2019
Community Health Needs Assessment

Lucile Packard Children's Hospital Stanford

Acknowledgments

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1. Executive Summary

Community Health Needs Assessment Background

The Community Health Needs Assessment (CHNA) is designed as a tool for guiding policy, advocacy, and program-planning efforts. For hospitals, it also supports the development of community benefit plans mandated by California State Senate Bill 697, and it meets the IRS requirements for Community Health Needs Assessment and Implementation Strategies mandated by the 2010 Affordable Care Act. The CHNA report is available to the public for review and comment.

To identify and address the critical health needs of the community, coalitions formed in Santa Clara and San Mateo counties in 1995. The Santa Clara County Community Benefit Hospital Coalition (CBHC) and the Healthy Community Collaborative of San Mateo County (HCC) bring together representatives of nonprofit hospitals, public health departments, and other local organizations. Every three years since 1995, Lucile Packard Children's Hospital Stanford has collaborated with these two groups to conduct an extensive community health needs assessment.

The 2019 CHNA builds upon the earlier assessments, distills new qualitative and quantitative research, prioritizes local health needs, and identifies areas for improvement. Using this information, CBHC and HCC members will develop strategies, individually and collectively, to address critical health needs and to improve the health and well-being of community members. As with prior CHNAs, this assessment also lists Santa Clara and San Mateo counties' assets and resources related to identified health needs.

Process and Methods

The CBHC and the HCC started planning the 2019 community health needs assessment in fall 2017 and began collecting data in early 2018. In both counties, the research firm Actionable Insights (AI) obtained community input through interviews with local experts and focus groups with community residents and people who serve residents. AI culled secondary data from various sources, including the public Community Commons data platform and the county public health departments. *(See Attachments 1 and 2: Secondary Data Indicators for a complete list).*

For the purposes of this assessment, the definition of "community health" goes beyond traditional measures to include indicators about not only the physical health of the county's residents, but also broader social and environmental determinants of health (such as access to health care, affordable housing, child care, education and employment). This more inclusive definition reflects Packard Children's understanding that myriad factors impact community health. Our hospital is committed to supporting community health improvement through upstream (social determinants of health) and downstream (health condition) interventions.

AI identified health needs by (1) synthesizing primary qualitative research data and secondary data and (2) filtering those needs against a set of criteria. Packard Children's met with AI on February 11, 2019, to discuss the health needs that were identified through the community assessment and to prioritize the list.

Packard Children's used these criteria to determine the priority order:

- Top priorities for the community
- Community Benefit Program team input
- Community Benefit Advisory
- Committee feedback
- Known gaps in service
- Packard Children's legacy priorities

See Prioritization of Health Needs for a complete description.

Prioritized 2019 Community Health Needs

Based on the criteria described above, Packard Children's prioritized 12 health needs, listed below in priority order. *(For summarized descriptions of each one, see Section 6: Prioritized 2019 Community Health Needs).*

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

Next Steps

After making the 2019 CHNA report publicly available on our website[1] by August 31, 2019, Packard Children's will solicit feedback and comments on the report until two subsequent CHNA reports have been published. We will also develop an implementation plan based on the CHNA results, which will be filed with the IRS by January 15, 2020.

Each year, Packard Children's describes the strategies we are implementing in our annual Community Benefits Report, which is also published online. The CBHC and the HCC will continue to meet to explore opportunities for coordinated interventions around shared health needs in Santa Clara and San Mateo counties.

1 http://www.communitybenefits.stanfordchildrens.org/

2. Introduction and Background

Purpose of the Community Health Needs Assessment

The members of Santa Clara County Community Benefit Hospital Coalition (CBHC) and the Healthy Community Collaborative of San Mateo County (HCC) are pleased to have conducted the 2019 Community Health Needs Assessment (CHNA).

The CBHC is a group of organizations that comprises representatives of eight nonprofit hospitals, the Hospital Council of Northern and Central California, and the Santa Clara County Public Health Department. The HCC consists of representatives from nine nonprofit hospitals, San Mateo County Health (the public health department), the San Mateo County Health Human Services Agency, and other public agencies. Both coalitions formed in 1995. Every three years since their inception, Lucile Packard Children's Hospital Stanford has collaborated with the CBHC and the HCC to conduct an extensive community health needs assessment in compliance with state and federal requirements *(see details below)*.

In 2018, the CBHC and the HCC each reconvened for the purpose of identifying and addressing critical health needs of the community. Although not required, the benefits of collaborating on the CHNA are multifold, including the leveraging of various sets of knowledge, shared understanding of health needs in our service area, and reduced burden on the community for participation in the assessment.

The 2019 CHNA builds upon earlier assessments, distills new qualitative and quantitative research, prioritizes current local health needs, and identifies areas for improvement. With these data, the coalition members will develop strategies, separately and collectively, to tackle critical health needs as well as improve the health and well-being of community members. The assessment findings may also be used as a guideline for policy and advocacy efforts. As with prior CHNAs, the 2019 assessment also lists assets and resources available to address the identified health needs in Santa Clara and San Mateo counties.

The 2019 CHNA will serve as the basis for implementation strategies that are required to be filed with the IRS as part of Packard Children's Hospital's 2019 Form 990, Schedule H, four and a half months into the next taxable year.

ACA Requirements

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for CHNAs for the first time. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a community health needs assessment every three years. The CHNA report must document how the assessment was done, give a description of the community served, list who was involved in the assessment, describe the process and methods used to conduct the assessment, and name the community's health needs that were identified and prioritized as a result of the assessment. Final requirements were published in December 2014.

The definition of a community health need includes the social determinants of health in addition to morbidity and mortality. For the purposes of this assessment, the CBHC and the HCC went beyond traditional measures to define community health by including indicators about the physical health of the county's residents, as well as broader social and environmental determinants of health, such as access to health care, affordable housing, child care, education and employment. This more inclusive definition reflects Packard Children's understanding that myriad factors impact community health. We are committed to supporting community health improvement through upstream (social determinants of health) and downstream (health condition) intervention.

In addition to providing a national set of standards and definitions related to community health needs,

the ACA has had an impact on upstream factors. For example, the ACA created more incentives for health care providers to focus on prevention of disease by including lower or no co-payments for preventive screenings. The ACA has also established new funding to support community-based primary and secondary prevention efforts. At Lucile Packard Children's Hospital Stanford, we believe these improvements to the health care system are vital and necessary to continue improving the way hospitals deliver health care.

SB 697 and California's History of Assessments

California Legislative Senate Bill 697, enacted in 1994, stipulates that private nonprofit hospitals submit an annual report to the Office of Statewide Health Planning and Development (OSHPD) that includes, but is not limited to, a description of the activities that the hospital has undertaken to address identified community needs within its mission and financial capacity. Additionally, hospitals must describe the process by which they involved community groups and local government officials in helping identify and prioritize community needs to be addressed. This community needs assessment must be updated at least once every three years.[2] The community benefit report required for OSHPD also describes the strategies that are implemented to address health needs identified in the CHNA and the Implementation Strategy Report.

The 2019 CHNA meets both State of California (SB 697) and federal (IRS) requirements mandated by the ACA.

Brief Summary of the Prior CHNA Conducted

In 2016 (the second cycle of ACA-required CHNA assessments), Packard Children's participated in a collaborative process to identify significant community health needs and to meet the IRS and SB 697 requirements. The resulting 2016 CHNA report is posted on the Packard Children's website.[3]

The 14 health needs that were identified and prioritized through the 2016 CHNA process were (in prioritized order, highest to lowest): Obesity, Behavioral Health, Birth Outcomes, Health Care Access and Delivery, Oral/Dental Health, Respiratory Conditions, Sexual Health, Violence and Abuse, Economic Security, Housing and Homelessness, Learning Disabilities (Santa Clara County only), Transportation and Traffic (San Mateo County only), Unintentional Injuries and Climate Change.

Written Public Comments to the Prior CHNA

To offer the public a means to provide written input on the CHNA reports, Packard Children's maintains a Contact Us form on our website.[4]

At the time the 2019 CHNA report was completed, Packard Children's had not received written comments about the 2016 CHNA report.[5] We will continue to accept submissions and make sure that all relevant feedback is reviewed and addressed by appropriate hospital staff.

2 California Office of Statewide Health Planning and Development (1998). Not-for-Profit Hospital Community Benefit Legislation (Senate Bill 697), Report to the Legislature. https://oshpd.ca.gov/wp-content/uploads/2018/07/SB-697-Report-to-the-Legislature-Community-Benefit.pdf

3 https://forms.stanfordchildrens.org/contact-us/contactus.jsp

4 https://www.stanfordchildrens.org/en/about/community-benefits

5 http://www.communitybenefits.stanfordchildrens.org

3. About Lucile Packard Children's Hospital Stanford

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

Community Health Initiatives

For more than 25 years, Packard Children's Hospital has been committed to improving the health of our community. Providing exceptional services, programs and funding far beyond our hospital walls has been part of the vision and mission of Packard Children's since day one. As part of that original commitment, we provide direct health care services to some of our community's most vulnerable members, and we partner with government and local community-based organizations to fund programs that improve the health of our community.

In addition to addressing the health disparities that exist in maternal health outcomes, Packard Children's Hospital adopted three Community Health Initiatives for 2017–2019:

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

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

Community Served

Because of our international reputation for providing outstanding care to babies, children, adolescents and expectant mothers, Packard Children's serves patients and their families around the entire San Francisco Bay Area. In the 10-county Northern California area, Packard Children's ranks third for pediatrics, with 11 percent market share, and fifth for obstetrics, with 5 percent market share (2017 OSHPD).

However, our 2015 discharge data show that more than half (58 percent) of Packard Children's inpatient pediatric cases (excluding normal newborns) and 87 percent of obstetrics cases come from Santa Clara and San Mateo counties. So, for purposes of our community benefit initiatives, Packard Children's has identified these two counties as its target community. Our hospital ranks first in market share (25 percent) for pediatrics and third for obstetrics (13 percent) in our primary service area.

Santa Clara County comprises 18 cities and large areas of unincorporated rural land. In 2017, approximately 1.94 million people lived in the county, making it the sixth largest county in California by population.[6] San Jose is its largest city, with over 1.03 million people (53 percent of the total). Nearly 17 percent of Santa Clara County's residents are under the age of 18, and 12 percent are 65 years or older. The median age is 36.8 years old.

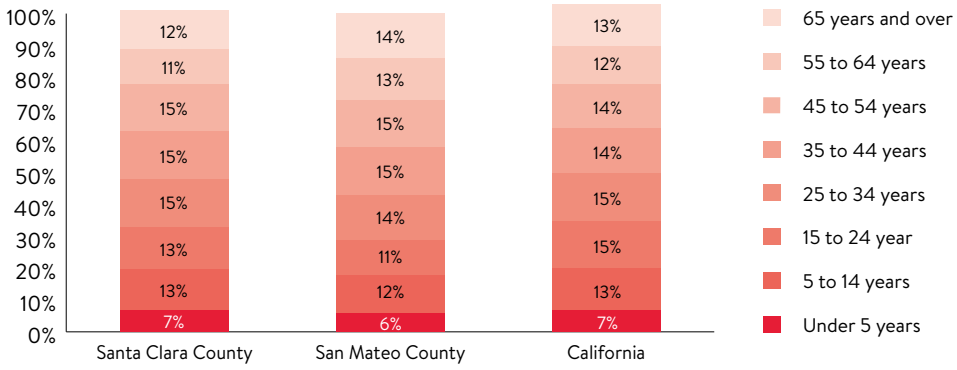
San Mateo County comprises 19 cities and more than two dozen unincorporated towns and areas.[7] It is far less populous than Santa Clara County, with approximately 771,410 residents in 2017. Daly City is San Mateo County's largest city by population, with over 107,000 people (14 percent of the total). Nearly 22 percent of the county's residents are under the age of 18, and 15 percent are 65 years or older. The median age is 39.5 years old.

6 Santa Clara County Public Health Department. City and Small Area/Neighborhood Profiles. https://www.sccgov.org/sites/sccphd/enus/Partners/Data/Pages/City-Profiles.aspx

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

In both counties, residents aged 0–14 make up about a quarter of the population, which is similar to the state, as shown in the chart below. The percentage of women aged 15–50 who have given birth in the last 12 months is 5 percent in both counties and in California[8] (approximately 24,000 births in 2015).[9]

COUNTY POPULATION BY AGE RANGE



Source: U.S. Census Bureau, American Factfinder, 5-Year Estimates, 2011–2015.
Numbers may not add up to 100% due to rounding.

8 https://www.towncharts.com/California/California-state-Demographics-data.html

9 Santa Clara County Public Health Department. Birth Statistical Master File, 2006–2015.

Race/Ethnicity in Our Service Area

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

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

The ethnic makeup of both counties is extremely diverse. More than 33 percent of residents in Santa Clara and San Mateo counties are foreign-born, and about 10 percent live in linguistically isolated households.[10] The latter is marked by wide geographic differences. For example, in Santa Clara County less than 1 percent of the population in Lexington Hills is linguistically isolated, compared with more than 50 percent in the Alum Rock neighborhood of San Jose. In San Mateo County, less than 1 percent of the population in parts of Woodside lives in linguistically isolated households, compared with more than 50 percent in parts of Daly City, South San Francisco and Redwood City/North Fair Oaks.[11]

Income, as a key social determinant, has a significant impact on health outcomes. Our community not only earns one of the highest annual median incomes in the U.S., but also bears some of the highest costs of living. Median household incomes are $101,173 in Santa Clara County and $98,546 in San Mateo County, both far higher than California's $63,783.[11]

Yet the California Family Needs Calculator,[12] set by the Insight Center for Community Economic Development, indicates about 30 percent of households in Santa Clara and San Mateo counties are unable to meet their basic needs. (The 2018 standard for a two-adult family with two children was nearly $107,000 in Santa Clara County and $126,000 in San Mateo County.[13]) In both counties, about one in five residents lives below 200 percent of the federal poverty level, and about one-third of children

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

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

12 The federal poverty level, the traditional measure of poverty in a community, does not take into consideration local conditions such as the high cost of living in the San Francisco Bay Area. The California Family Needs Calculator provides a more accurate estimate of economic stability in both counties.

13 The Insight Center for Community Economic Development. *Family Needs Calculator*. Retrieved March 2019 from https://insightcced.org/2018-family-needs-calculator/

are eligible for free or reduced-price lunch.[14] Housing costs are high: In 2018, the median home price was $1.3 million, and the median rent was $3,600 per month in Santa Clara County; this compares to $1.4 million and $4,150 per month in San Mateo County.[15] At least one in 13 people in our community is uninsured.[16]

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

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

- California households of color are twice as likely as White households to lack adequate income to meet basic needs.
- 52 percent of Latinx households in California struggle to meet essential needs, compared with 23 percent of White households.
- California households of color make up 57 percent of all households statewide but 72 percent of households that fall below the California Self-Sufficiency Standard.
- Women in California are more economically disadvantaged than men across many factors, including lower pay, taking unpaid time to care for children or family members, underemployment and occupational segregation.
- Having children nearly doubles the chance of living below California's minimum family needs requirements.
- Policy changes are needed to increase wages, institute comprehensive paid family leave, curb rising housing costs and establish universal child care.

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

15 Zillow, data through May 31, 2018: https://www.zillow.com/santa-clara-county-ca/home-values/

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

4. Assessment Team

Hospitals and Other Partner Organizations

Lucile Packard Children's Hospital Stanford collaborated with the following health systems and organizations, as part of Santa Clara County's Community Benefit Hospital Coalition (CBHC) and San Mateo County's Healthy Community Collaborative (HCC), respectively, to prepare the 2019 CHNA:

SANTA CLARA COUNTY

- El Camino Health
- Hospital Council of Northern and Central California
- Kaiser Permanente (San Jose and Santa Clara Kaiser Foundation Hospitals)
- Santa Clara County Public Health Department
- Stanford Health Care
- Sutter Health (Palo Alto Medical Foundation)
- Verity Health System (O'Connor Hospital and St. Louise Regional Hospital)

SAN MATEO COUNTY

- County of San Mateo Human Services Agency
- Dignity Health (Sequoia Hospital)
- Hospital Consortium of San Mateo County
- Kaiser Permanente (Redwood City and South San Francisco Kaiser Foundation Hospitals)
- Peninsula Health Care District
- San Mateo County Health
- Stanford Health Care
- Sutter Health (Menlo Park Surgical Hospital and Mills-Peninsula Medical Center)
- Verity Health System (Seton Medical Center and Seton Coastside)

Identity and Qualifications of Consultants

Actionable Insights, LLC, an independent local research firm, completed the CHNA.

For this assessment, AI assisted with CHNA planning, conducted primary research, collected secondary data, synthesized primary and secondary data, facilitated the processes of identifying community health needs and assets, assisted with determining the prioritization of community health needs, and documented the processes and findings into a report.

The project managers for this assessment were Jennifer van Stelle, PhD, and Melanie Espino, the co-founders and principals of AI. They were assisted by Robin Dean, MA, MPH; Alexandra Fiona Dixon; Rebecca Smith Hurd; Franklin Hysten; Jenjii Hysten; Heather Imboden, MCP; Susana Morales, MA; Olivia Murillo; Kit Strong, MPH, MSW; and Margaret Tamisiea.

AI helps organizations discover and act on data-driven insights. The firm specializes in research and evaluation in the areas of health, STEM (science, technology, engineering, and math) education, youth development and community collaboration. AI conducted community health needs assessments for more than 25 hospitals during the 2018–2019 CHNA cycle.

In addition, Packard Children's has partnered with AI to provide strategic planning support to ensure that its community benefit investments are addressing identified community health needs. This has become especially important in the most recent CHNA cycles, as the community focuses more on health care access and social determinants of health. AI has also worked with our grantees to improve the rigor of reporting for purposes of including information about the impact of those grants in this CHNA.

More information about AI is available on the company's website.[17]

17 https://www.actionablellc.com

5. Process and Methods

The Santa Clara County Community Benefit Hospital Coalition (CBHC) and Healthy Community Collaborative (HCC) worked on the primary and secondary data requirements of the CHNA. The groups contracted Actionable Insights to collect primary qualitative data — through key informant interviews and focus groups — and secondary qualitative and statistical data. Together, AI and these two collaboratives (the study team) conducted the assessment. The CHNA data collection process took place over seven months in 2018 and culminated in this report, written in early 2019. The phases of the CHNA process are depicted below and described in this section.

Secondary Data Collection → Primary Data Collection → Data Synthesis → Health Needs List → Prioritization → Report Writing

Secondary Data Collection

Data sources were selected to understand general county-level health, specific underserved and/or unrepresented populations, and to fill previously identified information gaps. Data was also sought out about children, youth and pregnant mothers, Lucile Packard Children's Hospital Stanford's target populations. For this reason, particular attention was paid to disaggregated data by age whenever available. Also, data on potential health disparities by geographic area and ethnicity were analyzed. These data were used to inform our health needs lists.

The teams collected data from existing sources using the Community Commons CHNA Data Platform[18] and other online sources, such as the California Department of Public Health and the U.S. Census Bureau. Findings from the previous community health needs assessment (2016) and available sub-county data (cities and neighborhoods) were also used whenever available.

18 Powered by University of Missouri's Center for Applied Research and Environmental System (CARES) system. https://www.communitycommons.org

SANTA CLARA COUNTY

The study team analyzed over 200 quantitative health indicators to increase understanding of the health needs in Santa Clara County and to assess priorities in the community. In addition to the sources mentioned above, the study team collected quantitative and qualitative secondary data from multiple Santa Clara County Public Health Department sources, including

- Status of Children's Health: Santa Clara County 2016
- Partners for Health Santa Clara County: Community Health Assessment-Community Health Improvement Plan 2015–2020
- Santa Clara County 2017 Asian and Pacific Islander Health Assessment
- Status of African/African Ancestry Health: Santa Clara County 2014 Report
- Status of LGBTQ Health: Santa Clara County 2013

SAN MATEO COUNTY

San Mateo County Health (the public health department) is a member of the HCC and was part of the study team in San Mateo County. San Mateo County Health contributed its expertise to the planning of the CHNA process, as well as provided data from its systems, including data on infectious diseases, chronic diseases, births and deaths and emergency room visits. San Mateo County Health also provided data from its 2018 Health and Quality of Life survey, which was funded by the hospitals that participate in the HCC, as well as associated state and national benchmarks from the Centers for Disease Control and Prevention's Behavioral Risk Factors Surveillance System and other sources.

In addition to the sources mentioned above, the study team collected quantitative and qualitative secondary data from multiple San Mateo County sources, including:

- County of San Mateo Adolescent Report, 2014–2015
- Get Healthy San Mateo County, End Hunger Workgroup 2016
- San Mateo County Health, Behavioral Health and Recovery Services Survey 2016

Altogether, the study team analyzed over 400 quantitative health indicators to increase understanding of the health needs in San Mateo County and to assess priorities in the community.

HEALTHY PEOPLE 2020

Healthy People, an endeavor of the U.S. Department of Health and Human Services, sets 10-year objectives for improving the health of Americans based on scientific data spanning three decades. The most recent targets for improvement are for the year 2020 (i.e., HP2020). The objectives for 2030 are currently being developed.[19]

For the CNHA, local data was compared to HP2020's national benchmarks to help determine the severity of a health problem and to identify disparities. The following questions were asked:

- How do these indicators perform against accepted benchmarks (Healthy People 2020 objectives and statewide averages)?
- Are there disparate outcomes and conditions for people in our community?

Information Gaps and Limitations

A lack of secondary data limited the study team in its ability to assess some health issues that were identified as community needs during the 2019 CHNA process. Statistical information related to these topics was scarce:

- Breastfeeding practices at home
- Diabetes among children
- Suicide among LGBTQ youth
- Experiences of discrimination among vulnerable populations
- Health of undocumented immigrants (who do not qualify for subsidized health insurance and may be underrepresented in survey data)
- Oral/dental health
- Hepatitis B and C
- Infrastructure (sewerage, electrical grid, etc.) adequacy in the community
- Mental health disorders
- Adult use of illegal drugs and misuse/abuse of prescription medications
- Alzheimer's disease and dementia diagnoses

19 U.S. Department of Health and Human Services. Healthy People 2020. http://www.healthypeople.gov

Primary Data Collection (Community Input)

The study team designed three strategies for collecting community input: key informant interviews with health experts and community service experts, focus groups with residents, and focus groups with professionals who represent and/or serve the community or residents. Individuals representing high-need populations (low-income, minority, medically underserved, homeless, older adult and youth) were included.[20]

To ensure consistency across every interview and focus group, each study team generated research protocols. Both coalitions sought to build upon prior CHNAs by focusing the primary research on topics and subpopulations that are less well understood by the statistical data. For example, Behavioral Health and Health Care Access and Delivery were identified as major health needs in the 2016 CHNA. Relatively little quantitative data exists on these subjects, so the 2019 study team sought to understand the community's perception of mental health and its experience with health care access and delivery through this primary qualitative research.

Actionable Insights conducted the key informant interviews and focus groups for this assessment. AI recorded each interview and focus group. Recordings were transcribed and qualitative research software tools were used to analyze the transcripts for common themes. AI also tabulated how many times health needs were prioritized by each of the focus groups or described as a priority in a key informant interview. The CBHC and the HCC used this tabulation to help assess community health priorities.

In all, the study team solicited input from more than 100 community leaders and representatives of various organizations and sectors. These representatives either work in the health field or in a community-based organization that focuses on improving health and quality of life conditions by serving those from high-need populations. The CBHC also distributed a community priority survey to a multitude of organizations in Santa Clara County that did not participate in interviews or focus groups.

KEY INFORMANT INTERVIEWS

Between January and June 2018, AI spoke with 36 experts from various organizations in San Mateo and Santa Clara counties. Interviews were conducted in person or by telephone for approximately one hour.

The discussions centered around five questions, which AI also asked focus groups (and modified appropriately for each audience):

- What are the most important/pressing health needs in the community?
- What drivers or barriers are impacting the top health needs?
- To what extent is health care access a need in the community?
- To what extent is mental health a need in the community?
- What policies or resources are needed to impact health needs?

See Attachments 5 and 6: Qualitative Research Protocols for complete protocols and questions. See Attachments 7 and 8: Community Leaders, Representatives, and Members Consulted for a list of key informants and focus group or interview details.

20 The IRS requires that community input include the low-income, minority, and medically underserved populations.

SANTA CLARA COUNTY FOCUS GROUPS

AI conducted eight focus groups in Santa Clara County with a total of 46 professionals and 20 residents in March and April 2018. Nonprofit hosts recruited participants for the groups. The questions were the same as those asked of key informants.

TOPIC	FOCUS GROUP HOST/PARTNER	DATE	NUMBER OF PARTICIPANTS
Homelessness	Medical Respite Program, Santa Clara Valley Medical Center	3/7/18	8
Senior population, low socioeconomic status*	Portuguese Organization for Social Services and Opportunities	3/22/18	11
Health care safety net	Community Health Partnership	3/28/18	8
Substance use	Caminar for Mental Health	4/10/18	7
Senior population, middle-income socioeconomic status*	Avenidas	4/16/18	9
Social determinants of health	Stanford Health Care	4/20/18	6
Youth mental health	Community Health Awareness Council	4/25/18	7
Community and family safety	East San José PEACE Partnership	4/26/18	10

**Indicates resident group.*

SAN MATEO COUNTY FOCUS GROUPS

Al conducted nine focus groups in San Mateo County with a total of 45 professionals and 45 residents in April and June 2018. Nonprofit hosts recruited participants for the groups. The questions were the same as those asked of key informants.

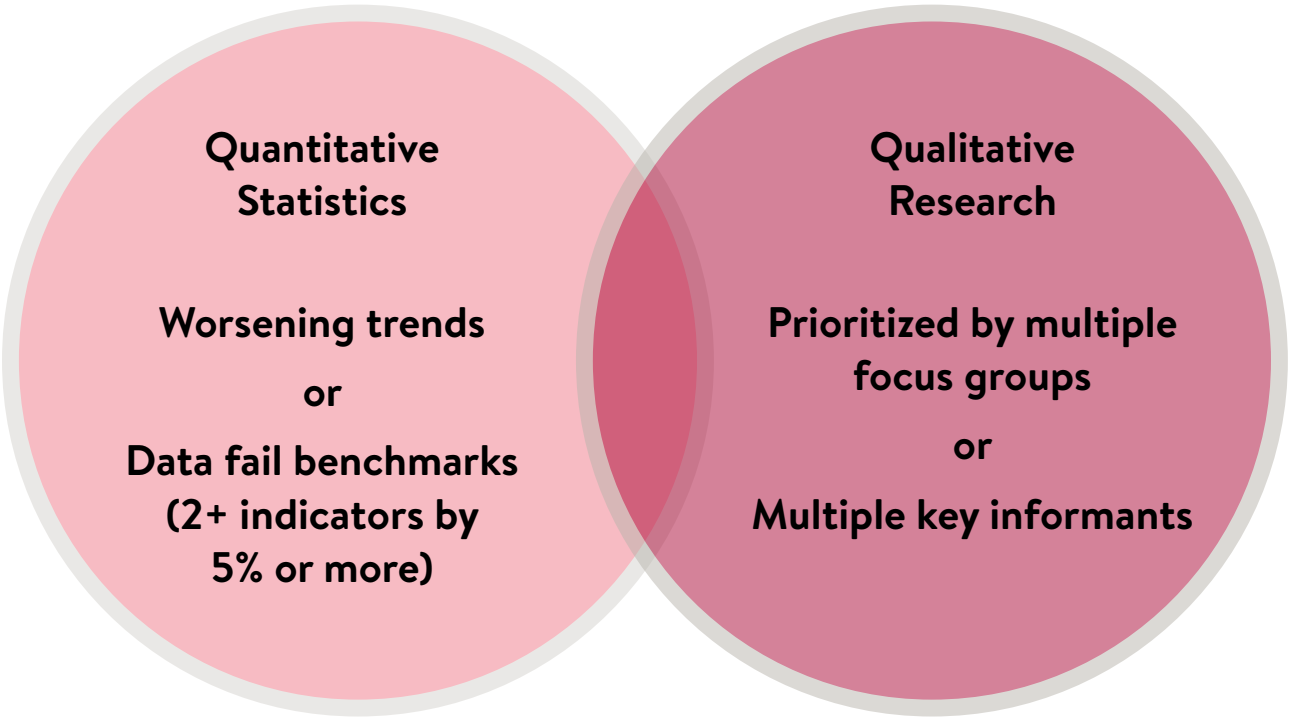
TOPIC	FOCUS GROUP HOST/PARTNER	DATE	NUMBER OF PARTICIPANTS
Older adults*	The Villages of San Mateo County	4/18/18	8
Social determinants of health	San Mateo County Human Services Agency	4/27/18	18
Community and family safety	Before Our Very Eyes/Bay Area Anti-Trafficking Coalition	5/8/18	9
Young adults*	Cañada College	5/9/18	5
Older adults	Sequoia Wellness Center	5/10/18	11
Spanish-speaking older adults*	Peninsula Family Services Agency, North Fair Oaks Senior Center	5/16/18	12
LGBTQ issues*	San Mateo Pride Center	5/17/18	10
Homeless population	LifeMoves	5/24/18	7
Pacific Islanders*	Peninsula Conflict Resolution Center	6/12/18	10

**Indicates resident group.*

Data Synthesis: Identification of Community Health Needs

In the analysis of quantitative and qualitative data, many health issues surfaced. To be identified as one of the community's prioritized health needs, an issue had to meet certain criteria (depicted in the diagram and detailed below).

Criteria for Identifying Health Needs



To be identified as one of the community's prioritized health needs, an issue had to meet the following criteria:

1. Fits the definition of a health need. (See Definitions box, next page.)
2. Must be prioritized by multiple focus groups or key informants.
3. Two or more direct indicators show worsening trends, or fail the benchmark by 5 percent or more.

Actionable Insights analyzed and synthesized the data for each issue and then applied those criteria to evaluate whether each issue qualified as a prioritized health need.

In 2019, this process led to the identification of 12 community health needs that fit all of the criteria. The list of needs, in priority order, appears on page 25.

See the health needs descriptions in Section 6: Prioritized 2019 Community Health Needs for further details about each of these health needs, and Attachments 3 and 4: Secondary Data Tables for detailed statistical data.

DEFINITIONS

Data source: Either a statistical dataset, such as those found throughout the California Cancer Registry, or a qualitative dataset, such as the material resulting from interviews and focus groups.

Health indicator: A characteristic of an individual, a population or an environment that can be measured (directly or indirectly) and used to describe one or more aspects of the health of an individual or population.

Health need: A poor health outcome and its associated risk(s), or a risk that may lead to a poor health outcome.

Health outcome: A snapshot of a disease/health event in a community that can be described in terms of both morbidity (illness or quality of life) and mortality (death).

Health risk: A behavioral, social, environmental, economic or clinical care factor that impacts health. May be a social determinant of health.

Prioritization of Health Needs

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

Packard Children's used these criteria to determine the priority order:

- **Community priority.** We used qualitative research data to ascertain the top priorities of the community, such as the high frequency with which the community prioritized the issue over others during the CHNA primary data collection process.
- **Community benefit expertise.** We drew from insights we gained as a major funder of community benefit programming (through grantmaking and learning from our community benefit grantees).
- **Broad perspective.** We also used the knowledge gained from our participation on various boards of directors and health-focused coalitions, which include stakeholders from diverse sectors.
- **Community Benefit Advisory Committee feedback.** Packard Children's Community Partnerships department convened its advisory committee to present the preliminary CHNA findings and solicit feedback, which was factored into the prioritization of the health needs list.
- **Gaps in services.** Packard Children's seeks to impact the well-being of the community at large beyond the traditional health services provided by our hospital. To this end, we used our list of assets and resources to consider to what extent community supports were lacking in health and wellness services or programs.
- **Legacy priorities.** For many years, we have addressed health care access, behavioral health (social/emotional well-being) and pediatric obesity, reflecting our belief in the importance and urgency of these needs and the need for ongoing investment to improve community health in these areas.

Based on the criteria described above, Packard Children's prioritized 12 health needs, presented below in priority order (with 1 being the highest priority).

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

6. Prioritized 2019 Community Health Needs

The following descriptions of the 12 prioritized community health needs summarize the data, statistics and community input collected during the community health needs assessment.

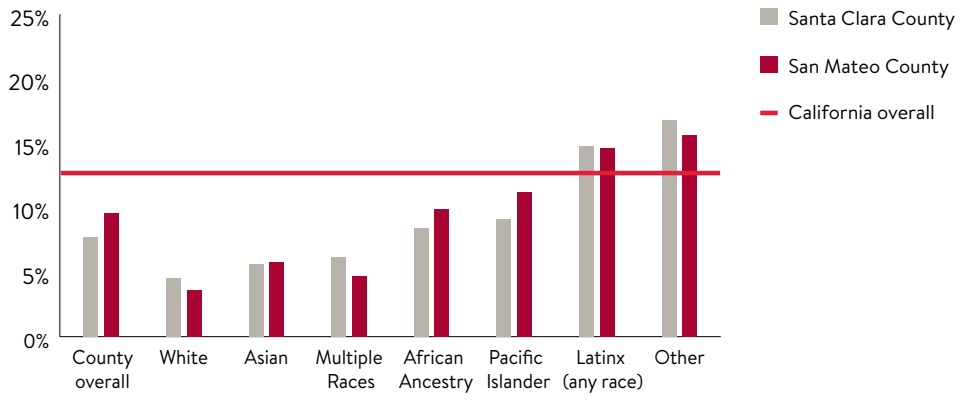
1. HEALTH CARE ACCESS AND DELIVERY

Access to comprehensive, quality health care is important for health and for increasing the quality of life for everyone.[21] Components of access to care include insurance coverage, adequate numbers of primary and specialty care providers and timeliness. Components of delivery of care include quality, transparency and cultural competence/cultural humility. Limited access to health care, and compromised health care delivery, affect people's ability to reach their full potential, negatively affecting quality of life. As reflected in statistical and qualitative data, barriers to receiving quality care include lack of availability, high cost, lack of insurance coverage and lack of cultural competence on the part of providers. These barriers to accessing health services lead to unmet health needs, delays in receiving appropriate care and inability to get preventive services.

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

Health Care Access and Delivery, particularly health care availability and affordability, is a high priority in the community. In Santa Clara and San Mateo counties, residents with low socioeconomic status are more likely than higher-status groups to have access-related issues, such as no health insurance, an inability to afford medications, inadequate transportation to medical appointments, and a lack of recent health screenings. People of Latinx, Pacific Islander and Other[22] ancestries have the lowest rates of health insurance.

UNINSURED POPULATION BY RACE/ETHNICITY



Source: U.S. Census Bureau, American Community Survey. 2012–2016.

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

21 Office of Disease Prevention and Health Promotion. (2015). http://www.healthypeople.gov

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

medical care, despite the availability of the county's Affordable Care for Everyone program.

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

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

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

Maternal and Infant Health

Lucile Packard Children's Hospital Stanford's service area generally fares well in birth outcomes and infant health: Rates of low birthweight, teen births, infant mortality and breastfeeding all meet or beat the state's benchmarks. For that reason, birth outcomes were not identified as a health need in the 2019 Community Health Needs Assessment.

However, statistics show health disparities exist among mothers and infants. Health indicators of concern in both Santa Clara and San Mateo counties include:

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

As a children's hospital, we are dedicated to contributing to good maternal and infant health. We will continue to monitor and share these data indicators (and others) to increase awareness in our community.

2. BEHAVIORAL HEALTH

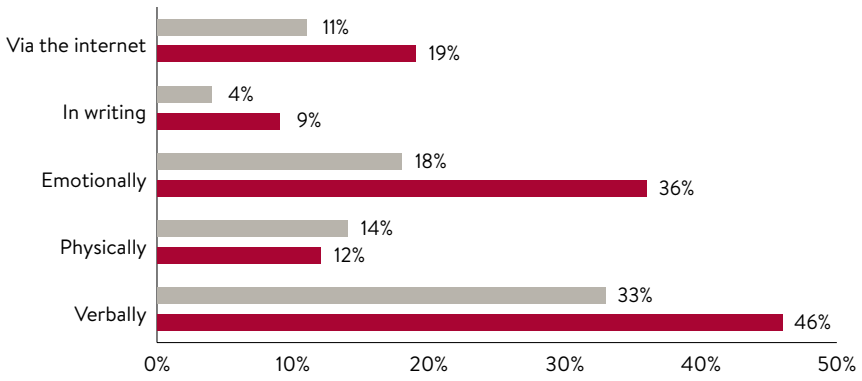
Behavioral health, including mental health issues and substance use (which often co-occur), is a high priority need in our service area. Mental health—emotional and psychological well-being, along with the ability to cope with the stressors presented in one's daily life—is key to personal well-being, healthy relationships and the ability to function in society.[23] Mental health and the maintenance of good physical health are closely related. Depression and anxiety can affect people's ability to care for themselves, and chronic diseases can lead to negative impacts on people's mental health.[24] Mental health issues affect a large number of Americans, and research shows that mental health problems arise in childhood; the Mayo Clinic estimates that, roughly one in five U.S. children has had a seriously debilitating mental disorder. In fact, half of all chronic mental illnesses begin by the age of 14, and three-quarters begin before age 25.[25]

Meanwhile, the use of substances such as alcohol, tobacco and other drugs (both legal and illegal) affects not only the individuals using them, but also their families and communities. Substance use can lead or contribute to costly social, physical, mental and public health problems, including domestic violence, child abuse, suicide, automobile accidents and HIV/AIDS.[26] More and more, substance use is seen as a disorder that can develop into a chronic illness requiring lifelong treatment and monitoring.[27]

In San Mateo County, rates of depression, poor mental health, binge drinking, deaths from drug overdoses, and the adult substance-related emergency department use have all been increasing. The proportions of county residents who currently drink alcohol or have used marijuana or hashish recently are significantly higher than state benchmarks. Chronic liver disease and cirrhosis was the #9 cause of death in San Mateo County, followed by drug-induced death at #10; both were higher than suicide at #11 between 2013–2015.

Depression among Latinx and African ancestry residents of San Mateo County is significantly higher than the state average. The County's Health and Quality of Life Survey found that residents who were of low socioeconomic status experienced depression more often than residents of higher socioeconomic status. Results of the survey suggest that various mental health and well-being indicators are worsening, from insufficient sleep and inadequate social/emotional support to feelings of loneliness/isolation, fear, anxiety and panic. Residents of low socioeconomic status disproportionately experienced inadequate social/emotional support. Survey results also indicated that residents are seeking

SAN MATEO COUNTY ADOLESCENT REPORT OF BULLYING BY TYPE AND GENDER, 2014–2015



Adolescents aged 12–17. Source: County of San Mateo. (2015). Adolescent Report 2014–2015: Youth and Adults Working Together for a Healthy Future.

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

24 Lando, J., & Williams, S. (2006). A Logic Model for the Integration of Mental Health Into Chronic Disease Prevention and Health Promotion. *Preventing Chronic Disease*. 2006 Apr; 3(2): A61.

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

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

27 Office of Disease Prevention and Health Promotion. (2018). *Substance Abuse*.

professional help for mental/emotional problems at a higher rate than in the past.

According to San Mateo County's Adolescent Report, nearly one in five adolescent girls (aged 12–17) reported being harassed or bullied online, as did more than one in 10 adolescent boys. It was also found that nearly two in five adolescent girls and almost one quarter of adolescent boys reported having suicidal thoughts. Youth self-harm exceeds the state average among youth of Native American ancestry and Other[28] races.

In Santa Clara County, adolescent girls are more likely to binge drink than adolescent boys. However, in adulthood men are more likely to binge drink than women. Adolescents of African or Latinx ancestry are more likely to use substances other than alcohol than their counterparts. Latinx adults experience high rates of binge drinking compared with other racial groups. Adults of African or Latinx ancestry are more likely to use marijuana than other racial groups..

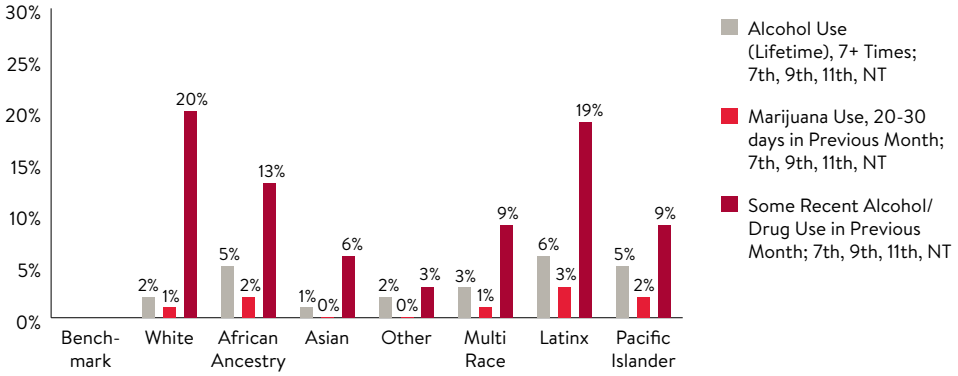
"One huge barrier [to dealing with youth substance use] is stigma and people not wanting to talk about it. Just getting parents in a room to talk about this [is tough], and then they start whispering, 'Yeah, my kid's using that.' These are people who are very worried that this is going to go on their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

—Key Informant

In focus groups and key informant interviews, the co-occurrence of mental health and substance use was a common theme. In Santa Clara County, the community cited a lack of services for behavioral health, including preventive mental health and detox centers, as a major concern. Professionals who work in behavioral health described access challenges for people experiencing these conditions due to siloed systems that do not treat both conditions holistically. LGBTQ residents of Santa Clara County expressed a need for mental health care and suicide prevention assistance. Some adolescent Asian populations reported high levels of suicidality compared with the county overall. Hospitalization rates for attempted suicide are much higher among females than males.

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

SANTA CLARA COUNTY ADOLESCENT REPORT OF DRINKING AND DRUG USE, 2013–2015



NT are students in nontraditional schools. Source: WestEd, California Healthy Kids Survey. California Department of Education. 2013–2015.

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

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

—Focus Group Participant

3. DIABETES AND OBESITY

Diabetes refers to a category of chronic diseases that affect how the body uses glucose (blood sugar), the body's primary source of fuel.[29] The Centers for Disease Control and Prevention (CDC) estimates that 30 million people in the U.S. have diabetes and that an additional 84 million U.S. adults are pre-diabetic. Type 2 diabetes accounts for roughly 90 percent of all diagnosed cases, type 1 diabetes accounts for approximately 5 percent, and gestational diabetes accounts for the rest.

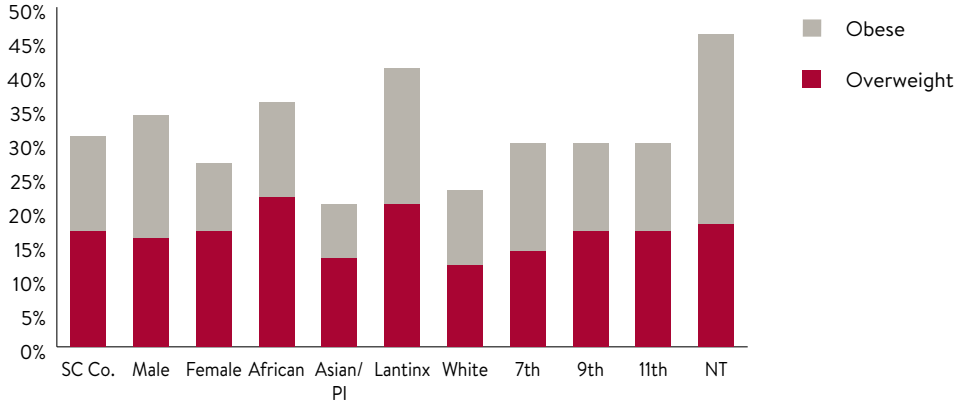
The more serious health complications of diabetes include heart disease, stroke, kidney failure, adult-onset blindness and lower-extremity amputations. Babies born to mothers with gestational diabetes are more likely to have obesity as children or teens, as well as to develop type 2 diabetes later in life.[30]

While type 1 diabetes is generally believed to be caused by a combination of genetic and environmental factors and cannot be prevented, type 2 diabetes and pre-diabetes (higher-than-normal blood glucose levels) are the result of the body losing its ability to generate sufficient insulin to maintain and regulate a healthy blood sugar level. Risk factors for type 2 diabetes include being physically inactive and/or overweight.[31]

People are medically described as overweight or obese when their weight is higher than the healthy standard for their height, as measured by body mass index (BMI) divided by the square of height. Risk factors of obesity, in addition to unhealthy diet and inactivity, include genetic factors, underlying medical issues, family models, social and economic factors, and hormonal changes due to lack of sleep, pregnancy or age. Smoking cessation and the side effects of certain medications can also contribute to obesity.[32] Food insecurity and obesity often co-exist because both are consequences of economic and social disadvantage.[33]

Nearly one in five children and nearly two in five adults in the U.S. are obese.[31] Beyond diabetes, being obese or overweight increases an individual's risk for hypertension, stroke and cardiovascular disease.

PERCENTAGE OF SANTA CLARA COUNTY STUDENTS WHO ARE OVERWEIGHT OR OBESE



Students are 7th, 9th, 11th and nontraditional ("NT"). Source: California Healthy Kids Survey, 2006–2016.

29 The Mayo Clinic. (2018). *Diabetes Overview*.

30 Centers for Disease Control and Prevention. (2018). *Diabetes Quick Facts*.

31 Centers for Disease Control and Prevention. (2018), *Overweight and Obesity*.

32 The Mayo Clinic. (2018). *Obesity*.

33 Food Research and Action Center. (2015). *Food Insecurity and Obesity*.

Obesity can also contribute to poor mental health (anxiety, depression, low self-esteem), stigma and social isolation. Among children and youth, obesity can increase the likelihood of bullying.[31, 32]

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

—Key Informant

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

Although the overall rates do not exceed benchmarks, Latinx residents in San Mateo and Santa Clara counties have significantly higher than average proportions of youth and adults who are overweight or obese. This is driven, in part, by low fruit/vegetable consumption (based on statistical data) and possibly by physical inactivity (reported by the community). Youth of African ancestry in Santa Clara County also miss the benchmarks for physical activity and fruit/vegetable consumption. Youth overweight and obesity is also an issue among Pacific Islanders. Males are almost twice as likely as females to be obese. In San Mateo County, African ancestry adults fail state benchmarks for overweight and obesity, as do adults of low socioeconomic status. Significant proportions of LGBTQ survey respondents in Santa Clara County also report being overweight or obese.

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

Access to Healthy Foods

In Santa Clara County, half of all key informant interviews and a third of focus groups prioritized diabetes and/or obesity as health needs. The community discussed environmental factors that contribute to diabetes and obesity, such as the food environment, stress and poverty. Nationally, public health experts are working on ways to address the food environment as a means of addressing diabetes and obesity. Research shows that when people can't access foods that support good health, and have easier access to fast food than fresh groceries, their health outcomes suffer.[34] Data indicate that Santa Clara County does have significantly high proportions of fast food restaurants and low proportions of grocery stores and WIC-authorized stores.[35]

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

—Key Informant

34 https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-foods-that

35 https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/Program-Landing1.aspx

4. UNINTENTIONAL INJURIES

Unintentional Injuries refers to health needs driven by a significantly higher proportion of deaths compared with state benchmarks. In our service area, rates by injury type are mostly favorable, with the exception of fatal pedestrian accidents. The fatal pedestrian accidents rate is less than two per 100,000 people in Santa Clara County, which is significantly higher than the Healthy People benchmark. In San Mateo County, pedestrian accident deaths are slightly higher than the benchmark. Latinx residents are more likely than people of other ethnicities to die in pedestrian accidents in both counties.

Among vulnerable populations, children of African ancestry in both counties are significantly more likely to suffer an unintentional injury than children of other races.

Community feedback was limited to discussions about traumatic brain injury in Santa Clara County. Professionals described the difficulty of getting appropriate treatment for people with traumatic brain injury, which is sometimes misdiagnosed as a behavioral health issue. *(See also the Behavioral Health health need description.)*

5. ECONOMIC STABILITY

Economic Stability was identified as a health need in Santa Clara County. Issues related to Economic Stability are education, poverty, food insecurity, behavioral health and housing. *(See also the Housing and Homelessness health need description.)* The high cost of living in the area, particularly for lower-income residents, came up in the majority of focus groups and key informant interviews.

Education

Educational attainment is included in this health need as a predictor of economic stability. Reading proficiency by third grade is a predictor of high school graduation.[36] In Santa Clara County, high school graduation rates overall are high and stable, rates are lower for residents of Latinx, Native American and African ancestry. The proportion of fourth graders reading below grade level is significantly worse than the Healthy People benchmark for African ancestry, Latinx, Pacific Islander and Native American populations.

Poverty

Despite lower than state average rates of poverty and income inequality, disparities exist. Residents of African ancestry and those of Other[37] races have rates of poverty that fail California benchmarks. The proportion of individuals, including children, who are food insecure but do not qualify for federal food assistance, is higher than the state average. More than one in 10 households of African ancestry, and one in four Latinx households, have received food from a food bank in the previous year. Some middle-income parents struggle to pay mental health care costs, as reported by youth mental health providers.

Behavioral Health

In San Mateo County, economic insecurity and housing instability were discussed as drivers of poor mental health and substance use. Economic stressors that affect food insecurity and housing instability were identified by multiple sources as drivers of domestic violence. Human trafficking is an emerging issue in the county, which experts similarly rooted in chronic homelessness/housing issues and related economic stressors, as well as chronic alcohol and drug use or exposure to the same in the home, domestic violence, abuse, neglect, and/or poor mental health/self-esteem issues that are not being appropriately addressed. *(See also the Behavioral Health and Housing and Homelessness health need descriptions.)*

36 https://www.publicschoolreview.com/blog/third-grade-reading-correlates-with-high-school-graduation-rates

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

"The cost of housing and then immigration stress for [Latinx parents] in particular is, I think, really challenging their ability to stay in this valley. It's also causing them to make a series of really difficult choices about [what to do] with the income that they have—how is that being spent, and how does that contribute to their overall health and well-being?"

—Key Informant

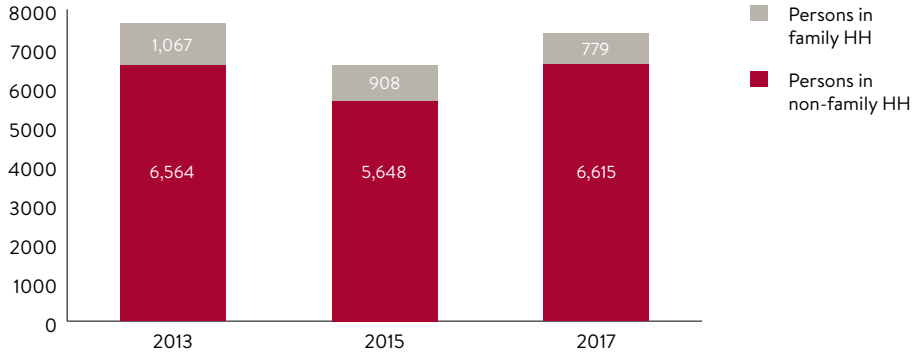
6. HOUSING AND HOMELESSNESS

The U.S. Department of Housing and Urban Development (HUD) defines affordable housing as that which costs no more than 30 percent of a household's annual income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation and medical care.[38] The physical condition of a home, its neighborhood and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement and economic success of those in such a household.[39] Further, a 2011 study by Children's Health Watch found that "children in families that have been behind on rent within the last year are more likely to be in poor health and have an increased risk of developmental delays than children whose families are stably housed."[40]

Homelessness is correlated with poor health: Poor health can lead to homelessness, and homelessness can lead to poor health.[41] Individuals experiencing homelessness have been shown to have more health issues than non-homeless peers, suffer from preventable illnesses at a greater rate, experience longer hospital stays, and have a greater risk of premature death.[42] A National Health Care for the Homeless study found that the average life expectancy for a person without permanent housing was at least 25 years shorter than that of the average U.S. citizen.[43] Thus, it is vital that health care systems monitor their homeless population and identify the population's health needs.

In Santa Clara County, the number of people experiencing homelessness has recently increased, as has the proportion of people experiencing homelessness who are minors. The county has a much lower rate of available HUD-assisted housing units than the state average. Professionals serving families reported an increase in those

NUMBER OF HOMELESS PERSONS, SANTA CLARA COUNTY, BY HOUSEHOLD COMPOSITION



Family households (HH) are those that include children aged 18 and under.
Sources: Santa Clara County Point in Time County 2013, 2015, 2017.

38 U.S. Department of Housing and Urban Development. (2018), *Affordable Housing*.

39 Pew Trusts/Partnership for America's Economic Success. (2008). *The Hidden Costs of the Housing Crisis*. See also: The California Endowment. (2015). *Zip Code or Genetic Code: Which Is a Better Predictor of Health?*

40 Children's Health Watch. (2011). *Behind Closed Doors: The Hidden Health Impacts of Being Behind on Rent.*

41 National Health Care for the Homeless Council. (2011). *Care for the Homeless: Comprehensive Services to Meet Complex Needs.*

42 O'Connell, J.J. (2005). *Premature Mortality in Homeless Populations: A Review of the Literature.* Nashville, TN: National Health Care for the Homeless Council.

43 National Coalition for the Homeless. (2009). *Health Care and Homelessness.*

seeking help from food banks and making difficult choices about how to spend remaining funds (healthy food, medicine, doctor visits, therapeutic services). A Santa Clara County health official said that a lack of stable housing can prolong recovery time from diseases and surgical procedures. It was also noted that families are moving within or leaving the area due to increased cost of living.

In San Mateo County, housing was mentioned in conjunction with mental health in more than two-thirds of focus groups and key informant interviews. Many people in underserved populations may be experiencing either homelessness or housing instability. Community input also surfaced a growing call for help with basic needs among those with middle incomes for whom services are lacking because they do not qualify for most assistance programs.

"We have people renting out living rooms or backyards where they can just use the shower facilities of the home. People renting out RVs and then paying people to take a shower in their home. Or five families living in a single-family unit where each family has a bedroom. That creates a whole level of stress."

—Focus Group Participant

7. TRANSPORTATION

In the U.S. in 2010, 13.6 million motor vehicle crashes killed nearly 33,000 people and injured 3.9 million more. The major contributors to motor vehicle crashes include drunken driving, distracted driving, speeding and not using seat belts.[44] Increased road use correlates with increased motor vehicle accidents,[45] while more traffic (road congestion) causes travel delays, greater fuel consumption, and higher greenhouse gas emissions via vehicle exhaust.[44] Vehicle exhaust is a known risk factor for heart disease, stroke, asthma and cancer.

In Santa Clara and San Mateo counties, a significantly smaller proportion of residents live within half a mile of a public transit stop compared to the California benchmark. Both counties have a high density of roads, and more commuters travel long distances (more than 30 miles each way) alone in their cars than average.

San Mateo County community members described public transit access as poor countywide, especially for Coastside residents, for people whose homes are not near transit lines, and for students and workers who must commute long distances. Key informants connected long commutes to increased stress and poor health outcomes. In Santa Clara County, transportation was mentioned as a barrier to health care in half of the focus groups.

"We just don't have good public transportation. For example, we had a woman who had a 1 o'clock appointment in Burlingame with rape trauma services. She lived in Menlo Park. She called at 9 o'clock and said that she had missed her bus, because it was early, and she couldn't make her 1 o'clock appointment. … That is a barrier to care."

—Focus Group Participant

44 U.S. Department of Transportation, National Highway and Traffic Safety Administration. (2015). *The Economic and Societal Impact of Motor Vehicle Crashes, 2010* (Revised), DOT HS 812 013. 2015 (revised). See also: Centers for Disease Control and Prevention. (2017). *Motor Vehicle Safety: Cost Data and Prevention Policies*, which indicates figures have not changed significantly since 2010.

45 Cohen, P. (2014, October 8). Miles Driven and Fatality Rate: U.S. States, 2012. *Sociological Images* [web log].

8. ORAL/DENTAL HEALTH

Good oral/dental health contributes to overall health.[46] Maintaining oral/dental health is dependent on regular self-care, including brushing with fluoride toothpaste, flossing and receiving professional dental treatment.[47] Conversely, unhealthy behaviors such as substance use (including tobacco as well as drugs such as methamphetamines), poor dietary choices and hygiene, and not regularly seeing a dentist can result in conditions ranging from cavities to gum disease to cancer.[48] As with other health needs, various factors can create barriers to accessing dental services for different ethnic, socioeconomic and otherwise vulnerable groups. The primary access factors are lack of insurance, low socioeconomic status and fear of dental treatment.[49]

Community feedback related to oral health in San Mateo County usually concerned a lack of dental insurance for young adults and older adults, and a lack of access to high-quality dental services for everyone. Insurance that covers routine dental care and surgery (wisdom-tooth extraction or root canal) is perceived as expensive. Wait times for appointments can be long.

In San Mateo County, the proportion of residents who report having no dental insurance coverage for routine dental care has been rising since 2008. Disparities exist: About half of county residents with low socioeconomic status have not received a recent dental exam, which is significantly worse than the state average. Community professionals suspect residents are unaware of how important oral health is to overall health and thus don't visit the dentist.

The supply of oral health providers in San Mateo County is perceived as low, but statistics show the ratio of dentists-to-residents has improved. Yet fewer than 30 dentists and clinics in the county accept Denti-Cal. Key informants stated that low reimbursement rates and complicated billing procedures have driven many oral health providers away from accepting Denti-Cal. They also noted that Federally Qualified Health Centers (FQHCs) are the only organizations that receive a higher reimbursement rate for dental services. The ratio of FQHCs-to-residents is significantly worse in San Mateo County than it is statewide.

In Santa Clara County, community feedback related to oral health usually concerned the perceived lack of access to dental insurance. Although data indicate that there are plenty of dentists in the county, professionals acknowledge that oral health is difficult to access for those of low socioeconomic status because they lack dental insurance or, for Medi-Cal patients, they are often unaware that Medi-Cal provides dental benefits. An oral health expert ascribed the relatively few providers who accept Denti-Cal benefits to the low reimbursement rate for Denti-Cal patients.

Ethnic disparities exist in Santa Clara County: A significantly higher proportion of children had not received a recent dental exam compared with the state average; White and Latinx children fared the worst. This may have an impact into adulthood, as we see that more than half of Latinx residents have had dental decay or gum disease, which is worse than the county overall.

> "Oral health really begins in pregnancy, and what the mother's oral health is like will impact her child. I think that's an area that people are not as familiar with."
>
> *—Key Informant*

46 National Institute of Dental and Craniofacial Research. (2000). *Oral Health in America: A Report of the Surgeon General*.

47 The Mayo Clinic. (2016). Oral Health: Brush Up on Dental Care Basics.

48 Office of Disease Prevention and Health Promotion. (2018). *Oral Health*.

49 Centers for Disease Control and Prevention. (2017). *Disparities in Preventive Dental Care Among Children in Georgia*. See also: Harvard Health Publishing/Harvard Medical School. (2015). *Dental Fear? Our Readers Suggest Coping Techniques*.

9. CANCER

Cancer is the leading cause of death in Santa Clara and San Mateo counties, and rates of childhood cancer diagnoses are significantly higher in both counties compared to the state. High-quality screening can serve to reduce cancer rates; however, various complex factors contribute to disparities in cancer incidence and death rates among different ethnic, socioeconomic and otherwise vulnerable groups. Research has found that health disparities related to cancer contribute to higher, avoidable death rates among low-income and ethnic minority populations. The disparities may be exacerbated by delivery issues in cancer screening and follow-up.[50] Although personal behavioral and environmental factors are significant (smoking, exposure to known carcinogens), the most important risk factors for cancer are lack of health insurance and low socioeconomic status.[51]

In addition to being a leading cause of death and high rates of childhood cancer diagnoses, overall cancer prevalence in San Mateo County is significantly higher in the county than in the state. Incidence rates for certain cancers—breast, uterine, melanoma and prostate—are also worse in the county than in the state. Significant ethnic disparities in cancer occurrences are seen for White, African ancestry and Latinx populations. Unhealthy behaviors that increase cancer risk, such as binge drinking and lack of regular vigorous physical activity, are on the rise. Additionally, breast cancer screenings (mammograms) have decreased countywide.

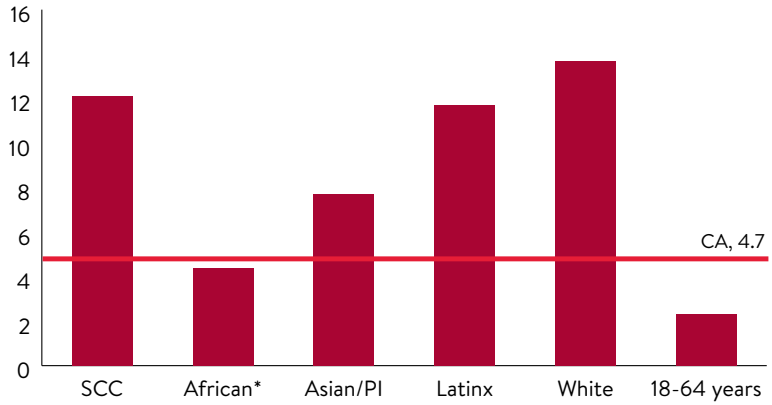
In Santa Clara County, cancer accounts for nearly one in four deaths among men and women. Ethnic disparities in cancer occurrences are seen for White, African ancestry, Latinx and Pacific Islander populations. African ancestry residents have a significantly higher cancer mortality rate across both counties than the benchmark.

Cancer was not prioritized by the community.

10. COMMUNICABLE DISEASES

Communicable Diseases is a health need as evidenced by a significantly high rate of hepatitis, pertussis and tuberculosis compared with benchmarks. The tuberculosis rates in both counties are significantly higher than the average rate statewide. In Santa Clara County, the rate is almost double and has been significantly high for at least a decade. Rates are significantly worse for those born outside of the U.S., especially in Asian countries. Kindergarten immunization rates in both Santa Clara and San Mateo counties are in line with state benchmarks. Communicable diseases were not prioritized by the community, but a public health officer described the tuberculosis problem as critical, especially for people who do not have stable housing (a place to recover).

PERTUSSIS RATES, SANTA CLARA COUNTY 2016



Rates per 100,000 people. Source: Santa Clara Public Health Department, 2016.
**Indicates that the rate is statistically unstable due to small number of cases (n<12) with a relative standard error of greater than 30%.*

50 Fiscella, K., et al. (2011). Eliminating Disparities in Cancer Screening and Follow-Up of Abnormal Results: What Will It Take? *Journal of Health Care for the Poor and Underserved*, *22*(1): 83–100.

51 National Cancer Institute. (2018). *Cancer Disparities*.

11. ASTHMA

Respiratory disorders affect the ability of an individual to breathe. Asthma is among the most common respiratory disorders.[52] According to the American Lung Association, "the most common risk factors for developing asthma [are] having a severe respiratory infection as a child, having a parent with asthma, having an allergic condition, or being exposed to certain chemical irritants or industrial dusts in the workplace."[53] Asthma symptoms can range from mild to life-threatening. Asthma attacks can cause a range of issues from simple wheezing to extreme breathlessness.[54] Proper asthma management can include access to specialists, the regular use of controller medication, access to quick-relief medication, and avoidance of triggers such as poor outdoor air quality, pollen, mold, smoke and its residue, animal dander and pest-generated allergens.[55]

In Santa Clara County, asthma hospitalizations for most younger age groups are significantly higher than state benchmarks. Data reveal ethnic disparities: African ancestry residents are hospitalized at a much higher rate than those of other races, and a high proportion of Filipinos report having been diagnosed with asthma.

In San Mateo County, asthma prevalence is increasing among children and adults—and is significantly worse than benchmarks. According to asthma data by ethnicity (which is available for adults only) asthma prevalence is highest for residents of African and Latinx ancestry. Certain drivers of respiratory conditions, such as overweight/obesity and smoking, are significantly higher among the population of low socioeconomic status.

52 U.S. National Library of Medicine. (2018). *Lung Disease*.

53 American Lung Association. (2018). *Asthma Risk Factors*.

54 Centers for Disease Control and Prevention. (2018).

55 Asthma and Allergy Foundation of America. (2018). *Asthma Capitals 2018*.

12. NATURAL ENVIRONMENT

Living in a healthy environment is critical to quality of life and physical health. The Office of Disease Prevention and Health Promotion reports that globally nearly 25 percent of all deaths and disease can be attributed to environmental issues. Those environmental issues include air, water, food and soil contamination, as well as natural and technological disasters.[56] For people whose health is already compromised, exposure to environmental issues can compound their problems.[57] It therefore follows that any effort to improve overall health must include consideration of those societal and environmental factors that increase the likelihood of exposure and disease. The recent reports on climate change highlight the importance of considering environmental health in the context of climate health, which is projected to have an increasing impact on sea levels, air quality, the severity of natural disasters such as fires, flooding and droughts, and patterns of infectious diseases.[58]

Santa Clara and San Mateo counties have a significantly higher density of roads compared with the state average; particulates from traffic can contribute to asthma. Santa Clara County has less tree canopy cover than the state average and higher rates of drought severity. San Mateo County is significantly more vulnerable to flooding than the state average. Some community members expressed concern about traffic, air pollution and climate change. *(See also the Asthma health need description.)*

For additional statistical data, see Attachments 3 and 4: Secondary Data Tables.

56 Office of Disease Prevention and Health Promotion. (2018). *Environmental Health*.

57 Morris, G., & Saunders, P. (2017). *The Environment in Health and Well-Being*. Oxford Research Encyclopedias.

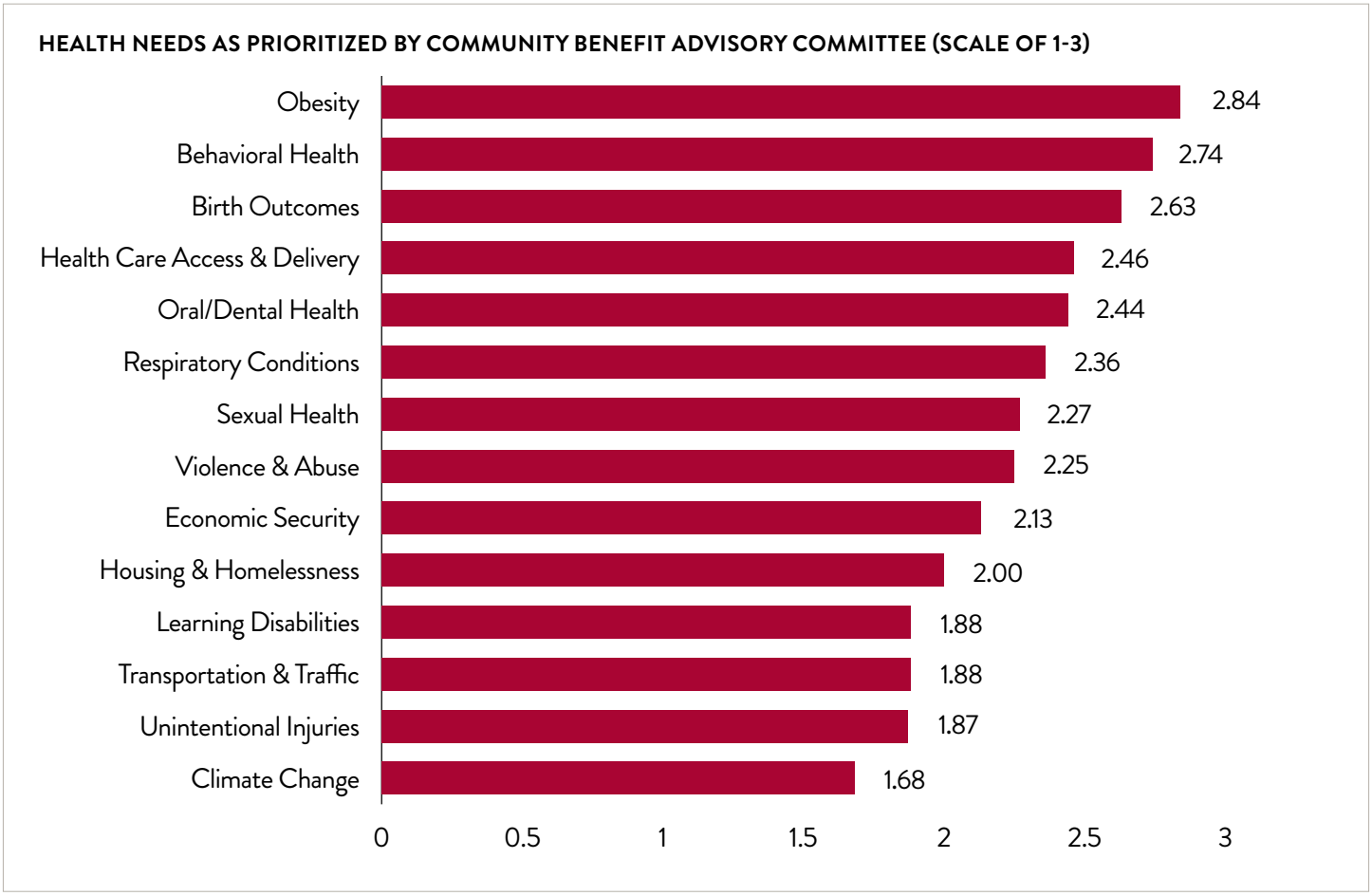
58 U.S. Global Change Research Program. (2018). *Fourth National Climate Assessment*.

7. Evaluation Findings from 2017–2019 Implemented Strategies

2016 prioritized health needs

In 2015 and 2016, Lucile Packard Children's Hospital Stanford participated in a Community Health Needs Assessment similar to our collaborative 2019 effort. Our 2016 CHNA report is posted on the Community Benefits page of our public website.[59] As noted in that report, our Community Benefit Advisory Committee (CBAC) met in April 2016 and prioritized the health needs listed below. The CBAC chose to address the top three in subsequent years through implementation strategies.

2016 Identified Significant Health Needs by Prioritization



59 https://www.stanfordchildrens.org/en/about/government-community/benefits-reports

Implementation Strategies for Fiscal Years 2017 and 2018

The 2016 CHNA formed the foundation for Lucile Packard Children's Hospital Stanford's implementation strategies for fiscal years 2017 through 2019, which were initiated in fiscal year 2017 (FY17). The IRS requires hospitals to report on the impact of implementation strategies. The following sections describe the evaluation of community benefit programs put forth in the implementation strategies. Due to timing constraints that require the adoption and public posting of this report by the end of the fiscal year, evaluation results for FY19 (September 1, 2018–August 31, 2019) were not yet available for inclusion. For more information, see the Community Benefits Reports and Health Assessment page of our public website.[60]

Community Benefit Investments in Fiscal Years 2017 and 2018

Packard Children's is dedicated to meeting the health needs of our community's most vulnerable. As a nonprofit organization, Packard Children's is dedicated to improving the health of our community. As part of that commitment, we provide direct services to some of our communities' most vulnerable members and we partner with government and local community–based organizations on programs and funding.

The following program guidelines drive our community work:

- Meaningful and sustainable community investment
- Services that meet the needs of vulnerable populations
- Partnering to build stronger, healthier communities
- Continued advocacy for children's health issues

At Packard Children's we believe that every family is deserving of quality, nurturing care. As part of that commitment we provide financial assistance to families who qualify. We're proud to be part of the safety net that provides care to our community's most vulnerable.

The following are highlights of our community benefit strategies and their implementation. Due to time constraints that require adoption and public posting of this report by the end of the fiscal year, evaluation results for fiscal year 2019 are not yet available. For more information, visit our website.[60]

COMMUNITY BENEFIT INVESTMENT HIGHLIGHTS IN FISCAL YEARS 2017 AND 2018

- Nearly $5 million in community health improvement funding, including community investment grants
- More than $3.8 million in charity care excluding uncompensated Medicare
- More than $34 million to train the next generation of physicians and other health care professionals
- More than $6 million in community building activities, such as support for community emergency management programs and advocacy for children's health issues

IMPLEMENTED STRATEGIES IN FISCAL YEARS 2017 AND 2018

Packard Children's seeks to meet community benefit standards through multiple initiatives specifically addressing identified community health needs. These initiatives range from services and activities conducted by our hospital organization itself to programs funded by our hospital and conducted by community nonprofits and government agencies in the community we serve. The results section of this evaluation specifically addresses Packard Children's funding of externally conducted programs.

60 http://www.communitybenefit.stanfordchildrens.org

Lucile Packard Children's Hospital Stanford conducts a yearly grant program that funds nonprofit organizations and government agencies working on shared unmet health needs. Our Community Investment Grant program allows us to provide support for community-based organizations with programs or services that align with our Community Health Initiatives:

- Improve Access to Care
- Prevent and Treat Pediatric Obesity
- Improve the Social, Emotional and Mental Health of Children and Youth

List of Community Investment Grants, FY17–FY19

INITIATIVE	ORGANIZATION	FY 2017	FY 2018	FY 2019	TOTAL INVESTMENT
Access	Children's Health Council				$25,000
Access	Fair Oaks Health Center				$90,000
Access	Gardner Packard Children's Health Center				1,633,333*
Access	Legal Aid Society, Peninsula Family Advocacy Program				$150,000
Access	MayView Community Health Center				$175,000
Access	Packard Teen Van				$1,217,126*
Access	Puente				$200,000
Access	Ravenswood Family Health Center				$1,187,000
Access	Santa Cruz Community Health Centers				$205,000
Access	Stanford Pediatric Advocacy Program				$232,000
Access	Strengthening Connections for Families				$33,680
Obesity	Jóvenes SANOS				$65,000
Obesity	Pediatric Weight Control Program				$216,000
Obesity	United Way of Santa Cruz Go for Health!				$225,000
S/E	Center for Youth Mental Wellbeing				$224,000
S/E	Challenge Success				$110,000
S/E	Mental Health Dissemination & Innovation Initiative, Early Life Stress Program				$402,300
S/E	Peer Health Exchange				$160,000
S/E	Project Cornerstone				$145,000
S/E	Project Safety Net/HEARD Alliance				$423,700
S/E	Talk, Read, Sing				$70,000
S/E	Teen Success, Inc.				$75,000
S/E	YMCA Palo Alto Reach & Rise Program				$105,000

**FY19 funding amounts not available for these programs at time of printing.*

IMPACT OF IMPLEMENTED STRATEGIES IN FISCAL YEARS 2017 AND 2018

This section describes the impact of Lucile Packard Children's Hospital Stanford's community benefit investments in FY17 and FY18, based on its implementation strategies for the 2016 prioritized health needs. Some FY19 data not available at time of printing.

Initiative 1: Improved Access

FUNDED GRANTEES – IMPROVED ACCESS

Children's Health Council

This grant was used to assess the feasibility of creating an adolescent mental health navigation system for the counties of San Mateo and Santa Clara to help teens and parents identify and assess available support systems in a timely manner.

Fair Oaks Health Center

This health center increases the availability of health care services for vulnerable children.

Additional Fair Oaks Program metrics:

- Patients served with grant funds: 423 in FY17, 147 in FY18
- New partnership with Hoover Elementary School
- Supported the Family Resource Center by attending parent groups, teaching sessions on school readiness, health and stress for parents and a professional development for all teachers on toxic stress.
- Developed partnerships with Redwood City initiatives for children aged 0–8 with the Big Lift and Redwood City 20/20 and First 5.
- Presented the interim findings of the pilot school readiness program at FOHC to the Pediatric Leadership Team at San Mateo Medical Center, First 5 and Start Strong Collaborative.
- Served on the board of Institute for Human and Social Development (IHSD), which oversees HeadStart for San Mateo County.

Gardner Packard Children's Health Center

Gardner Packard Children's Health Center, a Federally Qualified Health Center, has lowered health care costs and increased access to health care services for uninsured and underinsured children in our primary service area. The Gardner Packard Health Center is part of our ongoing efforts to increase access to care for our patients and the community. Services provided include: general pediatric care, comprehensive treatment including immunizations, complete physical exams, acute illness and injury care, health education, social services assessment and assistance, mental health counseling, nutrition counseling and more.

FUNDED GRANTEES – IMPROVED ACCESS

Legal Aid Society, Peninsula Family Advocacy Program

The Legal Aid Society of San Mateo County's Peninsula Family Advocacy Program (FAP) strives to improve the health and welfare of expectant mothers, low-income children and their families. FAP provides no-cost legal representation, advocacy and education to help address underlying causes of poor health among low-income children receiving care in our primary service area. FAP assists community members with medical insurance and financial issues, housing problems, enrolling in public benefits, domestic violence, and enrolling in educational programs; it also provides assistance for teen parents and family caregivers.

Additional Peninsula Family Advocacy Program metrics:	**FY17**	**FY18**
Individuals served	8,289	3,510
Percent of cases with favorable outcomes	94%	95%
Trained community partners	65	65
Referrals received from partners	423	218
Technical assistance (curbside consults) to community partners	95	71

MayView Community Health Center

This Federally Qualified Health Center operates three clinics in the cities of Palo Alto, Mountain View and Sunnyvale with a mission to provide high-quality primary health care to low-income people from all cultural and ethnic backgrounds, regardless of ability to pay. MayView is an essential part of the health care safety net and a medical home for the uninsured in our community. With more than 20,000 visits per year from over 6,000 patients, MayView serves low-income families and individuals who live and work in the northern part of Santa Clara County. Lucile Packard Children's Hospital Stanford partners with MayView to provide prenatal and pediatric care to low-income and uninsured patients.

Additional Mayview Health metrics:	**FY17**	**FY18**
Total patients served	5,989	7,140
Depression screenings, youth aged 12–18	342	FY17 only
Behavioral health visits	742	FY17 only
Exams, 0–2 years	614	594
Exams, 3–12 years	622	867
Exams, 13–18 years	210	412
Number clients <18 years receiving vaccines	1,056	1,063
Number vaccines administered	1,131	2,704
Clients receiving prenatal visits (1st trimester)	239	FY17 only

FUNDED GRANTEES – IMPROVED ACCESS

Packard Teen Van

Lucile Packard Children's Hospital Stanford provides expert care for our community's high-risk kids and young adults aged 10–25 through the Mobile Adolescent Health Services program. The multidisciplinary staff of this program provide custom-designed care for those who rely exclusively on the Teen Van as their only link to a network of services and knowledge they urgently need. All services and medications are provided free of charge to the patients. Services include: acute illness and injury care, physical exams, family planning services, pregnancy testing, HIV and STD testing, counseling and treatment, immunizations, mental health services, nutrition counseling and more.

Individuals served: 2,892 in FY17 | 526 in FY18

Puente

In the San Mateo County South Coast communities of Pescadero, La Honda, Loma Mar and San Gregorio, Puente is the only community resource center. Puente advocates for its community and leverages resources that foster economic prosperity and security as well as promote individual and community health and wellness. In fiscal year 2017, Packard Children's partnered with Puente to increase access to primary health care services in the South Coast region.

Additional Puente Health metrics:	**FY17**	**FY18**
Unduplicated individuals served	1,017	1,511
Encounters	2,033	9,659
Health education classes	20	35
Percent improved health knowledge	90%	100%
Outreach contacts	728	FY17 only
Free clinic days	3	FY17 only

Ravenswood Family Health Center

Our long-standing partnership with Ravenswood Family Health Center, a Federally Qualified Health Center, spans multiple services, including pediatric medical and dental visits. By leveraging our financial support and human capital, Ravenswood Family Health Center has been able to expand its culturally-competent pediatric services and build capacity for uninsured or underinsured children and mothers in our community.

Additional Ravenswood metrics:	**FY17**	**FY18**
Patients served	17,456	8,104
Pediatric medical visit patients/visits	6,800/15,633	4,930/15,954
Dental visit patients/visits	3,667/7,958	4,059/8,765
General anesthesia patients	75	78
Physical activity counseling patients	2,933	2,099
Behavioral health patients/visits	355/1,292	292/812

FUNDED GRANTEES – IMPROVED ACCESS

Santa Cruz Community Health Centers

Through the Santa Cruz Women's Health Center and the East Cliff Family Health Center, Santa Cruz Community Health Centers (a Federally Qualified Health Center) provides comprehensive primary care services in English and Spanish to all ages, genders, ethnicities, abilities, sexual identities and orientations, regardless of their ability to pay. Santa Cruz Community Health Centers is driven by its originator's 40-year commitment to social justice and access to health care as a human right. In FY17, Packard Children's partnered with Santa Cruz Community Health Centers to expand access to health care services and to improve care coordination services.

Additional Santa Cruz Community Health Centers FY17 metrics:

- Developed a patient registry of children with medical complexity.
- Performed assessment of SDoH in all patients engaged in care management.
- Engaged 50 percent of patients in medical complexity registry for treatment and external referrals.

FY18 Santa Cruz Community Health Centers metrics:

1. Implemented a patient registry of children with medical complexity, based on set criteria as determined by the pediatric care team and best practice. 150 complex patients have been identified and entered into the registry.
2. Engaged patients included in the registry in a care management plan for appropriate treatment and navigation to outside resources. Implemented a new Population Health Module in electronic health records platform that provides 1) the family's goals, 2) next visits, 3) the care team and 4) medications to create a holistic record and trajectory for each patient's Medical Care Plan (MCP).
3. Continued to develop implementation of a social determinants assessment to ensure delivery of services to address critical non-medical needs. Continued to explore the use of PRAPARE assessment tool for tracking social determinants of health (SDH).

Unduplicated Individuals Served: 163 | Encounters: 941

Stanford Pediatric Advocacy Program

The Pediatric Advocacy Program at Lucile Packard Children's Hospital Stanford provides pediatric residents with opportunities to:

- Learn about critical community agencies and resources through the community pediatrics and child advocacy rotation.
- Support local community partners in their efforts to address pressing child health needs through the longitudinal Stanford Advocacy Track (StAT).
- Promote child health and well-being through community-driven systems and policy change.

Strengthening Connections for Families

The goal of this project is to build an innovation laboratory for the future of pediatric primary care. To accomplish this vision, its mission/goals are to improve the health and well-being of all children through cross-disciplinary advancements in 1) patient care, 2) medical education, 3) advocacy and community engagement and 4) research.

The objectives of this project are two-fold:

1. Support San Mateo County's Family Health Services home visiting programs have stronger connections to improve referral connections at community provider including the well born nursery at Packard Children's and community primary care clinics in south San Mateo County.
2. Support the launch of San Mateo County's Family Health Services Family Connects program with its first site at Packard Children's by summer 2019 in partnership with surrounding community pediatric clinics in south San Mateo County for all families who live in San Mateo County with infants born at Packard Children's.

Initiative 2: Pediatric Obesity

FUNDED GRANTEES – PEDIATRIC OBESITY

Jóvenes SANOS

Jóvenes SANOS (JS) is a health initiative within United Way of Santa Cruz County and serves as the youth leadership component of the countywide Go For Health (GFH) Collaborative. GFH's mission is: Supporting education, policies, systems and environmental change to reduce obesity by promoting healthy eating and active living for all. GFH's vision is a thriving and equitable community that supports a healthy lifestyle.

Jóvenes SANOS (JS), a youth leadership and advocacy group, has been working in the Watsonville community for almost thirteen years. JS is a nationally recognized youth engagement program that has been studied and modeled in neighboring communities and other parts of the country. JS envisions a world of healthy communities deeply rooted in equity and justice.

Pediatric Weight Control Program

A nationally recognized, evidence-based initiative, the Lucile Packard Children's Hospital Stanford's Pediatric Weight Control Program is a family-focused, 26-week behavior modification program for overweight children and their families. Insurance plans do not yet reimburse for weight management programs, so families must pay out of pocket. In response to this, Packard Children's has established a process for families to apply for partial or full financial support based on need. The program is highly successful with over 97 percent of children completing the entire program. Eighty-nine percent of children and 84 percent of their parents saw a significant reduction in weight.

Additional Pediatric Weight Control Program metrics:	**FY17**	**FY18**
Number served	112	62
StAT residents (learning SDoH impacts)	9	15
StAt residents received funding for mini grants	5	5

United Way of Santa Cruz Go for Health!

The Go for Health! program is embarking on a journey toward collectively addressing health issues that do not discriminate, while honoring the rich diversity that makes up our communities by working collaboratively to address the epidemic of childhood obesity. The Go for Health! collaborative is focused on reducing obesity by 10 percent by 2020 through policy and environmental change, education and awareness, and leadership development.

Based on an acclaimed national program, 5210+ seeks to improve the health of children and their families using a social marketing message to encourage children to eat fruits and vegetables, participate in active play, reduce screen time and eliminate consumption of sugary beverages. Research shows the importance of consistent messaging where kids and families live, learn, work and play. 5210+ partners with doctors, teachers, child care providers and community organizations to share healthy habits every day.

Additional Go for Health metrics:	**FY17**	**FY18**
Individuals served	462	6,000

- Formed the Leadership Committee: Youth Empowerment Alliance (YEA!)
- Policy committee work (see report)
- Advocated for sugar-sweetened beverage tax.
- Created 5210+/HEAL designation.

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

FUNDED GRANTEES – SOCIAL, EMOTIONAL AND MENTAL HEALTH

Center for Youth Mental Wellbeing

The Stanford Psychiatry Center for Youth Mental Health and Wellbeing (CYMHW) is at the forefront of a new vision for integrated adolescent and young adult wellness and mental health support. Collaborating with outstanding leaders in diverse roles and communities, we are creating an innovative, integrated health system and new culture of health for adolescents and young adults that will better realize their full potential. We seek to provide youth-inspired, broad-based, integrated mental health supports that produce positive outcomes for young people from all backgrounds. In partnership with committed communities in the Bay Area and across the state, we are working to create a new continuum of public mental health care. This includes targeting young people through the integration and expansion of school mental health services, integrated youth mental health models, such as the headspace and Foundry models, and early psychosis programs. These linked systems provide an early identification and intervention framework that incorporates and partners with crisis response efforts, suicide prevention programs, and builds on a community collaborative structure grounded in the voices of youth and family members.

Challenge Success

Parents educated	3,500	2,665
School coaches trained	15	FY17 only

Additional FY18 metrics:

- Over half of schools hosted fishbowl discussions, shadow day, and/or an “I wish” campaign.
- Over 1/3 of schools explored/revised homework policies.
- Over 1/3 of schools explored/revised grading and assessments.
- Over 1/4 of schools revised school schedules.
- Several schools explored advisory, homeroom and tutorial periods.

FUNDED GRANTEES – SOCIAL, EMOTIONAL AND MENTAL HEALTH

Mental Health Dissemination & Innovation Initiative, Early Life Stress Program

- Participated in the integrated behavioral health services at the Ravenswood Family Health Center.
- Provided direct patient care from a pro-bono child psychologist.
- Hired child psychiatry faculty as a full-time consultant.
- Established lunch colloquia with pediatricians.
- Trained and supported staff at the Center for Youth Wellness in Bayview, San Francisco.
- Provided wellness classes (yoga and mindfulness) to staff.
- Trained staff on our trauma treatment protocol: The Cue-Centered Therapy.
- Advised StandUp: Education on community relations.
- Facilitated relationship with the Sonima Foundation, which sponsors health and wellness curriculum in the school district.
- Participated in immigration symposium at Stanford University.
- Presented data from health and wellness longitudinal study to school board to bolster support for wellness programs through the U.S. Department of Education.
- Published and disseminated trauma treatment protocol.
- Developed a video game based on the trauma treatment protocol.
- Provided pro-bono training for local community agencies.
- Provided policy and mental health advocacy through the State Mental Health Services Oversight and Accountability Commission.
- Partnered with Children's Health Council on identification of mental health gaps for children in the continuum of care.
- Addressed post-election stress of immigrant community through dissemination of resources.

FUNDED GRANTEES – SOCIAL, EMOTIONAL AND MENTAL HEALTH

Peer Health Exchange

Peer Health Exchange's mission is to empower young people with the knowledge, skills and resources to make healthy decisions. They do this by training college students to teach a skills-based health curriculum in under-resourced high schools across the country with the ultimate goal of advancing health equity and improving health outcomes for young people.

Peer Health Exchange metrics in Bay Area:	**FY17**	**FY18**
Number served	2,266	2,582
Trained college volunteers	204	220
High school students trained	2,266	2,582
Unduplicated served	2,266	2,582
Percent improvement in student knowledge of pregnancy causes and STI prevention methods	37%	TBD
Percent improvement in student knowledge of mental health	16	TBD
Percent improvement in students talking to trusted adult about personal problems	66%	TBD

FUNDED GRANTEES – SOCIAL, EMOTIONAL AND MENTAL HEALTH

Project Cornerstone

An initiative of the YMCA of Silicon Valley, Project Cornerstone helps children and teens thrive by building positive values, promoting meaningful relationships, and teaching skills and providing experiences that lead to a successful future. Project Cornerstone partners with schools and communities to create positive and caring environments for social and emotional development through trainings for faculty, students, parents and community members. In addition to grant funding, Lucile Packard Children's Hospital Stanford provides support to the Project Cornerstone Advisory Board.

Additional Project Cornerstone metrics:	**FY17**	**FY18**
Number served	10,928	17,338
Parent education workshops, number served	71	FY17 only
Parents served (Take It Personally)	101	213
Percent of Take It Personally workshop participants who are making efforts to support their child and develop new skills for promoting positive youth development	92%	
Percent improved in knowledge of parenting skills	82%	82%
Student workshop participants	224	269
Percent who are more likely to support other students who are bullied	91%	91%
Parents served in Asset Building Champions (ABC) and Los Dichos school success program	824	1,031
Percent of ABC and Los Dichos participants who are making efforts to support their children and other children in the community	95%	

Project Safety Net/HEARD Alliance

Born out of the 2009 teen suicide cluster in Palo Alto, both of these community efforts seek to improve the emotional and social well-being of youth. The Project Safety Net collaborative formed to develop and implement an effective, comprehensive, community-based mental health plan for youth well-being in Palo Alto. Focusing on education, prevention and intervention, the collaborative is designed to increase help-seeking behaviors and build connections between peers and caring adults that provide a safety net for youth in the community. Like Project Safety Net, the HEARD Alliance was formed as a response to social and emotional challenges facing youth in the Palo Alto community.

The HEARD Alliance is composed of child psychiatrists, nonprofit agencies and school psychologists working to prevent crisis situations and intervene when they may arise. The alliance's goal is to increase awareness of mental disorders, decrease the stigma surrounding them and increase access to treatment. Community partners: City of Palo Alto, Palo Alto Unified School District, Palo Alto PTA, Adolescent Counseling Services, Youth Community Service, Palo Alto Medical Foundation, Developmental Assets Coalition, Palo Alto Family YMCA and the Stanford University Department of Psychiatry.

FUNDED GRANTEES – SOCIAL, EMOTIONAL AND MENTAL HEALTH

Talk, Read, Sing

Talking is Teaching: Talk, Read, Sing (TRS) is part of the national Too Small To Fail campaign founded in 2013. This public awareness and action campaign aims to promote early brain and language development, empowering parents with the tools to confidently talk, read and sing with their young children. By empowering parents to be their child's first teacher, the program promotes knowledge about the importance of brain development in the critical 0-3 year period. The program supports the development of strong parent-child bonds, which have been shown to prevent some chronic diseases associated with toxic stress). The public awareness campaign program emphasizes important messages regarding early development through community-wide outreach, distribution of information and resources for parents, and awareness trainings for individuals who regularly interface with parents of young children, such as pediatricians.

Teen Success, Inc.

Teen Success Inc.'s mission is to help underserved teen mothers and their children become educated, self-sufficient, valued members of society. Teen Success, Inc. does this by empowering and inspiring young mothers to reach their full potential in order to break the cycle of poverty for themselves and their children. The program includes one-on-one, weekly coaching with advocates, teen mothers peer learning group, and scholarships to help teen mothers pursue postsecondary education.

Numbers served	Not funded	155

FY18 only:

- Decreased the number of high-risk responses in 3/5 categories of the AAP1-2 (with the most growth in the areas around parent-child roles and empathy towards children) and the majority of participants report reading to their children on average for 15 minutes per day.
- For program participants who completed the full 18-month program:
  - 93 percent of participants graduated or are on track to graduate.
  - 93 percent of teen mothers maintained their family size through program completion.

YMCA Palo Alto Reach & Rise Program

A project of the YMCA, Reach & Rise is a national one-to-one mentoring program whose goal is to move youth from risk to resiliency. The program helps build a better future for youth by matching them with an adult mentor for one year. Free of cost to families, the program provides trained mentors who work to understand cultural and social development as well as mental health issues and risk factors, and offer ways to communicate and relate to youth. The goal of the program is to help youth gain positive, consistent and nurturing relationships with adults to build self-esteem, improve decision-making skills and school performance, and promote healthy interpersonal relationships.

Additional Reach & Rise metrics:	**FY17**	**FY18**
Individuals served	180	17
Number active matches (youth:mentor)	31	17
Hours of therapeutic mentor support to youth	4,500	3,984
Unduplicated served	180	17

8. Conclusion

Lucile Packard Children's Hospital Stanford worked with its CBHC and HCC partners, pooling expertise and resources, to conduct the 2019 Community Health Needs Assessment. By gathering secondary data and conducting new primary research as a team, the partners were able to understand the community's perception of health needs as well as prioritize health needs with an understanding of how each compares against benchmarks. Packard Children's further prioritized health needs in its area based on a set of defined criteria.

The 2019 CHNA, which builds upon prior assessments dating to 1995, meets federal (IRS) and California state requirements.

Next steps for our hospital:

- Make the CHNA report, adopted by our hospital board on April 23, 2019, publicly available on our website in August 31, 2019.[60]
- Monitor community comments on the CHNA report (ongoing).
- Select priority health needs to address using a set of criteria.
- Develop strategies to address priority health needs.
- Strategies are adopted by our hospital board and filed with the IRS by January 15, 2020.

9. List of Attachments

1. Secondary Data Indicators, Santa Clara County
2. Secondary Data Indicators, San Mateo County
3. Secondary Data Tables, Santa Clara County
4. Secondary Data Tables, San Mateo County
5. Qualitative Research Protocols, Santa Clara County
6. Qualitative Research Protocols, San Mateo County
7. Community Leaders and Representatives Consulted, Santa Clara County
8. Community Leaders and Representatives Consulted, San Mateo County
9. Community Assets and Resources, Santa Clara County
10. Community Assets and Resources, San Mateo County
11. IRS Checklist


Lucile Packard
Children's Hospital
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