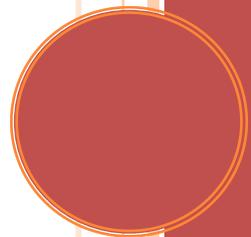




**Lucile Packard
Children's Hospital
at Stanford**

2012-13 COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY



ACKNOWLEDGEMENTS

This report was prepared by Applied Survey Research (ASR) on behalf of Lucile Packard Children's Hospital at Stanford. ASR gratefully acknowledges the contributions of the following collaborative partners: Lucile Packard Children's Hospital at Stanford Community Advisory Council, the Hospital Consortium of San Mateo County, and the Santa Clara County Community Benefit Coalition. A full list of participating members can be found in the full Community Health Needs Assessment report found at www.lpch.org



Applied Survey Research is a social research firm dedicated to helping people build better communities.

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EXECUTIVE SUMMARY

Lucile Packard Children's Hospital at Stanford conducted a community health needs assessment (CHNA) between September 2012 and January 2013. This assessment meets all of the new federal requirements of the Affordable Care Act (ACA), and was approved by Packard Children's Board of Directors on June 5, 2013. In accordance with federal requirements, this report is made widely available to the public on our website at www.lpch.org.

Community Health Needs Assessment (CHNA) Background

The Affordable Care Act, enacted by Congress on March 23, 2010, stipulates that non-profit hospital organizations complete a community health needs assessment every three years, by the last day of its first taxable year beginning after March 23, 2012. For Packard Children's, that tax year is September 2012 – August 2013. Packard Children's fulfilled this requirement by conducting the assessment between September 2012 - March 2013 and documenting it in May 2013.

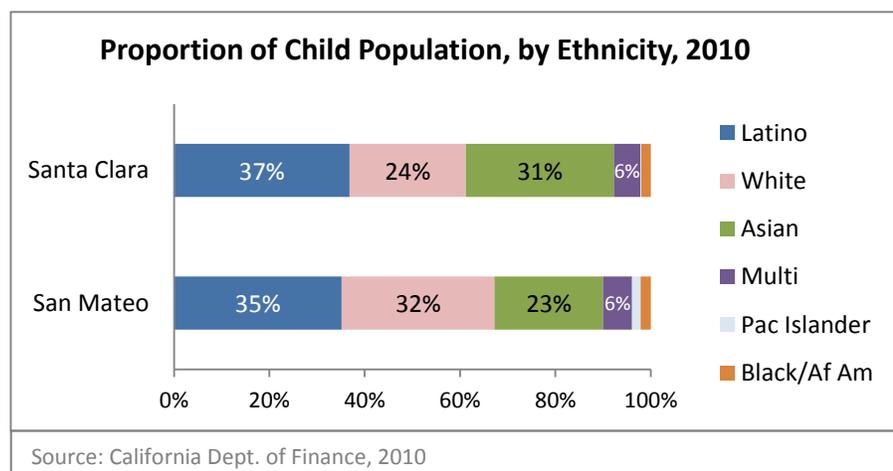
Per IRS requirements, Packard Children's CHNA included feedback from the community and experts in public health and clinical care and took into account the health needs of vulnerable populations, including minorities, those with chronic illness, low-income populations, and medically underserved populations.

The CHNA, and the resulting list of identified health needs, are to serve as the basis for future community benefit investments. The IRS requires that the hospital also adopt an implementation strategy for each of its facilities by the last day of the fiscal year (August 31, 2013.)

This report documents how the CHNA was conducted and describes the related findings.

Community Served

Packard Children's is located on the Stanford University campus in Palo Alto, California. Palo Alto is located on the northern end of Santa Clara County (SCC), bordering the San Mateo County (SMC) cities of East Palo Alto to the east and Menlo Park to the north. Because of our international reputation for outstanding care to babies, children, adolescents, and expectant mothers, Packard Children's serves patients and their families around the entire San Francisco Bay Area. However, with 89% of obstetrics patients and 52% of pediatric patients



residing in San Mateo and Santa Clara counties, the primary community we serve can be defined as these two counties.

Our community is very diverse; more than a third of the child (age 0-18) population is Hispanic/Latino. As shown in the chart on Page 2, white children make up about another third of the SMC population, and a quarter of the SCC population. There is only a small proportion of black/African Americans in our service area (2%).

Process & Methods

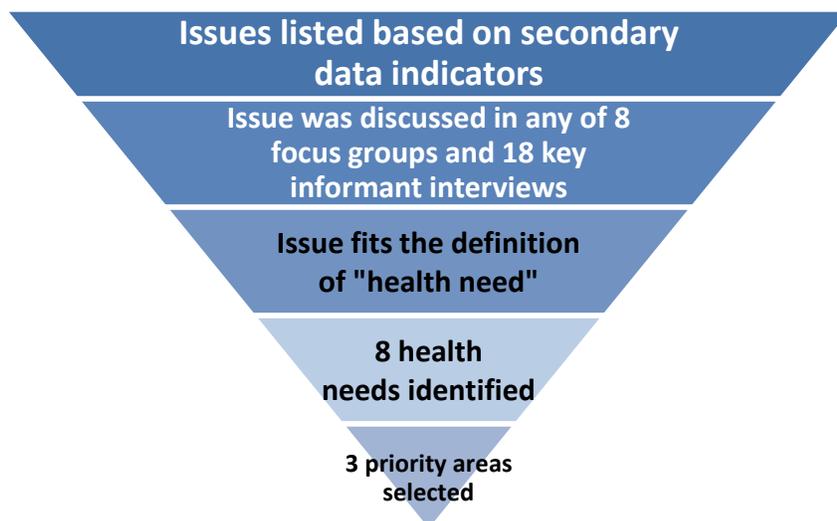
Packard Children's contracted with Applied Survey Research (ASR) to analyze baseline health indicator data, collect a range of community feedback, and to facilitate and document the CHNA process and its results.

In Fall 2012, Packard Children's commissioned the creation of a custom data compendium that focused on infants, children, adolescents, and pregnant mothers in SCC and SMC. ASR reviewed this compendium, along with thousands of other pieces of local community health data, in order to gain an understanding of local health needs as they compared with state averages and national targets. Secondary data were obtained from a variety of sources – see Appendix 1 for a complete list.

During the Fall of 2012 and Winter 2013, ASR conducted key informant interviews with local health experts, focus groups with community service providers, and separate focus groups with residents.

In March 2013, health needs were identified by synthesizing community input with secondary data described above, and then filtering the result against a set of criteria. The most pressing health needs were then prioritized by Packard Children's Community Advisory Council (CAC) using a second set of criteria.

The diagram below depicts the refining process that Packard Children's used to identify health needs.



Prioritized Needs

Packard Children's CAC reviewed the list of health needs and, in April 2013, prioritized them via a multiple-criteria scoring system. These needs are listed below in priority order, from highest to lowest.

Health Needs Identified by CHNA Process, in Order of Priority

- 1 Poor mental health** in the community is evidenced by reports that more than one-fourth of youth in middle and high school reported that they felt sad or hopeless almost every day. Youth of color have higher rates of depression and suicidal thoughts. In 2008 and 2009 our community saw a rash of youth suicides. Community input indicates specific concerns about stress and depression. Known root causes of mental health disorders in children and youth include adverse childhood experiences such as being abused or neglected, or witnessing violence or substance abuse. Drivers of poor mental health include poor coping skills, lack of education about stress and depression, and lack of treatment/access to care.
- 2 Obesity** rates among children and youth fail to meet Healthy People 2020 (HP2020) targets in both counties. Measures of risk for body composition indicate that 2-5 year-olds, 5th graders, and 9th graders are at risk for poor health outcomes. Even infant weight is increasing, with more than 10% of SMC newborns considered at high birth-weight. In all child and adolescent age groups, Hispanic/Latino children have some of the highest rates of obesity compared with other ethnicities. However, Pacific Islanders have the highest rates of overweight and obesity among fifth graders (e.g., 65% in SMC). Drivers of obesity are poor nutrition, lack of exercise, and physical environment such as low availability of fresh food and high prevalence of fast food.
- 3 Violence and abuse** are health needs because the rate of youth homicide (7.4) in SCC is higher than the target of 5.5. In addition, the county has seen a large increase in homicides overall in the years 2011 and 2012. Domestic violence and child abuse rates for some ethnic subgroups also fail against targets in both counties. Drivers of this health need include poor mental health and social determinants of health such as poverty and unemployment.
- 4 Diabetes** among children is of growing concern nationally and locally. The American Diabetes Association estimates that about 1 in every 400 American children and adolescents has diabetes. In SCC, 4% of adults surveyed reported that they had been diagnosed with diabetes between the ages of 0-10. Although county-level child/adolescent diabetes data are generally lacking, community leaders expressed great concern about young patients being diagnosed with diabetes or pre-diabetes, especially those who are overweight. Given high rates of children who are overweight or obese, the community wishes to be vigilant about this condition.
- 5 Health care access and delivery** are cross-cutting drivers that impact nearly all health needs, from prevention to treatment. Health experts and community members alike expressed concern about various aspects of access, including having sufficient health care insurance, having adequate finances for copays and medicines, and having sufficient transportation to health care services. Health care workforce development issues are also a concern since a lack of primary care and specialty physicians impact a patient's access to care, and the scarcity of physicians who speak a language other than English make this more acute for non-English speakers. Access and delivery are driven by socioeconomic conditions (e.g., unemployment, poverty, linguistic isolation, and low levels of

education) and the availability of physicians who can serve these populations. Although our community has higher rates of insured children than the state, ethnic disparities exist when it comes to health care insurance and access to a medical home.

6 Substance abuse was of high concern to the community and health professionals alike. Youth in our community have higher rates of binge drinking (12%-13% of 11th graders) compared with the target (9%). Youth marijuana use is also high. For example, 40% of SMC 11th graders reported that they had tried marijuana. Community input from teens indicates that they generally have easy access to both legal and illegal drugs. Drivers of substance abuse include poor coping skills, poor mental health, lack of education about addiction, and lack of both treatment resources and access to care.

7 Asthma prevalence in SMC is higher than the state average (18% compared with 14%). Also, the asthma hospitalization rate of SCC children ages 0-4 is 24.5 per 10,000, which is higher than the target of 18.1. The health need is likely being impacted by smoking as well as poor air quality levels. Community input demonstrated a concern about the costs of asthma treatment due to lack of medical insurance, and mentioned additional environmental factors such as mold and overcrowded housing.

8 Infant/birth outcomes are of concern based on the high percentage of babies born to mothers at advanced maternal age in our community (about 26% of all births), which increases the risk for poor birth outcomes. Although the proportion of low birth-weight babies meets the target of 8%, black/African American babies fare worse than babies of other ethnicities by every known measure of infant health, including infant mortality. A driver of this health need is inadequate early prenatal care.

Conclusion

Packard Children's conducted a thorough community health needs assessment in Santa Clara and San Mateo Counties and took into consideration existing health indicator data, community (resident) input, and input from professionals, including public health and clinical health experts.

Primary research with health experts and professionals mirrored the secondary data, but gave a much richer picture of the drivers of various health conditions, especially as they pertained to health care access and delivery issues. Community residents also made the connection between physical environment, cultural norms, messages from the media, and health behaviors that impact their mental and physical health.

A synthesis of the quantitative and qualitative data resulted in a list of eight of the most pressing health needs in our community. Packard Children's Community Advisory Council (CAC) was then able to rank those needs and select priorities for upcoming community benefit investment.

Packard Children's investments from September 2013-August 2016 will be based on the identified health priorities of: **Pediatric Obesity, Mental Health, and Access to Care.**