

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 7th 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.