



**Lucile Packard Children's Hospital at Stanford
Community Benefits Report for FY 2008
Community Benefits Investment Plan for FY 2009**

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Palo Alto, California 94304**

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I. Introduction

Lucile Salter Packard Children's Hospital at Stanford (LPCH) is a 264-bed, not-for-profit tax-exempt hospital located in Palo Alto, California. 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.

This report about the benefit the hospital provides to its community covers the fiscal year beginning September 1, 2007 and ending August 31, 2008. The plan for community programming covers the current fiscal year September 1, 2008 through August 31, 2009.

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 2,000 employees, nearly 700 medical staff members, and more than 800 volunteers and 2,000 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.

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 defines its primary service area as San Mateo and Santa Clara counties.

Based on LPCH 2008 discharge data, 55% of LPCH inpatient pediatric cases (excluding normal newborns) and 90% of obstetrics cases came from San Mateo and Santa Clara counties. An additional 27% of pediatric volume and 9% of obstetrics volume came from the eight-county northern California area including Alameda, Contra Costa, San Francisco, Santa Cruz, Monterey, San Benito, Stanislaus and San Joaquin counties. According to 2007 OSHPD discharge data, in the two-county primary service area, LPCH ranks first in market share (23.5%) for pediatrics and third for obstetrics (16.9%). In the 10-county northern California area, LPCH ranks third for pediatrics, with 10% market share, and eighth for obstetrics, with 4.3% 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 (31 beds).

Key Demographics in Primary Service Area

- According to 2008 California Department of Finance demographic data, there were 616,184 children ages 0-17 in the two counties, with the vast majority, 452,592 living in Santa Clara County and 163,592 in San Mateo County.

Racial/ethnic makeup of child population

Ethnicity	Santa Mateo County	Santa Clara County	California
Native-American	.4%	.3%	.9%
Asian	19%	26.2%	9.5%
African-American/Black	2.2%	2.3%	7.1%
Caucasian/White	40.6%	33%	30%
Hispanic/Latino	31%	33.8%	48.8%
Pacific Islander	1.8%	.3%	.4%
Multi-ethnic	5%	4.1%	3.3%

Children living in poverty

County	%	Number
San Mateo Co.	8.3%	13,704
Santa Clara Co.	10.6%	44,747

- The federal poverty level (FPL) was defined in 2008 as an annual income of \$21,200 for a family of four. However, the FPL 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 describes the income required by California working families to pay for the basic needs of rent, food, child care, health care, transportation, taxes, and miscellaneous costs on a county-by-county basis. 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 two adults and two school-aged children in Santa Clara County, for instance, the self-sufficiency annual income is \$59,613. In San Mateo County, it is \$63,158 for a similar family. The self-sufficiency income changes depending on make-up of family (i.e., two adults, an infant and a school-aged child; one adult, two teenagers, etc.).
- In San Mateo County in 2005, the percentage of children 0-17 living in poverty was 8.3%, a 27.7% increase from 2001. In Santa Clara County, the rate is 10.6%. However, as noted above, the federal poverty levels 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 enrolled in the free and reduced lunch programs, although this is not a perfect indicator either as some eligible children are not enrolled. In 2008, 32.9% of children in San Mateo County and 35.3% of schoolchildren in Santa Clara County were enrolled for the lunch program. In addition, these figures do not account for the recent downturn in the economy, so it is very likely these figures are now higher.

LPCH a Regional Service Provider

Although the hospital focuses its needs assessment processes, and most of its community benefit investment, in these two adjacent counties, Lucile Packard Children's Hospital is a **significant regional provider** of pediatric and obstetrics services for patients from throughout California, especially northern California.

Most notably, LPCH serves Medi-Cal and medically indigent patients from throughout California who come to LPCH for specialized services. LPCH physicians also 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 A Major Provider for Government-Insured Patients

As a major provider of health care for children with special needs, LPCH operates 19 (2 inpatient and 17 outpatient) special-care centers as defined by the California Children's Services (CCS). These special-care centers include a regional neonatal intensive care unit (NICU), several transplant centers, a cardiac center, and a pediatric intensive care unit (PICU). LPCH is a pediatric safety net for children with special-care needs as well as those needing less specialized care who are insured by Medi-Cal, Healthy Families, and Healthy Kids programs.

In FY2008, LPCH served 18,354 persons insured by Medi-Cal or out-of-state Medicaid, with a reimbursement shortfall of \$104,852,362. The hospital served 6,365 patients covered by other government programs such as Healthy Families, Healthy Kids, CCS and CHDP with a reimbursement shortfall of \$8,672,432. A total 356 patients benefited from the hospital's charity care program with care costing \$964,087. It is important to note that this charity care figure is small in comparison to most community hospitals because nearly all children in the primary service area are eligible for Medi-Cal, Healthy Families or Healthy Kids insurance programs. So, they have insurance to pay for a portion of the cost of their care, but as is noted above, none of the government insurance programs cover the entire cost of care.

LPCH believes that its significant support of means-tested government insurance programs is a critical benefit to its 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.

III. Community Needs Assessment and Program Planning Process

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 approved this report and plan on January 27, 2009.

Community Input into Community Benefit Planning Processes

The hospital also has a Community Advisory Council, which includes representatives in both counties from the public health department, community-based clinics, Medi-Cal managed care plans, the educational community, faith communities, 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 four times during FY 2008, re-affirmed the priorities indicated in this report, and reviewed this current report and plan on January 8, 2009.

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, planning for community benefits is part of the strategic planning process and there is a specific goal in the strategic plan that addresses investments in community benefit programming. Funding for community benefits programs comes from earnings from several endowments 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 \$4,163,187 this past year to help offset the losses described above that were incurred in caring for government-insured patients.

LPCH a partner in national demonstration project, Advancing the State of the Art in Community Benefit

LPCH has been a partner, with 70 other hospitals, in a multi-state demonstration project called *Advancing the State of the Art in Community Benefit (ASACB)*, which is administered by the Public Health Institute based in Oakland, CA.

The purpose of the ASACB demonstration is to develop and disseminate a national model for community benefit work that increases program effectiveness and sustainability, focuses activities in communities with disproportionate unmet health needs, and increases institutional accountability. LPCH's participation has resulted in adoption of core principles guiding community benefit planning, reporting standards for community benefit programs, and increased integration of the community benefit function into the "fabric" of the hospital. This work is reflected in this report and in the policies that guide community benefit work at the hospital.

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 lead to healthy children, adolescents, and expectant mothers in our 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, ex-officio member of the board.
- Santa Clara County Children's Agenda 2015 Vision Council. An LPCH physician leader co-chairs this project.
- Cornerstone Project Steering Committee, which works to implement the 41 developmental assets concept into community programming.
- Coordinated School Health Advisory Board, Santa Clara County Office of Education.
- Get Fit East Palo Alto steering committee.
- Steering Committee, Healthy Silicon Valley Collaborative. An LPCH leader co-chairs this effort.
- Steering Committee, Step Up Silicon Valley, a community collaboration coordinated by Catholic Charities of Santa Clara County, focuses on reducing poverty by 2015.
- Get Healthy San Mateo County
- Prenatal Social Marketing Committee. San Mateo County Health Services

Assessing Community Needs

Throughout 2007, LPCH community benefits staff actively participated in four separate community processes to produce community-wide needs assessments. This process occurs every three years so there was minimal activity in 2008 except for the informal discernment that occurs within all of the above coalition and collaborative participation.

LPCH participated with other hospitals, public health departments in two counties, and community organizations to prepare the triennial community-wide health needs assessments mandated under Senate Bill 697. The Hospital Conference of Santa Clara County and the Healthy Communities Collaborative of San Mateo County produced comprehensive assessments of the health status of all residents in both counties in late 2007.

Of more value to LPCH as a children's hospital though, are the focused Children's Reports for both counties. With leadership from the Lucile Packard Foundation for Children's Health,

these two reports are executive summaries, linked to www.kidsdata.org, with a robust array of data about the health and well-being of children and adolescents.

In San Mateo County, partners in producing the report were San Mateo County Health Department, San Mateo County Probation Department, San Mateo County Office of Education, San Mateo County Human Services Agency, First 5 San Mateo County, Youth and Family Enrichment Services, Child Care Coordinating Council, Hospital Consortium of San Mateo County, SPHERE Institute, and Silicon Valley Community Foundation, in addition to Lucile Packard Children's Hospital and the Lucile Packard Foundation for Children's Health.

In Santa Clara County, partners were the Children's Health Council, Community Health Partnership, First 5 Santa Clara County, The Health Trust, Kaiser Permanente, Kids in Common, the Partnership for School Readiness, Project Cornerstone, San Jose Unified School District, Santa Clara County Department of Family and Children's Services, the Santa Clara County Mental Health Department, the Santa Clara County Public Health Department and the Santa Clara County Office of Education, in addition to Lucile Packard Children's Hospital and the Lucile Packard Foundation for Children's Health.

Both Children's Reports called out the following overarching issues:

- There are wide disparities for most health indicators among racial and ethnic groups, and between low- and high-income children and expectant mothers. The health status and experience of low-income families and families of color are quite different and typically less favorable than for white children and expectant mothers in both counties;
- Access issues are important for all individuals, but particularly for low-income families and racial/ethnic minorities. Too often, financial or cultural barriers preclude timely preventive care, and too often, the healthcare and supportive delivery systems fail communities of color.

Please see Appendix a, page 29, for a summary of the findings from these 2007 Children's Reports. Full text of both summaries and a very rich source of data on many children's and adolescent well-being indicators are available at www.kidsdata.org, which is a community service of the Lucile Packard Foundation for Children's Health.

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 above, 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 needs assessment reports, continuous input derived from ongoing participation in multiple community collaborative activities, and using the above criteria, LPCH currently directs community benefit resources to these priority areas:

- Improving access to primary health care services for children, teens and expectant mothers, focusing on building community capacity into existing resources.
- Preventive services, with special attention to prevention of pediatric overweight and obesity.
- Advocacy toward solutions for the health-related issues of children and expectant mothers.

Program Development Approach

Using processes designed during our participation in the *Advancing the State of the Art in Community Benefit* project, programs evolve through a structured process that includes:

- Quantifiable objectives established for the program, with a baseline level reflecting current need.
- 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 major programs.
- New programs create synergies with already-existing community services initiatives.
- Programs are included in annual reporting to the LPCH Board of Directors.

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? Will the intervention offend important constituents?

IV. 2008 LPCH Community Benefit Programs

A community benefit is a service, program, or project provided 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 insured by means-tested government programs that do not fully reimburse for the cost of care, 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, 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 programs for allied health-care professionals, and support for research into community health issues.

Meeting the Needs of Economically Disadvantaged Children, Youth, and Pregnant Women

Major commitment to Medi-Cal and other government insurance programs

In LPCH's immediate service area, few private pediatricians and obstetricians see Medi-Cal patients or the uninsured. LPCH and its 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, Blue Cross Medi-Cal Managed Care, Central Coast Alliance for Health, Alameda Alliance etc. All LPCH clinics offer significantly discounted care to people of low income. And, to broaden access to outpatient care, LPCH and Stanford Hospital have collaborated with San Mateo County and others to serve Medi-Cal patients at the Willow Clinic in Menlo Park, as well as to establish the Ravenswood Family Health Center in East Palo Alto. In addition, LPCH operates a mobile clinic serving homeless and uninsured adolescents, where care is provided without charge.

LPCH views its extensive support of California's Medi-Cal program and other public insurance programs such as Healthy Families, Healthy Kids, and California Children's Services (CCS) as a major community benefit and a critical contribution to the health status of all children, adolescents, and expectant women both in our immediate community and from throughout northern California. Families from our primary service areas, such as residents of East Palo Alto, an identified at-risk population, and from throughout California can access the state-of-the-art tertiary and quaternary care that only a hospital at LPCH's level can provide.

LPCH's physicians and facilities are critical to the State's ability to provide highly specialized care to severely ill children and high-risk pregnant women in northern California. 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 they are critical contributors to the State's objectives of improving prenatal care for high-risk pregnancies and reducing infant mortality.

Indeed, in financial terms, LPCH's commitment to care for low-income children and pregnant women by being a major provider for public programs far outweighs all other community benefit activities.

LPCH's FY2008 unreimbursed expense (cost of care less the reimbursement received) for 24,719 patients covered by Medi-Cal, out-of-state Medicaid, Healthy Families, Healthy Kids, CHDP, CCS and other means-tested government insurance programs was \$113,524,794. Charity care costs for 356 patients totaled another \$964,087.

LPCH provides services to a small number of patients insured 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 171 patients covered by Medicare with unreimbursed expenses of \$1,704,349.

As noted above, 356 patients received care costing \$964,087 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. The hospital invests nearly half a million dollars in staff costs to assist families to obtain this insurance, because such efforts not only help to cover the cost of immediate care at LPCH but also improve the family's future access to services from other providers.

The total uncompensated cost of medical services provided to government-insured and uninsured patients was \$110,325,694 (not including Medicare), the sum of the various program costs detailed above, less a \$4,163,187 contribution toward uncompensated care contributed by donors through fund-raising efforts of the Lucile Packard Foundation for Children's Health.

These figures do not include data for the faculty physician group, although it must be acknowledged that LPCH could not serve the volume of government-insured patients that it does without the support of and commitment of its faculty physicians.

Community Partnerships Program Focus Area: Improving Access to Care

Collaborative Projects to Improve Access to Care

This past year, LPCH began working with San Mateo Medical Center and other San Mateo County hospitals in a new Community Health Network for the Underserved 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 effort may result in specific focused investment for LPCH in the next year.

LPCH, through its Community Partnerships staff, is also participating in the *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 by Catholic Charities of Santa Clara County and other nonprofit service providers, faith-based organizations, government representatives and other stakeholder groups to coordinate efforts and set measurable goals. The plan addresses the five key areas of need: food, housing, healthcare, education and resources. LPCH staff has provided leadership in drafting the healthcare plan, which calls for increased attention to chronic care and medical home models of care

Mobile Adolescent Health Services

The Mobile Adolescent Health Services program provides primary treatment and preventive care to homeless and uninsured adolescents ages 12-24 at continuation high schools, teen shelters, and recreation centers. Services include acute illness and injury care; complete physical exams; family planning services; testing for, counseling and treatment for HIV, STDs, and pregnancy; immunizations, mental health counseling and referrals, nutrition counseling, referrals to community partners, risk behavior reduction counseling, and substance abuse counseling and referrals.

Community partners included the Emergency Housing Consortium teen shelter in San Jose, Alta Vista Continuation School in Mountain View, Peninsula High School in San Bruno, East Palo Alto charter high school in East Menlo Park and the Tenderloin Community Center in San Francisco. A new site has been added this fall at Los Altos High School in a partnership with El Camino Hospital.

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. Recent development of a comprehensive data base allows more analysis of various data collection tools. These include a Teen Questionnaire, which provides social, medical and demographic data; a Family Planning Questionnaire, which is used pre- and post- family planning intervention to assess teen family planning practices and preferences; and a Nutrition Status Questionnaire to assess teens' knowledge of good nutrition and nutritional behavior. Other areas of inquiry include habits of homeless and uninsured adolescents and an investigation of moral development in a population of uninsured or homeless youth.

This program set specific performance measures for FY2008. Results are that 343 individual teens received comprehensive care during 962 medical visits, 520 social worker visits and 339

dietitian visits at six locations. A high rate of return patients (78%) in a population that is traditionally hard-to-reach and slow-to-trust attests to the program's success. Specific focus this year on substance abuse and family planning resulted in more than 50% of returning teens reducing their frequency and amount of alcohol use and more than 50% of returning patients increasing or maintaining use of condoms or hormonal contraception.

Care A Van for Kids

The Care-A-Van for Kids program makes life-saving health services accessible to low-income families who lack reliable means of transportation. This is a free service for children living outside a 25-mile radius from LPCH.

During the past fiscal year, 214 families received 1,226 rides. An additional van was added in the San Jose area to transport families to the new LPCH South Bay Specialty Clinic.

Partnership with Ravenswood Family Health Center

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 the community without primary care medical services. A collaborative partnership was formed to deal with the immediate crisis and plan for more stable services. Partners included LPCH, Stanford Hospitals 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. 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 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, obstetrics, and social worker services there.

In FY2008, LPCH continued its involvement with Ravenswood Family Health Center through:

- Providing funding for the reimbursement "shortfall" that RFHC experiences in their mobile services program. The mobile program visits East Palo Alto schools three days a week to provide pediatric services and serves homeless individuals one day a week. The program is provided in a van donated by LPCH in late 2005 and at the time, LPCH made a three-year commitment to support the pediatric services on the mobile van up to \$150,000 a year.

- Providing funding to support a full-time pediatrician and a pediatric social worker. The pediatric census continues to grow with more than 37% of the clinic's patients under the age of 15.
- Providing, under contracts through which the hospital is fully reimbursed, the services of OB/GYNs, pediatricians, and a nurse practitioner.
- Serving as part of the leadership team for Get Fit East Palo Alto, an all-out community campaign to address the alarming incidence of overweight, obesity, and poor fitness in East Palo Alto.
- Providing medical-legal advocacy services through the Family Advocacy Program, a collaborative program with the Legal Aid Society of San Mateo County.

Children's Health Insurance Initiatives

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

In FY2008 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.

In FY08, the following outcomes were achieved in Santa Clara County:

- 75% of children and 44% of teens received well-care exams
- BMI calculations were done for 59% of children and 54% of teens
- 70% of children and 47% of teens with documented high BMI received dietary counseling and referral
- Health education materials were distributed to more than 500 providers and more than 79,000 children.
- The post-partum visit rate increased from 58% in 2007 to 62% in 2008.

In FY08, the following outcomes were achieved in San Mateo County:

- 85% maintained coverage
- 88% of children 25 months to 6 years accessed primary services
- 91% of children aged 7 to 11 accessed primary services
- 86.7% of teens aged 12 to 19 accessed primary services
- Expanded hours and an additional pediatrician at San Mateo Medical Center have reduced appointment wait times from 1-3 months to 2 weeks. Thus, 76% of children aged 3 to 6 and 47.7% of teens aged 12-18 are receiving well-child visits.
- 100% of Healthy Kids enrollees aged 10 to 18 and 75% of children aged 5 to 9 with persistent asthma are being appropriately prescribed medication.

In addition, the hospital invests close to half a million dollars to assist families to determine if they qualify for government insurance programs and also pays two outside agencies to work closely with families to gather the needed documentation and follow the application process through to successful attainment of insurance. 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.

Putting Healthcare Back into Schools Initiative

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 first-time 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 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, with formal, structured linkage to two school health clinics operated by School Health Clinics of Santa Clara County via 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 first year of operation, 2,953 unduplicated children were served at the four schools with LPCH/LPFCH-funded nurses in the first year. 82% of these were Latino children and 79% were low income.

- An improved process for school nurses to refer to the School Health Clinics and track the students was created.
- Project nurses participated in more student-centered team meetings, made more home visits, identified more students with unmet dental needs and referred them to community resources, and screened more students for vision problems and referred to care than did part-time nurses who are not part of the demonstration project. Project nurses and the SHCSCC Nurse Practitioner developed an asthma education program for students and staff.
- A referral and tracking system was developed to get children needing a "medical home" into SHCSCC and the Packard nurses successfully spearheaded a district-wide effort to identify children without insurance.

The evaluation plan was completed and implementation of evaluation surveys, data collection etc. began September 2008 with 4 project schools and control schools.

In-kind donations of equipment, materials, or services

Significant resources are expended each year through the hospital's social services department to provide practical support, including meals, transportation, infant car seats, baby care equipment, and even funeral expenses for families.

Program Focus Area: Preventive and Educational Programs, with Emphasis on Prevention of Pediatric Overweight and Obesity

Financial Support for Pediatric Weight Control Program

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 FY2008, \$153,650 in fees was waived for 46 families who could not afford the program cost.

91% of children who began the rigorous 26-week program finished it and 82% reduced the degree to which they were overweight by an average of 8%, a good goal for children.

Financial Support for Pediatric Resident Advocacy Program

The hospital uses some of its available community benefit funds to support community projects that are designed and implemented by Stanford University School of Medicine pediatric residents who are enrolled in the advocacy program. This past year, the hospital provided \$58,000 in funding to resident projects including exploring alternative school lunch sources for Ravenswood City School District, exploring the feasibility of installing water stations in the Ravenswood schools to dispense fresh, cold water to reduce intake of sodas, and a project providing nutrition and physical activity parent classes. Support was also provided for the StAT Residency Advocacy Training Program, which includes month-long advocacy training for 5-6 residents and training seminars on topics such as grant writing, Institutional Review Board processes for research projects, evaluation strategies, etc.

Funds also provided three, \$3000 mini grants for resident projects to:

- Develop a sustainable partnership between LPCH and a hospital in Malawi that will serve as a model for a global health track for pediatric residents;
- Build a coalition among all children's hospitals in the nation to support universal health coverage for children;
- Improve the independent health-care skills and connection to resources for out-of-school youth in Gilroy.

Dietitian in School Health Clinics of Santa Clara County

LPCH provided a second year of funding for a dietitian to support the school health clinics that comprise School Health Clinics of Santa Clara County (SHCSCC). This need was brought to LPCH's attention as the LPCH Pediatric Weight Control Program began providing programming within the SHCSCC structure and it was clear that overweight children had little access to nutritional counseling when there was a 6-7 month wait for an appointment with a dietitian within the county health system.

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 of the 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.

249 children, some underweight but most overweight, received 332 visits with the dietitian during the school year. 22% of children had weight loss, with 5% of these showing improved BMI. 29 children, or 17%, self-reported a change in food choices. The dietitian collaborates with the LPCH Pediatric Weight Control Program to refer children and provide one-on-one dietary counseling for families needing extra help.

SHCSCC administration believes it will take several years to see measurable change in a large enough sample of children with these health issues.

Leadership in Community Collaboratives Addressing Obesity Prevention

During FY2008, LPCH continued its leadership with four community collaboratives working to create environments that encourage healthier lifestyles and prevent obesity: The Healthy Silicon Valley Collaborative, Get Fit East Palo Alto, the Get Healthy San Mateo County Task Force and the Santa Clara County Office of Education's Fit for Learning

Healthy Silicon Valley is responding to the epidemic of overweight and obesity by coordinating a growing network of organizations and individuals committed to supporting environments that encourage better nutrition and more physical activity. Other participating organizations, in addition to nearly all of the hospitals in the county, range from the Santa Clara County Public Health Department and the Santa Clara County Office of Education to the YMCA, Mexican-American Community Services Agency, Asian-Americans for Community Involvement, United Way, and Walk San Jose.

Start-Up of Community Action for Children's Health (COACH) Program

The Community Action for Children's Health (COACH) program seeks to disseminate proven obesity-prevention programs, many of them developed and tested at Stanford, into the community. In FY08, an intervention protocol was designed to identify partner schools and organizations and to tailor technical assistance to accomplish high fidelity implementation. With input from an advisory panel, the decision has been made to target the upper elementary years, which will allow inclusion of at least five of the initial interventions. The program plans to align available interventions with the new California Health Education Standards and the Physical Education standards, which will make this effort more appealing to after-school and school sites. Because standards are new, the mapping process will require substantial additional effort and cannot begin without further funding.

LPCH and the LPFCH provided seed funding for the planning phase of this new effort, but additional funding is required to take this program beyond the planning phase.

SafeKids Coalition

LPCH is the lead agency for the SafeKids Coalition of Santa Clara and San Mateo counties, one of 450 across the US and 16 member countries worldwide. The National SAFE KIDS Campaign is dedicated to education to decrease unintentional injuries of children under 14. LPCH provides leadership and organization for injury-prevention activities in both counties, including car-seat training and inspection. In California, unintentional injuries to children 0-20 years old cost over \$14.7 billion per year.

In FY2008, SafeKids' child passenger safety committee participated in 32 community events in San Mateo and Santa Clara counties serving approximately 5070 families. Events in Gilroy, South San Jose, the Fair Oaks neighborhood of Redwood City, Milpitas and Half Moon Bay were specifically targeted to serve families in economically poorer areas.

Safely Home Child Passenger Seat Fitting Station

LPCH operates a 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 goal is to provide this service at a permanent location, so that parents do not need to rely on community fairs or other sporadic opportunities for assistance.

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 Safely Home program are working. Inspections and public service announcements cost just \$5 per seat, but save \$390 per seat in avoided injuries.

In FY2008, the Safely Home Fitting Station provided instruction to parents and installed 2,604 car seats. A stable funding source for this program has been achieved through the "Kohl's Cares for Kids" program, through a private family donation, and through other donors such as the Bank of America.

This program goes beyond the hospital campus with regular car seat fitting days scheduled at locations in East Palo Alto, East San Jose, etc.

Your Child's Health University

Your Child's Health University includes an array of programs for parents, ranging from childbirth preparation to programs for grandparents and siblings, lectures on health and parenting topics in both community and hospital settings, and the popular Heart-to-Heart program for pre-teens and their same-gender parents.

In FY2008, 1,310 individuals attended community lectures and several sessions of the Heart-to-Heart program.

Education Programs for Patients

In addition to these community education programs, the hospital also provides substantial educational resources to patients and their families. A Lactation Center trains providers and volunteer counselors to share expertise on breast-feeding. Educational programs are important components of any asthma and diabetes treatment.

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 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.

Other Community Benefit Programs Benefitting the Broad Community

Contributions to Community Organizations

LPCH partners with and assists a variety of other 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 a psychologist to speak at the Child Care Coordinating Council's Family Forum. Other times, this assistance is financial, such as providing a small grant to help defray the costs of a children's health summit meeting. The hospital also purchases tables at fund-raising events for community organizations that share the hospital's mission.

In FY2008, \$52,038 helped to support events for not-for-profit organizations such as The Ronald McDonald House, The Cornerstone Project, Child-Care Coordinating Council, People Acting in Community Together, the YMCA, Kids in Common, etc.

Children's Agenda 2015 for Santa Clara County

LPCH also participates in a collaborative effort to set and work toward a Children's Agenda for Santa Clara County. 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

Ten indicators have been selected and will be tracked over the next ten years. These indicators are tracked in the Santa Clara County Children's Report referenced above and summarized in Appendix A. These are:

Children are physically, socially and emotionally healthy:

Routine use of health care
Healthy lifestyle
Early childhood social and emotional development
Developmental assets

Children are prepared for and successful in school:

Third grade reading proficiency
High school graduation rates

Children live in safe and stable families and communities

Child abuse rates
Hunger

Juvenile arrest rates
Community values youth

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 10-year benchmarks for Santa Clara County, provides 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. 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.

Mid-coastal California Perinatal Outreach Program (MCCPOP)

The Mid-Coastal California Perinatal Outreach Program (MCCPOP), partially funded by the State of California, is the designated Perinatal Regionalization Project for the Mid-Coastal counties in California. MCCPOP is a joint program under Stanford's Departments of Pediatrics and Gynecology/Obstetrics that provides outreach education, consultation and transport for high-risk mothers and infants from hospitals in Alameda, Monterey, San Benito, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz and Stanislaus counties. 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. 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).

LPCH provides funding to support this regionalization project.

V. Health Research, Education, and Training

As the pediatric division of Stanford University Medical Center, research and education 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 as well as for students and residents in pharmacy, social work, hospital chaplaincy, and nursing. While in training, many students provide volunteer services to the community, staffing local health fairs and community clinics for low-income and homeless people. Medical students learn to do community health research and design interventions through the School of Medicine's Office of Community Health. Ultimately, many graduates practice in California, including its underserved areas.

Nine years ago, a community advocacy rotation program was developed as part of the pediatric residency curriculum. 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.

It is not possible for LPCH to identify all of the indirect costs of serving as a principal teaching site for a major school of medicine. Quantified costs reported as community benefit focus on trainee stipends, costs for medical supervision and mentoring, payments made directly to the school to support academic programs, and support for the School of Medicine's Center for Health Policy and Center for Primary Care and Outcomes Research.

Center for Health Policy and Center for Primary Care and Outcomes Research

LPCH provides financial support for the work of Paul Wise, MD, MPH, who is a core faculty member of Stanford University School of Medicine's Center for Health Policy and Center for Primary Care and Outcomes Research. This center provides educational programs and conducts innovative multi-disciplinary research on critical issues of health policy and delivery.

Dr. Wise focuses on children's health and health outcomes disparities by race, ethnicity, and socioeconomic status, the interaction of genetics and the environment as they influence child and maternal health, and the impact of medical technology on disparities in health outcomes.

Focus questions are:

- How can the United States expand healthcare access for the uninsured in ways that are politically and economically feasible?
- How can hospitals and clinics promote attitudes and practices among healthcare workers that make patient care safer?
- What policies in the United States and abroad can improve health outcomes among ethnic minorities, the poor and other vulnerable populations?
- What incentives will encourage physicians to provide the most appropriate and effective medical care?
- How can the United States and other nations best prepare for and respond to a bioterrorist attack?
- What approaches will work best in developing countries to prevent or limit the spread of infectious diseases such as tuberculosis and HIV/AIDS?

VI. Financial Valuation of FY 2008 Unsponsored Community Benefit

The table below quantifies LPCH's investment in community benefit programs. All figures presented are the hospital's net investment after any reimbursement, fees, or philanthropic support are subtracted. These figures do not include data for the faculty physician group, although it must be acknowledged that LPCH could not serve the volume of government-insured patients that it does without the support of and commitment of its faculty physicians.

LPCH is very fortunate to have several endowments 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 these programs. In FY08, philanthropic gifts supported nearly seven percent of the total cost of community benefit services provided by the hospital. The FY2008 cost of community programs and services (not including medical services provided to government-insured patients or health professions training) was \$4,086,378. The hospital received \$218,326 in fees to support these programs and \$1,632,999 in philanthropic support, leaving \$2,235,053 covered by hospital operations funding.

Uncompensated costs of medical services to government-insured patients = \$109,361,607 (not including Medicare)

Uncompensated costs of services covered by Medi-Cal and out-of-state Medicaid = \$104,852,362

Uncompensated costs of services covered by means-tested government programs: Healthy Families, Healthy Kids, CCS, CHDP, etc. = \$8,672,432

Less \$ 4,163,187 for uncompensated care contributed by donors

Charity care at cost = \$964,087

Community Benefit Programs = \$3,666,253

Health professions education = \$1,431,200

- ✓ Resident physicians, fellows, medical students
- ✓ Social work interns

Community health services = \$1,351,926

- ✓ Mobile adolescent health services
- ✓ Insurance enrollment support
- ✓ Pediatric weight control program
- ✓ Pediatric services at community clinic
- ✓ Care A Van
- ✓ Resident advocacy projects
- ✓ Community health education programs
- ✓ Child safety and injury prevention programs
- ✓ Funding for resident-created community projects
- ✓ Perinatal Outreach Program
- ✓ Community health research

Financial and in-kind contributions = \$375,897

- ✓ Practical support for patients
- ✓ Support for community organizations and programs

Community benefit operations - \$507,230

- ✓ Dedicated staff and function support
- ✓ Advocacy for children's health issues

TOTAL VALUE OF QUANTIFIABLE BENEFITS PROVIDED TO THE COMMUNITY (without Medicare): \$113,991,947

TOTAL VALUE OF QUANTIFIABLE BENEFITS PROVIDED TO THE COMMUNITY (with \$1,704,349 in uncompensated costs for serving Medicare patients): \$115,696,296

VII. Community Services Plan for FY 2008-2009

This plan shows planned initiatives or enhancements to current programs that support LPCH's focus on

- improving access to health services for children, adolescents and pregnant women through building capacity in existing community resources,
 - preventive programs with an emphasis on prevention of pediatric obesity
- for the fiscal year starting September 1, 2008 and ending August 31, 2009.

Goal 1: Improve access to primary healthcare services for children, teens and expectant women by building capacity into existing resources.

Partner organization	Strategy	Metrics
Ravenswood Family Health Center	<p>Provide full support for 1.0 pediatrician/1.0 social worker</p> <p>Fund "backstop" support for pediatric services in mobile program</p>	<p>Increase pediatric visits to an average of 18 per day per pediatrician, including resident visits, due to streamlined processes and open access scheduling.</p> <p>Maintain 90% immunization rate in East Palo Alto schools through both the mobile program and drop-in IZ clinics at the main location.</p> <p>Increase mobile clinic provider coverage and pediatric visit utilization to an average of 8-10 visits per day 2 days per week. This would increase pediatric visits to approximately 900 per year. (Non-pediatric visits are estimated to account for another 300 visits per year on the mobile clinic).</p>
LPCH Adolescent Mobile Health Program	Maintain Mobile Adolescent Health Services, providing "medical home" to homeless and uninsured teens at 6 regular locations from San Francisco to San Jose.	<p>Achieve FY09 service goals of:</p> <p>1,050 medical visits 500 dietitian visits 650 social worker visits</p> <p>Decrease in at least one aspect of tobacco, alcohol, and other drugs use by 1 level out of 5 for at least 50 percent of returning patients (determined through patient survey).</p> <p>Increase in use of contraception or condoms by 1 level out of 5 for at least 50% of returning patients (determined through patient survey).</p> <p>25% of females eligible for the HPV vaccine will complete all 3 shots in series.</p>
Santa Clara County Children's Health Initiative	Fund premiums for 100 children older than 5 in Healthy Kids insurance program.	<p>Improve adolescent well care visit rate over next three years, by educating members and providers on AAP recommendations and by taking ALL opportunities (including a sick care visit) to provide well care.</p> <p>2006 Baselines: 89% of children, 65% of teens received PCP care.</p>

		<p>74% of children, 41% of teens received well care exam. Increase from approximately 40% provider compliance in doing regular BMI calculations for children and teens.</p> <p>Increase PCP referrals to nutrition counseling from these 2007 baselines: 47% of children and 36% of adolescents with documented high BMI receive dietary counseling and referral.</p> <p>Promote obesity awareness and need for intervention to members and providers by providing health education, weight control, nutrition, exercise programs for PCP referrals.</p> <p>Increase post-partum visit rate by educating members and providers about importance and timeframes of visits.</p>
<p>San Mateo County Children's Health Initiative</p>	<p>Fund premiums for 100 children older than 5 in Healthy Kids insurance program.</p>	<p>Access and "medical home" outcomes: 85% of children enrolled in Healthy Kids maintain coverage.</p> <p>Maintain or increase the following percentages of members in each age group who access primary care services: 88% for 25 months to 6 yrs of age 91% for 7 to 11 years of age 86% for 12-19 years of age</p> <p>Preventive care outcomes: Increase from 48% the percentage of members who have initial health assessment within 120 days of enrollment.</p> <p>Increase from 76% the percentage of well-child visits for members aged 3-6.</p> <p>Increase from 47% the percentage of well-child visits for members 12-18.</p> <p>Maintain at 100% total members with persistent asthma who are appropriately prescribed medication for long-term control.</p> <p>Retention outcomes: Maintain or increase from 85% the percentage of HK members who retain Healthy Kids coverage at the annual re-certification process.</p> <p>Decrease from 56% the percentage of HK members who disenroll due to avoidable reasons.</p>

San Jose Unified School District/School Health Clinics of Santa Clara County	Support cost of 4 additional FTE school nurses in 4 at-risk schools and nurse practitioner at School Health Clinics to create formal linkage for demonstration project testing value of putting health services back into schools.	Multiple evaluation metrics in five-year evaluation plan
Community Network for the Uninsured Initiative	Unspecified partnership support for Community Network for the Uninsured initiative to improve access to care and coordination in San Mateo County	To be determined in FY2009
El Camino Hospital	Engage in joint planning process to identify a joint community benefit program that will meet both hospitals' goals.	Process completed and program identified by September 2009
Unspecified community partner(s)	Engage in needs identification and planning process to identify needs and possible interventions to serve adolescent population.	Needs and planning process completed by September 2009.

Goal 2: Provide, or work in partnership with others to provide, preventive programs that provide 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 will be paid to efforts that prevent pediatric obesity.

Partner Organization	Strategy	Metrics
LPCH Pediatric Weight Control program	Make 25-week program, currently offered on self-pay basis, available to families unable to pay full cost.	70% of families beginning 25-week program complete the entire program with average reduction in overweight of 8%.
SUSOM Pediatric Advocacy program	Support FY09 advocacy projects: Collaboration with SJUSD nurse project; support for 12-14 pediatric residents in StAT program; 4 mini-grants for resident advocacy projects	To be determined with advocacy program management
School Health Centers of Santa Clara County	Fund cost of dietitian to support 5 clinics to make nutrition counseling more accessible to families	<p>Clinics will provide 400 nutritional referrals per year. The dietitian will serve 350 clients per year. The dietitian will provide 500 family or individual nutritional counseling visits per year.</p> <p>Outcomes: Of students who return for at least 3 visits, 75% will show positive changes in behavior: food choices, fluid intake, physical activity, and portion control, and will show improved lab results.</p> <p>Of the students with a BMI greater than 95 who return for at least 3 visits, 50% will show improved BMI.</p>
Healthy Silicon Valley, Get Healthy San Mateo Task Force, Get Fit East Palo Alto, Fit for Learning, Kids in Common Children's Agenda 2015	Continue LPCH leadership role in all of these community efforts	<p>Long-term measurable improvement in school fitness scores measured by state testing. Increased engagement of schools in healthy nutrition and physical activity programs through Fit for Learning and other initiatives.</p> <p>Achievement of metrics for Children's Agenda.</p>
Safely Home Car Seat Fitting Station	Increase participation in East Palo Alto and maintain regular schedule for program there. Add another regular location in low-SES community	Number of parents using service
SafeKids Coalition	Expand coalition by bringing new agencies into the program	15% increase in number of actively participating agencies and safety events.

Community Education Lectures	Expand programs beyond hospital to community locations Secure Spanish-speaking instructor(s) to expand Heart to Heart program into other community locations such as MayView Clinics and San Mateo County clinics	Track attendance and evaluate attendees perception of relevance of information presented and if they will use information to improve their parenting practices.
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VIII. Appendix A: Key Findings from 2007 Children's Reports in Santa Clara and San Mateo Counties

For complete text of the 2007 Children's Reports for Santa Clara and San Mateo counties, go to www.kidsdata.org/santaclarareport or www.kidsdata.org/sanmateoreport which includes the complete summary reports for both counties and a very rich data base on children's health and well-being indicators.

Children and Adolescents

Most children and adolescents in both counties are faring as well as, or better than, the average child in California as measured by their status on indicators of health, development, school achievement and family and community support. But, there are substantial disparities between racial/ethnic groups and income levels, and this trend is unchanged from previous assessments.

Indicators showing improvement: San Mateo County

- Infant mortality rates fell more than 15% from 1996-98 to 2002-2004, from 4.5 to 3.8 per 1000.
- More San Mateo County women than ever before are receiving early prenatal care. In 2004, 89.8% of pregnant women received prenatal care in the first trimester.
- In fall 2006, approximately 3,000 children were without health insurance, down considerably from the estimated 17,000 uninsured prior to establishment of the San Mateo County Children's Health Initiative in 2003.

Indicators showing improvement: Santa Clara County:

- Infant mortality rates fell close to 15% from 1996-98 to 2002-04.
- Teen birth rates fell 42% from 1997 to 2004
- 55-60% of 7th, 9th and 11th graders reported strong connections to adults in their communities in 2005-2006.
- Fewer than 7% of 7th, 9th and 11th graders reported that their schools were unsafe in 2005-06.

Areas of concern in San Mateo County

- **Low Birthweight:** Increased from 5.7% in 2001 to 6.6% in 2004. African- Americans continue to have the highest percentage -14%.
- **Dental Health:** 33% of children 2-to 11-years old had never seen a dentist, compared to 24% statewide.
- **Poverty:** The percentage of public school students enrolled in the free or reduced price meal program increased from 24.2% in 2002 to 30.4% in 2006, and the percentage of families that could afford to purchase a median-priced home dropped from 23% to 12% between 1995 and 2005.
- **Reading Proficiency:** While San Mateo County reading scores have improved in recent years, only 23% of economically disadvantaged third graders scored at or above the 50th percentile on the California Achievement Test for reading, compared to 61% on non-economically disadvantaged students in 2006.
- **Child Care:** The county had only enough licensed child care spaces to serve 30% of children ages 0-13 with parents in the labor force in 2004, and care was so expensive that 26% of families could not afford to enroll children in licensed child care or preschool in 2005.

- **Obesity:** In 2004, one-quarter of 5th, 7th, and 9th graders were overweight. Only 35% met all six California fitness standards in 2006, although these rates have improved slightly.
- **Teen Birth Rate:** Though the overall teen birth rate has fallen in the last decade, rates for Latinas and African - Americans were eight to 10 times higher than for Caucasians/white and Asian teens in 2004
- **Substance Abuse:** In 2004-2005, 11th graders in San Mateo County were more likely than their counterparts in California to report use of alcohol, marijuana and tobacco in the past month.
- **Death Rates:** Death rates for youth and young adults ages 15-24 increased from 44.3 to 54.7 per 100,000 from 1999-2001 to 2002-2004

Areas of concern in Santa Clara County

- **Immunizations:** Almost one-fourth of kindergartners in 2006 had not received all of their immunizations by age 2, with Asian and Caucasian children most likely to be immunized.
- **School Readiness:** Only 47% of incoming kindergartners in 2006 were ready for school on all aspects of child development measures. 10% were not ready on any of the 20 skills. Lower readiness is associated with no preschool, not being proficient in English, and family risk factors such as single parent, low income, teen parent, etc.
- **Dental Health:** 27% of children age 2-11 had never seen a dentist in 2005.
- **Reading Proficiency:** Only half of all 3rd graders and just 24% of low-income third graders scored proficient or better on a standardized English language arts test in 2006.
- **Obesity:** In 2004, one quarter of 5th, 7th and 9th graders were overweight or at risk for overweight. Only about half could meet five of six state fitness standards. African American, Latino, Native American and Pacific Islander students were less likely to meet the physical fitness standards.
- **Depression:** In 2005-06, 25-33% of 7th, 9th and 11th graders reported symptoms of depression, with the highest percentages for Latino and Native American students.
- **Teen Birth Rate:** In 2004, the teen birth rate for African-American/Black teens was more than three times higher and the rate for Hispanic/Latina teens was more than 11 times higher than the rate for Asian teens.
- **Safety:** During 2005-2006, about 25% of Caucasian/white students reported seeing someone carrying a weapon, compared with 41.4% of Hispanic/Latino students.
- **Death Rates:** During 2002-2004, 23 African American/Black children and youth ages 1-24 died, a death rate more than twice the rate for Caucasians/Whites.
- **Youth assets:** In 2005-2006, fewer than 25% of 7th, 9th and 11th graders strongly agreed that a teacher or other adult in their school really cared about them.
- **Homeless/at-risk youth:** It is estimated that some 2000 adolescents are homeless in Santa Clara and San Mateo counties. High-risk sexual activity, malnutrition, substance abuse, and physical or sexual abuse are common health problems. Neither Santa Clara nor San Mateo counties has a formal health-care service in place to meet the needs of these young people. Further, many area continuation high schools inform us that a majority of their students have unmet health-care needs.

Women

Women of childbearing age who are poor and undereducated are at increased risk of poor birth outcomes. They are less likely to obtain adequate prenatal care. They are at increased risk of sexually transmitted disease, unintended pregnancy, and life-style behaviors such as substance

abuse – all of which threaten maternal and fetal health when pregnancy occurs. All pregnant women are eligible for state-funded health insurance, but non-pregnant women of childbearing age are not.

Areas of concern for San Mateo County women:

- Maternal Depression: In 2006, very low income mothers of children 0-5 were about 12 times more likely to show signs of depression than higher income mothers. 6.4% reported symptoms of depression, with marked differences in rates by race/ethnicity and income.

Summary: Key Indicators- Santa Clara, San Mateo counties and California

Outcome: Children are Physically, Socially and Emotionally Healthy

Indicator	Healthy People 2010 goal	Santa Clara County	San Mateo County	California
<i>Prenatal Care and Birth Outcomes</i>				
Percentage of women receiving first trimester prenatal care	90%	85.2%	89.8%	85.6%
Infant mortality rate per 1000 infants	4.5	4.1	3.8	5.3
Percentage infants born at low birthweight	5%	6.5%	6.6%	6.7%
<i>Access to Healthcare Services</i>				
Percentage of children fully immunized by age 2	90%	76.9%	82.5%	77.7%
Percentage of children 0-17 with health insurance		97.8%	98.6%	93.6%
Percentage of children 2-17 who have seen a physician for routine health check-up in past year		74.2%	Not available	79.1%
Percentage of children 2-17 with dental insurance		88.6%	83.3%	78.7%
Percentage of children 2-11 who have seen dentist in past year		72.2%	66.7%	71.2%
<i>Nutrition, Weight and Physical Fitness</i>				
Percentage of women initiating breastfeeding at hospital	75%	87%	93%	83.9%
Percentage of women breastfeeding exclusively while at hospital		57.4%	72.4%	40.5%
Percentage of public school 5 th , 7 th , and 9 th graders overweight or at risk for overweight		24.7%	25.2%	28.1%
Percentage of public school 5 th , 7 th and 9 th graders who meet 5 of 6 state fitness standards		53%	35.1%	53.8%
<i>Mental, Emotional and Behavioral Health</i>				
Percentage of 7 th graders who responded "very much true" to "At my school, there is a teacher or adult who really cares about me"		24.2%	Not available	28.7%
Percentage of 7 th graders who responded "very much true" to "Outside of my home and school, there is an adult who really cares about me"		61.5%	Not available	61.2%
Percentage of parents reporting being somewhat or very concerned that their child may be depressed		19.9%	Not available	Not available
Percentage of 7 th graders reporting feeling so sad or hopeless for 2 weeks during previous year that they stopped doing usual activities		25.3%	Not available	28.1%
<i>Teen Births</i>				
Teen birth rate per 1000 females ages 15-19		25.8	21.8	38.1
Percentage of teens 14-17 reporting they have not had sex		85.3%	Not available	76.6%
<i>Drug, Alcohol and Tobacco Use</i>				
Percentage of 11 th graders who reported smoking tobacco during last month		12.2%	18%	15.2%
Percentage of 11 th graders who reported drinking alcohol during last month		33.6%	41%	35.8%
Percentage of 11 th graders who reported using marijuana during last month		15%	21%	19.2%

Outcome: Children Live in Safe and Stable Families and Communities				
Family Economic Self Sufficiency				
Indicator	Healthy People 2010 goal	Santa Clara County	San Mateo County	California
Median family income		\$89,716	\$82,376	\$61,476
Estimated income needed to be self-sufficient for family of 1 adult, 1 preschooler and 1 school-age child		\$65,589		n/a
Percentage of children 0-17 living below FPL		10.5%	8.3%	18.7%
Percentage of households that can afford median-priced home		19%	12%	16%
Percentage of public school students enrolled in free-reduced price meal program		35.2%	30.4%	50.1%
Percentage of public school students enrolled in CalWORKS		5%	3.1%	9.3%
Safety at Home: Child Maltreatment				
Rate of child abuse report per 1000 children aged 0-17		32	24.5	50
Rate of substantiated child abuse cases per 1000 children aged 0-17	10.3	7.6	4.5	11.1
Safety at School				
Percentage 7 th graders who reported feeling safe or very safe at school		62.3%	Not available	54.1%
Percentage 7 th graders who reported seeing someone carrying a weapon at school		30.6%	Not available	29.6%
Juvenile Misdemeanor and Felony Arrests				
Rate of misdemeanor and felony arrests per 1000 youths ages 10-17		40.5	Not available	28.2
Rate of felony arrests per 1000 youth ages 10-17		14.9	12.3	13.6
Injuries and Deaths				
Rate of non-fatal injury hospitalizations per 100,000 children/youths ages 0-20		298.9	247.5	347.9
Rate of deaths per 100,000 children/youth ages 1-24		25.7	28.8	39.2
Rate of youth suicides per 100,000 ages 15-24		6.6	Not available	7.3

