</sup>

Meanwhile, the use of substances such as alcohol, tobacco, and other drugs (both legal and illegal) affects not only the individuals using them, but also their families and communities. Vaping (inhaling aerosolized nicotine through an e-cigarette<sup>19</sup>) is an emerging concern, with 21 percent of U.S. high school seniors having vaped in the prior month and over 37 percent vaping at least once in the past

16 Office of Disease Prevention and Health Promotion. (2018). *Mental Health and Mental Disorders*.

17 Lando, J., and Williams, S. (2006). A logic model for the integration of mental health into chronic disease prevention and health promotion. *Preventing Chronic Disease*, 3(2): A61.

18 Centers for Disease Control and Prevention. (2018). *Learn About Mental Health*.

19 Centers for Disease Control and Prevention. (2019). *Quick Facts on the Risks of E-Cigarettes for Kids, Teens, and Young Adults*.

year.<sup>20</sup> Substance use can lead or contribute to costly social, physical, mental, and public health problems, including domestic violence, child abuse, suicide, and automobile accidents.<sup>21</sup>

In San Mateo County, rates of depression, poor mental health, and binge drinking have all been increasing. Depression among Latinx and African ancestry residents of San Mateo County is significantly higher than the state average. The County’s Health and Quality of Life Survey found that residents who were of low socioeconomic status experienced depression more often than residents of higher socioeconomic status.

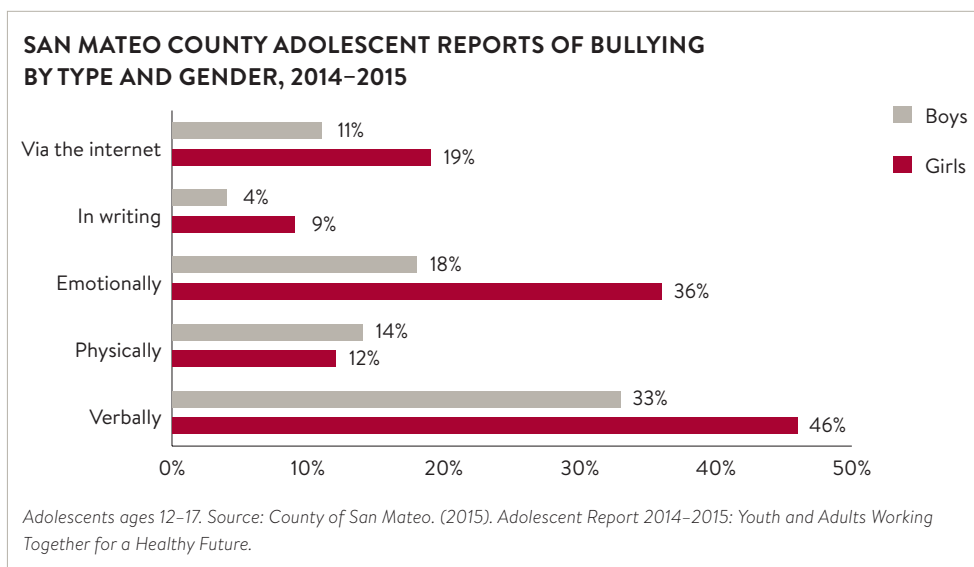
Bullying and cyberbullying statistics among public school students countywide are higher than the state average. According to San Mateo County’s Adolescent Report, nearly one in five adolescent girls (ages 12–17) reported being harassed or bullied online, as did more than one in 10 adolescent boys. It was also found that nearly two in five adolescent girls and almost one-quarter of adolescent boys reported having suicidal thoughts. Youth self-harm exceeds

the state average among youth of Native American ancestry and “Other”<sup>22</sup> races.

In Santa Clara County, suicidal ideation among high schoolers is higher than the state average. In both counties, the proportions of students of color experiencing depressive symptoms are higher than the proportions of white or Asian students experiencing depressive symptoms. Also, neither county has a better ratio of students to school psychologists than the ratio statewide.

“One huge barrier [to dealing with youth substance use] is stigma and people not wanting to talk about it. Just getting parents in a room to talk about this [is tough], and then they start whispering, ‘Yeah, my kid’s using that.’ These are people who are very worried that this is going to go on their child’s school record.”

–Key informant



In focus groups and key informant interviews, the co-occurrence of mental health and substance use was a common theme. There were concerns among mental health professionals that primary care providers may not have the knowledge or resources to address mental health issues in their patients.

In Santa Clara County, the community cited a lack of services for behavioral health, including preventive mental health and centers for alcohol

20 National Institute on Drug Abuse. (2018). *Teens Using Vaping Devices in Record Numbers*.

21 World Health Organization. (2018). *Management of Substance Abuse*.

22 “Other” is a U.S. Census category for ethnicities not specifically called out in data sets.



and drug treatment, as a major concern. LGBTQ residents of Santa Clara County expressed a need for mental health care and suicide prevention assistance. Some adolescent Asian populations reported high levels of suicidality compared with the county overall.

In San Mateo County, residents and representatives of vulnerable groups—e.g., LGBTQ, Pacific Islanders, people experiencing homelessness—also expressed a need for better mental health care. Community members identified stigma, both in acknowledging the need for care and in seeking and receiving care, as a barrier to mental health care and substance use treatment. Economic insecurity, such as housing instability, also presented as a driver of poor mental health and substance use.

“If you have chronic alcohol and drug use in the home, or chronic homelessness or housing issues, or economic issues, that can put stress on a family. That can put stress on a child, that can cause the child to run away [or] seek out other freedoms or other support outside the home.”

—Focus group participant

### PEDIATRIC DIABETES AND OBESITY

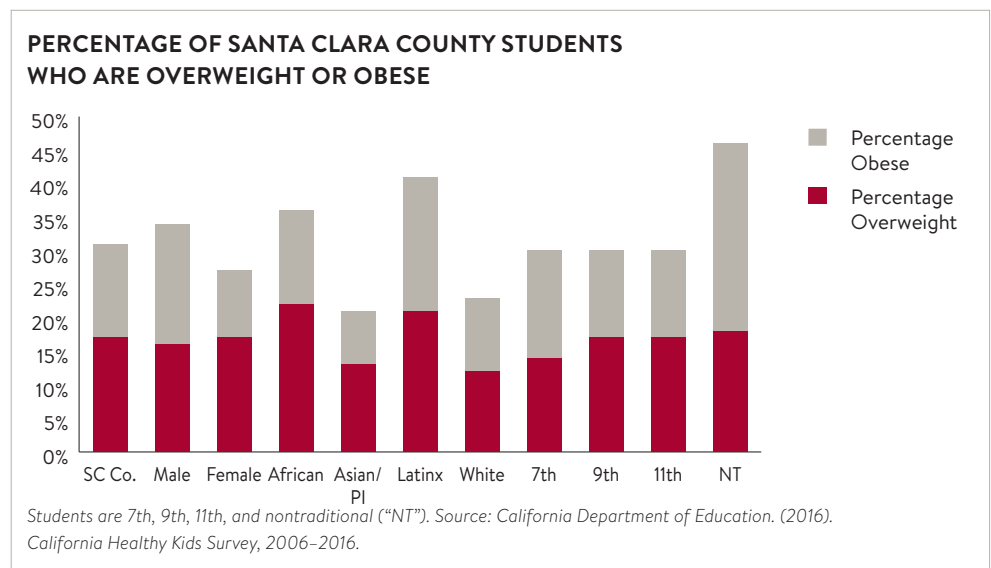
Diabetes refers to a category of chronic diseases that affect how the body uses glucose (blood sugar), the body’s primary source of fuel.<sup>23</sup> The Centers for Disease Control and Prevention (CDC) estimates that 30 million people in the U.S.

have diabetes and that an additional 84 million U.S. adults are prediabetic. Type 2 diabetes accounts for roughly 90 percent of all diagnosed cases, type 1 diabetes accounts for approximately 5 percent, and gestational diabetes accounts for the rest.

The more serious health complications of diabetes include heart disease, stroke, kidney failure, adult-onset blindness, and lower-extremity amputations. Babies born to mothers with gestational diabetes are more likely to have obesity as children or teens, as well as to develop type 2 diabetes later in life.<sup>24</sup>

While type 1 diabetes is generally believed to be caused by a combination of genetic and environmental factors and cannot be prevented, type 2 diabetes and prediabetes (higher-than-normal blood glucose levels) are the result of the body losing its ability to generate sufficient insulin to maintain and regulate a healthy blood sugar level. Risk factors for type 2 diabetes include being physically inactive and/or overweight.<sup>25</sup>

People are medically described as overweight or obese when their weight is higher than the healthy standard for their height, as measured by body mass index (BMI) divided by the square of height.<sup>25</sup> Risk



24 Centers for Disease Control and Prevention. (2018). Diabetes quick facts. Retrieved from <https://www.cdc.gov/diabetes/basics/quick-facts.html>.

25 Centers for Disease Control and Prevention. (2018). Overweight & obesity. Retrieved from <https://www.cdc.gov/obesity/>.

23 The Mayo Clinic. (2018). Diabetes overview. Retrieved from <https://www.mayoclinic.org/diseases-conditions/diabetes/symptoms-causes/syc-20371444>.

factors of obesity, in addition to unhealthy diet and inactivity, include genetic factors, underlying medical issues, family models, social and economic factors, and hormonal changes due to lack of sleep, pregnancy, or age. Smoking cessation and the side effects of certain medications can also contribute to obesity.<sup>26</sup> Food insecurity and obesity often coexist because “both are consequences of economic and social disadvantage.”<sup>27</sup>

Nearly one in five children and nearly two in five adults in the U.S. are obese.<sup>25</sup> Beyond diabetes, being obese or overweight increases an individual’s risk for hypertension, stroke, and cardiovascular disease. Obesity can also contribute to poor mental health (anxiety, depression, low self-esteem), stigma, and social isolation. Among children and youth, obesity can increase the likelihood of bullying.<sup>25, 26</sup>

“Kids are very sedentary when they’re inside with screens ... [and] the type of food that is eaten in front of the screen tends to be high calorie and low in nutrition. And it’s eaten to a point where it’s like ... not based on hunger. It’s not meals, it’s snacking that’s occurring.”

–Key informant

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

Although the overall rates do not exceed benchmarks, Latinx residents in San Mateo and Santa

Clara counties have significantly higher than average proportions of youth and adults who are overweight or obese. This is driven, in part, by low fruit/vegetable consumption (based on statistical data) and possibly by physical inactivity (reported by the community). Youth of African ancestry in Santa Clara County also miss the benchmarks for physical activity and fruit/vegetable consumption. Youth overweight and obesity is also an issue among Pacific Islanders. Males are almost twice as likely as females to be obese. In San Mateo County, African ancestry adults fail state benchmarks for obesity and overweight, as do adults of low socioeconomic status. Significant proportions of LGBTQ survey respondents in Santa Clara County also report being overweight or obese.

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

In Santa Clara County, half of all key informant interviews and a third of focus groups prioritized diabetes and/or obesity as health needs. The community discussed environmental factors that contribute to diabetes and obesity, such as the food environment, stress, and poverty. Nationally, public health experts are working on ways to address the food environment as a means of addressing diabetes and obesity. Research shows that when people can’t access foods that support good health and have easier access to fast food than fresh groceries, their health outcomes suffer.<sup>28</sup> Data indicate that Santa Clara County does have significantly high proportions

26 The Mayo Clinic. (2018). Obesity. Retrieved from <https://www.mayoclinic.org/diseases-conditions/obesity/symptoms-causes/syc-20375742>.

27 Food Research and Action Center. (2015). Understanding the Connections: Food Insecurity and Obesity. Retrieved from <https://www.frac.org/research/resource-library/understanding-connections-food-insecurity-obesity>.

28 Office of Disease Prevention and Health Promotion. (2019). Access to foods that support healthy eating patterns. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-foods-that>.

of fast food restaurants and low proportions of grocery stores and WIC-authorized stores.<sup>29</sup>

“Across the board, low-income [residents] ... have a much higher percentage of obesity. When they're struggling more, it's hard to teach kids who ate pasta their whole life—because that was available for them—to eat vegetables.”

—Key informant

## ACCESS TO CARE

Access to comprehensive, quality health care is important for health and for increasing the quality of life for everyone.<sup>30</sup> Components of access to care include insurance coverage, adequate numbers of primary and specialty care providers, and timeliness. Components of delivery of care include quality, transparency, and cultural competence/cultural humility. Limited access to health care and compromised health care delivery affect people's ability to reach their full potential, negatively affecting quality of life. As reflected in statistical and qualitative data, barriers to receiving quality care include lack of availability, high cost, lack of insurance coverage, and lack of cultural competence on the part of providers. These barriers to accessing health services lead to unmet health needs, delays in receiving appropriate care, and inability to get preventive services.

“In terms of timely access for mental health, I think that is in dire straits. I constantly get requests by teachers and families that say, ‘I'm concerned. The young person is showing definite signs of anxiety and depression, and we can't get in ... with a psychiatrist or a therapist.’”

—Key informant

Health care access and delivery, particularly health care availability and affordability, is a high priority in the community. In Santa Clara and San Mateo counties, residents with low socioeconomic status are more likely than higher-status groups to have access-related issues, such as no health insurance, an inability to afford medications, inadequate transportation to medical appointments, and a lack of recent health screenings. People of Latinx, Pacific Islander, and “Other”<sup>31</sup> ancestries have the lowest rates of health insurance.

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

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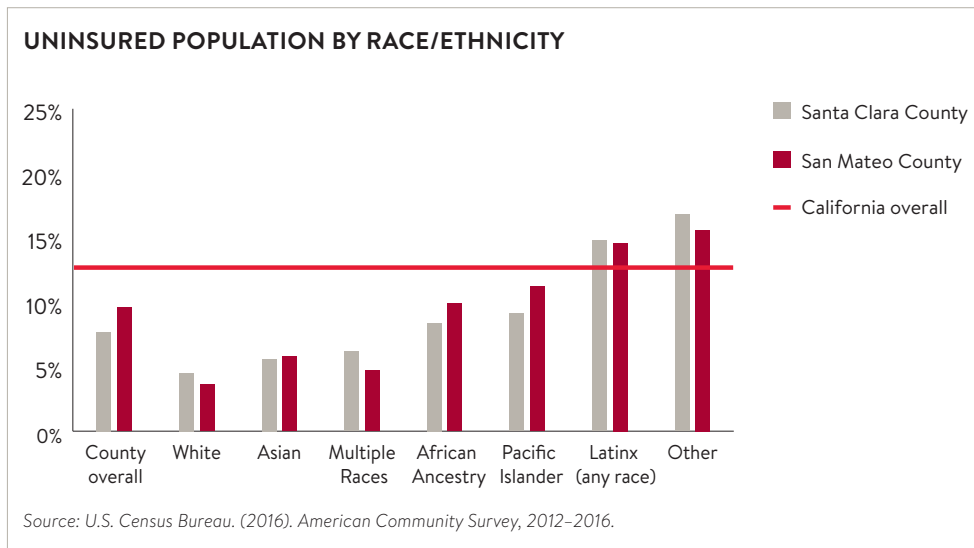
29 California Department of Public Health. (2019). Women, Infants & Children Program. Retrieved from <https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/Program-Landing1.aspx>.

30 Office of Disease Prevention and Health Promotion. (2015). Retrieved from <http://www.healthypeople.gov>.

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31 “Other” is a U.S. Census category for ethnicities not specifically called out in data sets.





## MATERNAL AND INFANT HEALTH

Packard Children’s service area generally fares well in birth outcomes and infant health: Rates of low birth weight, teen births, infant mortality, and breastfeeding all meet or beat the state’s benchmarks. For that reason, the 2019 CHNA did not identify birth outcomes as a health need.

However, statistics show that health disparities exist among mothers and

infants. Health indicators of concern in both Santa Clara and San Mateo counties include:

- Rates of preterm births and low birth weight for mothers aged 45 and older are higher than the California average.
- Infants of Asian and African ancestry have lower birth weight than the state average.
- Infant mortality rates for infants of Pacific Islander and African ancestry are higher than the state average, and mothers of those ethnicities have correspondingly low rates of adequate prenatal care.
- Rates of teen births among Latinx and Pacific Islander women are high.
- Levels of inadequate prenatal care for all teen mothers are high.

As a children’s hospital, Packard Children’s is dedicated to contributing to good maternal and infant health. Packard Children’s Hospital will continue to monitor and share these data indicators (and others) to increase awareness in its community.

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

In Santa Clara County, the rate of Federally Qualified Health Centers (FQHCs) is below the state average, as is access to mental health care providers. One in 10 households speaks limited English, which can restrict access to care. Health clinic professionals are concerned with attracting and retaining staff, especially those who are bilingual, because of the high cost of living.

Despite high rates of insurance and available providers overall, community members say health care and medication can be unaffordable—even with insurance. Participants in focus groups and interviews said they believe undocumented immigrants have accessed health care less often in recent years for fear of being identified and deported; professionals specifically cited a drop in patient visits. Some community members also called for greater patience, empathy, training, diversity, and cultural competence among health care providers.







## VII. Packard Children's Implementation Strategy

The federal government requires nonprofit hospitals to complete an Implementation Strategy Report, or ISR. The ISR is a companion to the CHNA, in that it describes how hospitals will use community benefit and other resources to address priority health needs in their service areas. Furthermore, California Senate Bill 697 (1994) mandates that nonprofit hospitals report annually on their strategies to improve community health. This ISR informs Lucile Packard Children's Hospital Stanford's annual Community Benefit Implementation Strategy, as well as fulfills federal requirements. Specifically, the ISR must detail:

- Which of the priority health needs will be directly addressed by the hospital as part of its implementation strategy, and which top health needs will not be addressed (and justification)
- The actions, programs, and resources the hospital intends to commit to address the selected health needs
- The anticipated impact of these actions
- Any planned collaboration between the hospital and other hospitals or organizations

The goals and strategies proposed to address the chosen needs are described in the section below. Packard Children's will implement these strategies through a combination of grants, sponsorships, and in-kind support to community-based organizations, community health centers, clinics, or FQHCs. Associated indicators of anticipated impact are listed for each goal.

As described in its CHNA, Packard Children's Hospital's definition of "community health" includes not only the physical health of both counties' residents, but also broader social and environmental determinants of health (such as access to health care, affordable housing, child care, education, and employment). This more inclusive definition reflects the understanding that myriad factors impact community health. Packard Children's is committed to supporting community health improvement through strategies that address both upstream (social determinants of health) and downstream (health condition) interventions.



## **HEALTH NEED 1: SOCIAL/EMOTIONAL HEALTH**

***Long-Term Goal: Children, adolescents, and young adults experience good social and emotional health (mental health) and are able to cope with life's stressors.***

In San Mateo County, bullying and cyberbullying statistics among youth are higher than the state average. San Mateo County's Adolescent Report found that nearly one in five adolescent girls reported being harassed or bullied online, as did more than one in 10 adolescent boys. It was also found that nearly two in five adolescent girls and almost one-quarter of adolescent boys reported having suicidal thoughts. In Santa Clara County, suicidal ideation among high schoolers is higher than the state average. Across both counties, public school students of color experience depressive symptoms at higher rates than white or Asian students. Finally,

both counties have significantly higher (i.e., worse) ratios of students to school psychologists.

Various social conditions can impact youth mental health, including household income, family dynamics, the availability of social support, and school climate. CHNA participants identified a lack of providers and services, both for mental health and for alcohol and drug treatment, as a major concern, and emphasized the need for colocation of physical and mental/behavioral health services. Mental health professionals also discussed the concern that physical health clinicians may not have the knowledge or resources to address mental health.

GOALS	STRATEGIES	ANTICIPATED IMPACT
<p>1a. Provide high-quality mental health services to youth</p>	<ul style="list-style-type: none"> <li>• Expand access to programs and services that prevent poor mental health (e.g., mindfulness-based stress reduction)</li> <li>• Expand access to programs and services (including counseling/therapy) that address stress, depression, and suicidal ideation</li> <li>• Support school-based interventions, policies, programs, and approaches to improve school climate and prevent or reduce bullying</li> <li>• Support programs and policies that prevent or reduce domestic violence and increase healthy relationships, both between adults and children and between peers</li> <li>• Participate in collaboratives and partnerships to address mental health in the community</li> </ul>	<ul style="list-style-type: none"> <li>• In schools that are served by strategies:                             <ul style="list-style-type: none"> <li>• Improved school climate</li> <li>• Reduced bullying</li> <li>• Reduced disciplinary actions (suspensions, expulsions)</li> </ul> </li> <li>• Increased knowledge among youth about methods of coping with stress and depression</li> <li>• Improved access to social/emotional health programs and services</li> <li>• Increased proportion of youth served with effective social/emotional health services</li> <li>• Improved social/emotional health among those served</li> <li>• Improved coping skills among those served</li> <li>• Healthier relationships for those served</li> </ul>
<p>1b. Address the systemic/ institutional barriers to mental health</p>	<ul style="list-style-type: none"> <li>• Support education to increase early identification of mental health issues in primary care</li> <li>• Support collaboration and referrals between primary care providers, educational professionals, social workers, and others, and mental health specialists</li> <li>• Support coordination of behavioral health care and physical health care, such as colocation of services</li> <li>• Advocacy for mental health parity legislation</li> </ul>	<ul style="list-style-type: none"> <li>• Among providers/professionals, increased knowledge of local resources available for treatment of depression and related disorders</li> <li>• Greater collaboration and coordination in providing mental health services to youth</li> <li>• Improved access to coordinated social/emotional health services</li> </ul>
<p>1c. Improve media literacy among youth in light of mental health</p>	<ul style="list-style-type: none"> <li>• Support initiatives, programs, and services for youth targeting media literacy, critical thinking, and the role of peers</li> </ul>	<ul style="list-style-type: none"> <li>• Greater media literacy among those served</li> <li>• Increased critical thinking abilities among those served</li> <li>• Healthier use of social media by those served</li> <li>• Reduced impact of cyberbullying among those served</li> </ul>

## HEALTH NEED 2: PEDIATRIC OBESITY

### ***Long-Term Goal: Reduce obesity and overweight among children and adolescents.***

The built environment is a social determinant of pediatric obesity; access to healthy food and the ability to engage in physical activity affect the likelihood of children to be obese. The food environment in San Mateo and Santa Clara counties is of concern; both counties have significantly more fast food restaurants and significantly fewer grocery stores per 100,000 people compared with the state average. Food insecurity is also higher in both counties compared with the national (Healthy People 2020) aspirational goal. The percentages of youth not eating adequate amounts of fruits and vegetables are higher in both counties than the state average. Children in San Mateo County are less likely to take active routes to school (e.g., walking, biking) than children statewide.

San Mateo and Santa Clara counties both have substantial ethnic disparities in pediatric overweight and related indicators. For example, Latinx and African ancestry youth in both counties are the most likely to be overweight and, along with Pacific Islander youth, are the least likely to meet fitness

standards. Youth from these three ethnic groups are also the most likely to be food insecure (i.e., not to have eaten breakfast on any given day). Latinx and Asian/Pacific Islander families with children are accessing SNAP benefits (formerly, food stamps) at the highest rates of any ethnic group in the counties. Family income is also a social determinant in pediatric obesity; children whose families cannot afford healthy food are more likely to develop obesity.

Various key informants in the community identified diabetes as a top health need, some of whom expressed concern about the rising number of children and youth being diagnosed with diabetes. The community discussed environmental factors that contribute to diabetes and obesity, such as the food environment, stress, and poverty.

GOALS	STRATEGIES	ANTICIPATED IMPACT
<p>2a. Increase healthy eating and active living among children and adolescents</p>	<ul style="list-style-type: none"> <li>• Expand access to clinical intervention programs for overweight children and adolescents</li> <li>• Expand access to health education, including nutrition education and physical activities</li> <li>• Support interventions and practices aimed at reducing recreational, sedentary screen time among children and adolescents</li> <li>• Support the development of high-quality interactive digital media for children and adolescents, such as those that promote children’s interaction with caregivers</li> </ul>	<ul style="list-style-type: none"> <li>• Increased knowledge about healthy behaviors</li> <li>• Increased physical activity</li> <li>• Increased consumption of healthy foods</li> <li>• Reduced consumption of unhealthy foods</li> <li>• More policies/practices that support increased physical activity and improved access to healthy foods</li> <li>• Increased knowledge of health impacts of screen time among parents</li> <li>• Increased knowledge of health impacts of screen time among children and adolescents</li> <li>• Reduced screen time among children and adolescents</li> <li>• Reduced time spent on sedentary activities</li> </ul>
<p>2b. Improve the food and recreation environment among children and adolescents</p>	<ul style="list-style-type: none"> <li>• Expand access to healthy food in the community</li> <li>• Expand access to physical activity in the community</li> <li>• Advocate for and support initiatives and public policies that address systemic/ institutional drivers of obesity</li> <li>• Participate in collaboratives and partnerships to promote a healthier food and recreation environment in the community</li> </ul>	<ul style="list-style-type: none"> <li>• Increased access to healthy food among children and adolescents</li> <li>• Increased access to free/low-cost opportunities for physical activities</li> <li>• More policies/practices that support increased physical activity and improved access to healthy foods</li> </ul>



### **HEALTH NEED 3: ACCESS TO CARE**

***Long-Term Goal: Increase the number of infants, children, adolescents, and young adults who have access to needed health care services.***

One of the social determinants of health is access to health care. FQHCs are community-based institutions intended to ensure access to health care among the uninsured and underinsured. However, there are fewer FQHCs per 100,000 people in San Mateo and Santa Clara counties compared with the state average. In addition, minority patients (e.g., Latinx, Pacific Islander, African ancestry) are uninsured at higher proportions than whites. Further, regarding inequitable health outcomes, the index of premature death based on ethnicity (i.e., premature death for nonwhites versus whites) is worse in both counties compared with the state. Ratios of students to school nurses are extremely high in both counties (between 3,000 and 5,000 students for a single nurse). These factors, taken together, make clear that health care access is an issue for vulnerable populations in the two counties.

The community identified health care access and delivery as a strong priority. CHNA participants

reported that health care is often unaffordable. Those who do not receive health insurance subsidies (such as undocumented immigrants) often lack insurance and the funds to pay for medical care without it. Health professionals believe that undocumented immigrants have been accessing health care less often in recent years due to the political climate and fear of being identified and subject to deportation. Some local experts noted that access to health care is particularly problematic for those living on the Coastsides. Health clinic leaders expressed concern with attracting and retaining staff (especially those who are bilingual) to work in the health care sector due to the high cost of living in the Bay Area. The community also identified the need for training and greater diversity among health care providers to best serve certain populations and to offer greater cultural competence/humility.

GOALS	STRATEGIES	ANTICIPATED IMPACT
<p>3a. Increase availability of health care services for vulnerable children, youth, and young adults (ages 0–24)</p>	<ul style="list-style-type: none"> <li>• Support health care clinics in close geographic proximity to populations of low socioeconomic status</li> <li>• Support systems approaches to increased access to care, including telemedicine, after-hours availability, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of children and expectant mothers served</li> <li>• Increased access to preventive medicine</li> <li>• Improved patient relationships with primary care physicians</li> <li>• Reduced unnecessary ED visits/hospitalizations</li> <li>• Increased vaccination rates</li> <li>• Decreased outbreaks of vaccine-preventable diseases</li> </ul>
<p>3b. Direct provision of care to vulnerable patients</p>	<ul style="list-style-type: none"> <li>• Continue to provide uncompensated Medi-Cal care to Medi-Cal patients</li> <li>• Continue to provide charity care to low-income patients</li> </ul>	<ul style="list-style-type: none"> <li>• Improved health outcomes for underserved community members</li> </ul>
<p>3c. Ensure future supply of health care providers</p>	<ul style="list-style-type: none"> <li>• Provide training to health care professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of qualified providers in the community focused on community-based practices</li> <li>• Standard of care raised</li> </ul>
<p>3d. Address systemic/ institutional barriers to access</p>	<ul style="list-style-type: none"> <li>• Advocate for health care policy change at the local, state, and federal levels that improves health care access for vulnerable children and families</li> </ul>	<ul style="list-style-type: none"> <li>• Systemwide health care improvements for children and families</li> </ul>

## **HEALTH NEED 4: MATERNAL AND INFANT HEALTH**

### ***Long-Term Goal: Improve the health of infants and new mothers.***

Statistics show that health disparities exist among mothers and infants. Health indicators of concern include: low birth weight among infants of Asian and African ancestry, mortality rates among infants of Pacific Islander and African ancestry, inadequate prenatal care among Pacific Islander women, and high rates of teen births among Latinx and Pacific Islander girls and women. Some data indicate a recent rise in birth rate among women 12–14 years of age.

Social determinants such as access to health care, maternal nutrition, and family income contribute to these health disparities. For example, access to federally subsidized food (i.e., WIC-authorized

food stores) is worse in both counties compared with the state, significantly affecting low-income families for whom these benefits are intended. Additionally, annual infant child care costs are substantially higher in both counties compared with the state, another expense that hits low-income families harder. Multiple local health experts specifically expressed concern about access to prenatal care, especially for low-income women.

GOALS	STRATEGIES	ANTICIPATED IMPACT
<p>4a. Reduce the rates of teen births and improve the lives of teen mothers and their children</p>	<ul style="list-style-type: none"> <li>• Expand access to teen pregnancy prevention programs</li> <li>• Expand access to depression screening programs for pregnant and new teen mothers, individual- or group-based parenting programs, home visits, and nurse/family partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• Lower rate of teen births</li> <li>• Improved mental health of pregnant teens and teen parents</li> </ul>
<p>4b. Increase levels of adequate prenatal care</p>	<ul style="list-style-type: none"> <li>• Expand access to enhanced prenatal care programs including nurse home visiting programs</li> <li>• Expand access to group prenatal care</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of low-income pregnant women who benefit from home visits</li> <li>• Higher enrollment in group prenatal care programs</li> <li>• Improved access to prenatal care</li> <li>• More favorable birth outcomes (fewer incidences of low or very low birth weight and preterm or very preterm birth)</li> </ul>
<p>4c. Reduce risks of injury to infants</p>	<ul style="list-style-type: none"> <li>• Support public campaigns, advocacy, education, and/or programs aimed at reducing unintentional injuries (e.g., SIDS, vehicular accidents, falls), including infant CPR</li> <li>• Support public campaigns, advocacy, education, and/or programs aimed at reducing child abuse and neglect, including home visits</li> </ul>	<ul style="list-style-type: none"> <li>• Increased awareness of infant safety</li> <li>• Reduced number of infant injuries</li> <li>• Reduced number of infant deaths due to unintentional injuries, abuse, or neglect</li> </ul>



## VIII. Evaluation Plans

Packard Children's will monitor and evaluate the strategies described above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor activities will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served. In addition, Packard Children's will require grantees to track and report outcomes/impact, including behavioral and physical health outcomes as appropriate.

## IX. Health Needs That Lucile Packard Children's Hospital Stanford Does Not Plan to Address

As described in Section VI(A) of this report, Packard Children's will address the four health needs that met all of the prioritization/selection criteria. Packard Children's will not address the following identified health needs:

- **Not chosen because the need was not strongly prioritized by the community:**
  - Asthma
  - Cancer
  - Communicable Diseases
  - Natural Environment
  - Transportation
  - Unintentional Injuries
- **Not chosen because the need is being addressed by other nonprofit hospitals, community organizations, and/or government agencies:**
  - Economic Stability
  - Housing and Homelessness
  - Oral/Dental Health

# Appendix: Implementation Strategy Report IRS Checklist

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

FEDERAL REQUIREMENTS CHECKLIST	REGULATION SECTION NUMBER	REPORT REFERENCE
The Implementation Strategy is a written plan that includes:		
(1) Description of <b>how the hospital facility plans to address</b> the health needs selected, including:	(c)(2)	VII
Actions the hospital facility intends to take and the anticipated impact of these actions	(c)(2)(i)	VII
Resources the hospital facility plans to commit	(c)(2)(ii)	VII
Any planned collaboration between the hospital facility and other facilities or organizations in addressing the health need	(c)(2)(iii)	N/A
(2) Description of why a hospital facility is <b>not addressing</b> a significant health need identified in the CHNA. Note: A “ <i>brief explanation</i> ” is sufficient. Such reasons may include resource constraints, other organizations are addressing the need, or a relative lack of expertise to effectively address the need.	(c)(3)	IX
(3) For those hospital facilities that adopted a joint CHNA report, a <b>joint implementation strategy</b> may be adopted that meets the requirements above. In addition, the joint implementation strategy must:	(c)(4)	N/A
Be clearly identified as applying to the hospital facility;	(c)(4)(i)	N/A
Clearly identify the hospital facility’s particular role and responsibilities in taking the actions described in the implementation strategy and the resources the hospital facility plans to commit to such actions; and	(c)(4)(ii)	N/A
Include a summary or other tool that helps the reader easily locate those portions of the strategy that relate to the hospital facility.	(c)(4)(iii)	N/A
(4) An authorized body <b>adopts the implementation</b> strategy on or before January 15, 2020, which is the 15th day of the fifth month after the end of the taxable year in which the CHNA was conducted and completed, regardless of whether the hospital facility began working on the CHNA in a prior taxable year.	(c)(5)	Adopted November 7, 2019
<b>Exceptions:</b> This hospital does not qualify for any exception described in Section (D) for acquired, new, transferred, and terminated facilities.	(d)	N/A
<b>Transition Rule:</b> This hospital conducted its first CHNA in fiscal year 2013 (and not in either of the first two years beginning after March 23, 2010). Therefore, the transition rule does not apply to this hospital facility.	(e)	N/A

