



Children's Health



Community Benefit Report

for Fiscal Year 2025 and
2026 Implementation Strategy

Hospital Identification

Facility Name: Lucile Packard Children’s Hospital Stanford

Parent Organization: Stanford Medicine Children’s Health

Facility Address: 725 Welch Road, Palo Alto, CA 94304

Facility License Number: 070000659

HCAI (OSHPD) Facility ID: 106434040

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Words From Our Leadership

At Stanford Medicine Children’s Health, we have built caring for our community into our mission. We carry out this promise with our extensive community engagement work. These efforts improve our local community in a myriad of ways, including advancing successful programs that support families in their pursuit of health and wellness.

With each year that passes, we deepen our commitment to increase health care access for children, mothers, and their families. Yet, we understand that good health is influenced by economic stability—access to stable housing, healthy food, livable wages, and higher education.

To address social determinants of health in our region, we have made economic stability a focus, exemplified by our increased support of nonprofits dedicated to providing a solid foundation for families, enabling them to reach their full potential. We are extremely proud of our collaborative efforts with key nonprofit partners in our community. You can read more about these nonprofits, and how they help us achieve our top health priorities, in the upcoming pages.

In 2025, Stanford Children’s invested more than \$393 million in services and activities to improve the health of residents in our communities through charity care, health education, community health improvement, safety programs, and advocacy for

improved regional, state, and national health laws and regulations. On top of this investment, we provided another \$2,075,000 in grants for 16 area nonprofits to support the vital work they do, every day, to increase health and stability for families in the communities that we serve.

Within Stanford Children’s, there is an incredible spirit of compassion among our staff and leaders, which shines through not only in this report, but also in the care we provide our patients and families. We applaud our Community Benefit work, which helps us bring care out into the community to positively impact the lives of our neighbors, friends, and families.

Sincerely,



Paul A. King
Chief Executive Officer
Stanford Medicine Children’s Health



Michele Lew
Senior Vice President and
Chief Government Relations Officer
Stanford Medicine Children’s Health



Paul A. King



Michele Lew

“With each year that passes, we deepen our commitment to increase health care access for children, mothers, and their families.”

Executive Summary

Lucile Packard Children’s Hospital Stanford remains deeply committed to improving the health and well-being of children and families across our region. Guided by our most recent Community Health Needs Assessment (CHNA), our Community Benefit work in Fiscal Year (FY) 2025 focused on four priority areas—access to primary care, economic stability, social and emotional health, and maternal and infant health.

Through targeted investments, strategic partnerships, and direct services, we worked alongside community-based organizations to address health disparities and strengthen the safety net in Santa Clara and San Mateo counties. This report summarizes our progress and impact in FY 2025 and outlines the findings of our new 2025 CHNA, which will guide our next three-year Implementation Strategy for 2026–2028.

About Our Hospital and Health System

Stanford Medicine Children’s Health, with Lucile Packard Children’s Hospital Stanford at its center, is the largest health care system in the San Francisco Bay Area—and one of the few in the country exclusively dedicated to pediatric and obstetric care. Our physicians and health care teams offer comprehensive clinical services from treatments for rare and complex conditions to well-child care. Our 394-bed hospital is located on the Stanford University campus in Palo Alto, California.

Beyond the children’s hospital, Stanford Children’s also operates:

- 65 clinic locations across the Bay Area
- 85 locations in the U.S. Western region
- 27 pediatric acute care licensed beds at El Camino Health in Mountain View, California
- 6 intensive-care nursery licensed beds at Sequoia Hospital, Redwood City, California

Packard Children’s was recognized as one of the top children’s hospitals in the nation in the 2024–2025 *U.S. News & World Report* Best Children’s Hospitals survey. For the ninth consecutive year, we ranked in all specialties, with three specialties in the top 10 nationwide. We are tied for the highest-ranked hospital in Northern California and also tied as the No. 3 children’s hospital in California. These honors reflect the unwavering commitment of our faculty, physicians, and staff to providing exceptional pediatric and obstetric care to the communities we serve.

Lucile Packard Children’s Hospital Stanford’s roots are within Stanford University, founded in 1885, and we exist within the greater umbrella of Stanford Medicine, which encompasses Stanford Health Care, Stanford Medicine Children’s Health, and the Stanford School of Medicine. Our academic affiliations benefit our hospital by attracting leading minds in medicine, science, and research that drive groundbreaking advances and new discoveries. Our collaborations allow us to develop successful solutions for complex health needs, and go above and beyond for the communities we serve.

Our Mission and Community Commitment

At Lucile Packard Children's Hospital Stanford, our mission is to advance the health and well-being of children and expectant mothers through excellence in care, research, and education. This mission extends beyond our hospital walls—into the communities where children and families live, learn, and grow.

We are committed to improving community health by identifying and addressing disparities, investing in programs that meet critical needs, and building long-term partnerships that strengthen the safety net for children and families across our region.

The Communities We Serve

Lucile Packard Children's Hospital Stanford's primary service area encompasses a 13-county Northern California region including the San Francisco Bay Area. The area comprises seaside to mountainous terrain and is largely urban, with some rural and semi-rural communities. Our FY 2024 discharge data show that slightly less than half (47.4%) of Packard Children's inpatient pediatric cases (excluding normal newborns) and 82.6% of obstetrics cases come from San Mateo and Santa Clara counties. Therefore, we identify these two counties as our primary target service area for Community Benefit purposes. However, we extend programming, services, and investment throughout the region. The hospital serves children and families across California for certain services, and for select services, the entire Western United States, nation, and world.

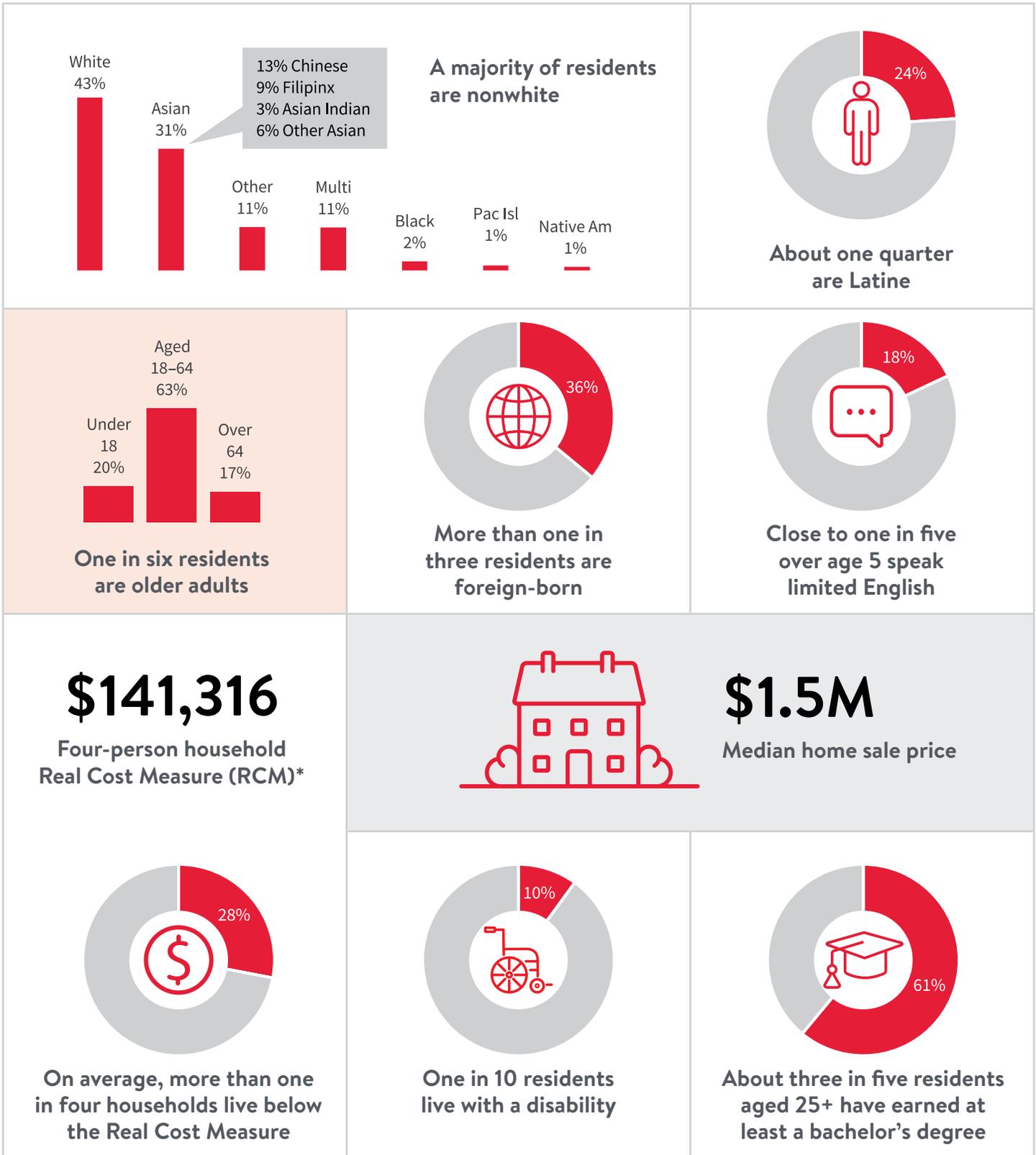
By deeply understanding the demographics and health disparities in our service area, we are better able to improve the overall health of the people who live, work, and play in the communities we serve.

Demographics of Our Target Service Area

For our target community (San Mateo and Santa Clara counties), we have identified demographics portraying race, age, nationality, primary language, disability, household income, and education level. This data gives a snapshot of the people who make up our communities and helps with understanding the disparities that they face.

San Mateo County

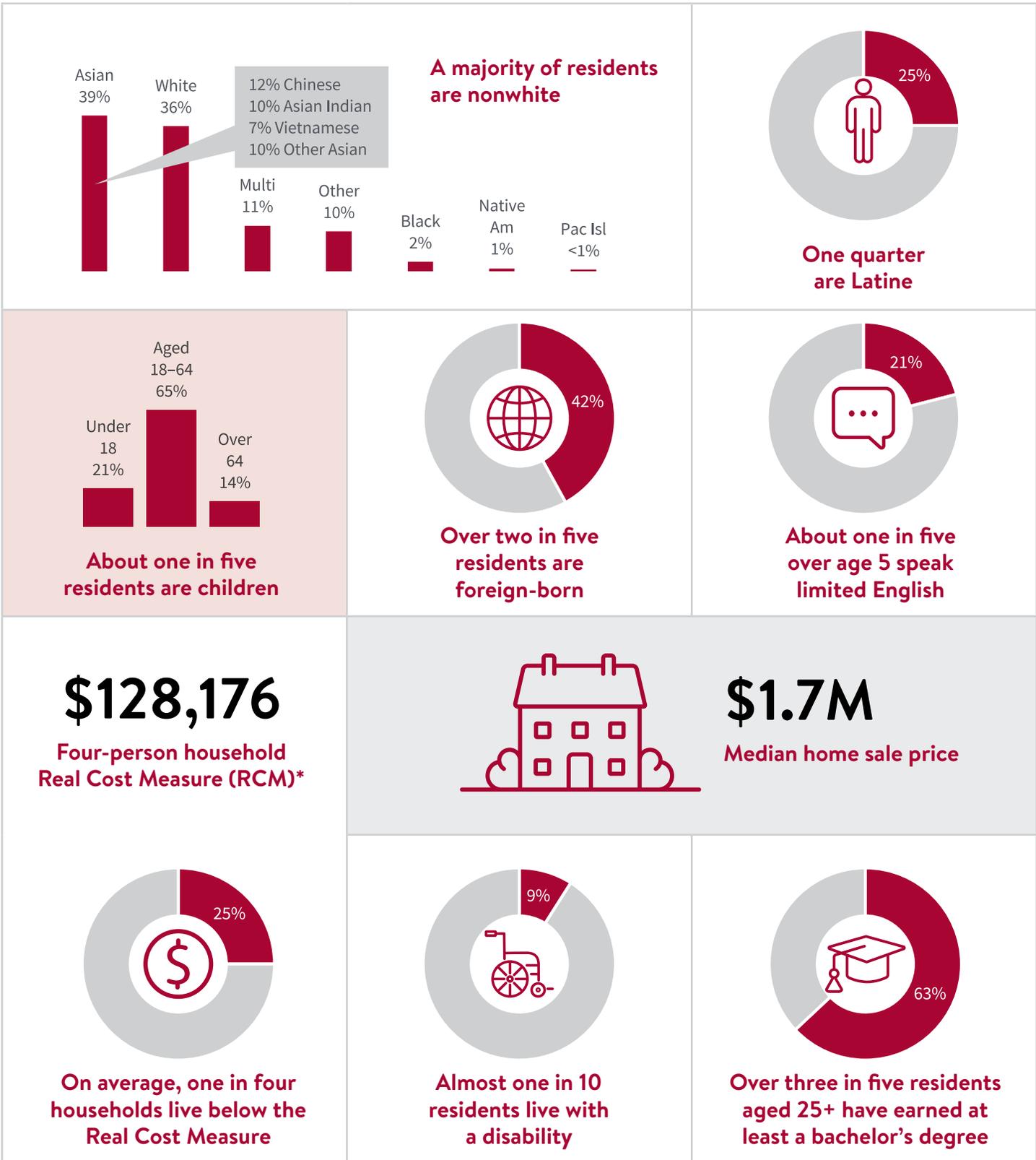
Population: 745,100



*Note: The Real Cost Measure factors in the costs of housing, food, health care, child care, and other basic needs. Sources: United Way: Real Cost Measure, 2021. Redfin.com: Median home sale price, 2024. U.S. Census Bureau: race and age, 2017-2022, other demographics, 2023.

Santa Clara County

Population: 1.9M

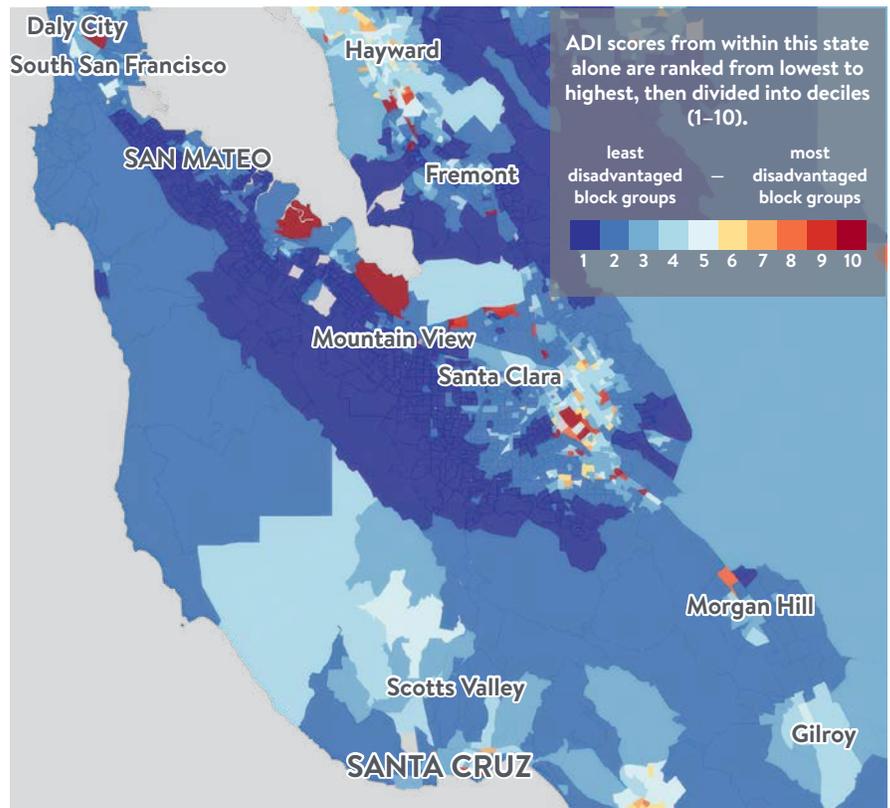


*Note: The Real Cost Measure factors in the costs of housing, food, health care, child care, and other basic needs. Sources: United Way: Real Cost Measure, 2021. Redfin.com: Median home sale price, 2024. U.S. Census Bureau: race and age, 2017-2022, other demographics, 2023.

Area Deprivation Index

As part of our triennial CHNA process, we perform intensive research to sharpen our health equity lens of our community and to home in on where underserved areas are most prevalent. Our CHNA research team created an Area Deprivation Index (ADI) to portray social determinants of health (housing, education, income, poverty rate) in different areas within our community.

As seen on the map, there is a mix of overabundance and disparity within our service area. Neighborhoods with higher ADI scores (orange/red) tend to face greater health challenges. To address these disproportionalities, Stanford Children's is committed to supporting community health improvement through interventions that address social determinants of health and provide health care directly.



Our Community Benefit Process

Caring for our community is built into Lucile Packard Children’s Hospital Stanford’s mission. By understanding the demographics and health needs of our community, we are better able to invest in effective, targeted programs that improve lives. Every three years, we initiate and complete our CHNA process, which informs our Community Investment Grants program. Extensive research is conducted as a part of the CHNA and serves as the backbone of our Community Benefit work.

The CHNA Process

Lucile Packard Children’s Hospital Stanford collaborated with other area hospitals to complete the CHNA, including El Camino Health, Stanford Health Care, and Sutter Health (Mills-Peninsula Medical Center and Palo Alto Medical Foundation).

Within Stanford, the CHNA team consisted of Lucile Packard Children’s Hospital Stanford’s Community Benefit team and the hospital’s Community Benefit Advisory Council. The hospital’s CHNA team also partnered with Stanford Health Care to determine the CHNA process, methods, and analysis as part of the larger Stanford Medicine enterprise.

To conduct the assessment, the CHNA collaborative collected community input through key informant interviews and focus groups and secondarily by collecting qualitative and statistical data. The CHNA process involved data collection, analysis, and synthesis, and culminated in identifying our top community health needs for 2023–2025.

Involving Community Members and Groups

To deeply understand the current and real health disparities across different community populations, CHNA researchers spoke directly to community members. Research groups included individuals representing vulnerable populations (e.g., unhoused, low-income, underserved groups such as Black, LGBTQ+, and individuals with disabilities), community leaders, and nonprofit representatives.

The team used these three strategies for collecting community input:

1. Key informant interviews with health experts and community service experts
2. Focus groups with professionals who represent and/or serve the community
3. Focus groups with community members

The team asked individuals key questions via surveys and discussions to help identify the health needs they personally witnessed as most pressing, or those they perceived to be most common among the people they served.

“The CHNA is a blueprint for addressing community health disparities in an informed and targeted way.”

—Dani Rey Ardila, MPH, Community Partnerships Program Manager, Stanford Medicine Children’s Health

The Four-Step Community Benefit Process



1 CHNA is conducted to determine community health needs.



2 Community Benefit team analyzes report and implements plan.



3 Health initiatives are determined for coming three years.



4 Packard Children's partners with local nonprofits to deliver care.

Identifying Disparities Within Our Target Service Area

The CHNA revealed several disparities faced by our primary service area residents. Identifying key disparities, including household income inequality, food insecurity, affordable housing, access to education, access to behavioral/mental health care for youth, access to primary health care and dental care, and maternal and infant health outcomes, inspires our work to take heartfelt action to improve the lives of the children and families that we serve.

The CHNA found that social determinants of health directly contribute to the health of our community members, solidifying for us our belief that community health goes well beyond the physical. Our efforts aim to serve the whole child and family and help them overcome barriers and live full lives.

Applying Key Criteria to Narrow the Focus

To synthesize the above list to the top prioritized community health needs, the research team put each health need to the test of the following key criteria:

1. **Is it a health need?** A health need is defined as a poor health outcome, or a risk that may lead to a poor health outcome.
2. **Does it affect children and/or youth?**
3. **Was it prioritized by multiple focus groups/key informants?**
4. **Does it exhibit worse or worsening data in regard to inequities by race, income level, or geography?**

To be named a top priority for Packard Children's Community Benefit efforts, each health need had to be listed as a priority by all focus groups and key informants combined. We also used data, statistics, and community ranking to determine which health needs to prioritize in 2023–2025.

Prioritized Community Health Needs

The CHNA culminated in identifying the community's top health needs, empowering Lucile Packard Children's Hospital Stanford to directly address these health needs with action and intent. During our 2023–2025 funding cycle, researchers identified four key health initiatives for our hospital community.

2023–2025 Packard Children's Community Health Initiatives

- Access to primary care
- Economic stability
- Social, emotional, and mental health
- Maternal and infant health

Our Implementation Strategy

Our overarching mission is to improve the overall health of our community, with an eye toward prioritizing underserved children and families and elevating the quality of their lives. To implement our CHNA and launch our Community Benefit endeavors, Lucile Packard Children's Hospital Stanford sought input from both internal leaders and the Community Benefit Advisory Council to develop and guide our implementation strategy. Together, we established actions and goals around each of our top health initiatives.

We recognize that health is shaped by a broad range of social and environmental factors. Our implementation approach blended direct service, internal system improvements, and community partnerships.

The primary vehicle for implementing our strategy is our Community Investment Grants program, which proactively funds local community-based organizations in our target service area. In addition, our Community Relations and Partnerships division of our hospital, which includes Community Benefit, has established several deep partnerships with nonprofit organizations as a vehicle for implementing our strategy and bringing care out into the community. These partnerships

include nonprofit organizations, food banks, government agencies, and area/regional health care providers who fuel our commitment to improve our community's health.

- The focus of our implementation strategy is funding and supporting community organizations that actively address our targeted health needs by providing direct services to children and their families.
- Every three years, we launch a new Community Investment Grants cycle aligned with our stated goals and priority health needs. Through this proactive process, we invite local community-based organizations to propose programs that address identified gaps in care. In 2025, we funded 16 community programs that advanced our four health priorities and demonstrated measurable impact across our service area.
- We also leverage hospital resources and enhance partnerships between nonprofit agencies, and our hospital, to strengthen systems of care within our target service area.
- Our broader community engagement/relations efforts dovetail with our Community Benefit work. These efforts include workforce development, health education, preventive health, and child safety for community members. They also include health advocacy efforts at the local, regional, and national levels.

Through this multipronged implementation approach, we aimed to improve key health outcomes across our service area and support a healthier future for the children and families we serve.

Resources That Support Our Community Benefit Efforts

Lucile Packard Children's Hospital Stanford draws on a wide network of hospital, university, and community resources to address the priority health needs identified through our CHNA.

Internal resources include the hospital's specialized clinical programs, the Mobile Teen Van, community clinics, health education and prevention programs, and the expertise of our physicians, nurses, and social workers. The hospital also contributes staff time and in-kind support to community health improvement projects.

Community and regional resources include our partnerships with community health centers, food banks, housing agencies, schools, and county public health departments that strengthen the safety net for families. Our Community Investment Grants Program provides funding that enables these organizations to expand services, pilot innovative approaches, and collaborate across sectors.

Prioritized Health Needs for 2023–2025

In 2025, we applied our implementation strategy to the four prioritized health needs that we identified in the CHNA process: economic stability, health care access, social, emotional and mental health, and maternal and infant health. With each, we explain why the health need matters to area families, and how our service area is unique in regard to each disparity.

Economic Stability

Economic stability is a widely recognized social determinant of health. It fuels a family's ability to secure housing, pay bills, and support their children's health and well-being. When a family does not make a livable wage, they often must choose between vital needs, such as shelter, food, and clothing.

- As reported in the CHNA, nearly one-third of households in Silicon Valley do not meet economic self-sufficiency standards, and income inequality is 1.5 times higher than the state level.
- Rent in San Mateo and Santa Clara counties is more than 40% higher than the median home rental cost in California.
- In the Bay Area, Black, Indigenous, and people of color are less likely to earn the median household income and more likely to experience educational disparities.

Access to Primary Health Care

When children and families have access to primary care, they are empowered to maintain their health and adopt a healthy lifestyle. Optimal health care occurs in a medical home. With regular care, children stay on track developmentally and educationally, and adopt healthy lifestyles.

- Access to primary health care was identified as the No. 1 community need for 2023–2025.
- CHNA research revealed that more than half of children in California lacked a medical home, higher than the national average.
- Affordability and health insurance was a common concern among CHNA participants, with low-income children being less likely than higher-income children to have a well-child visit annually.

Social, Emotional, and Mental Health

Youth are especially vulnerable to negative mental health and the effects it generates. With better access to behavioral and mental health care, youth well-being improves and their futures look brighter.

- Behavioral health, including mental health, was ranked as a major health need by a majority of CHNA community participants.
- In Santa Clara County, suicidal ideation among high schoolers is higher than the state average, and in both counties there has been an increase in suicide attempts among youth.
- Bullying and cyberbullying rates are higher than the state average.

Maternal and Infant Health

A healthy life starts with a healthy pregnancy. When expectant mothers receive adequate care, they are more likely to deliver a healthy, full-term baby. As a hospital dedicated to pediatric and obstetric care, we have elevated the health of mothers and babies in our two target counties who now experience better outcomes compared with state benchmarks. We celebrated this while staying cognizant of areas for improvement.

- In our service area, Latinas and Black teenagers experience a higher birth rate.
- Black and Latina mothers receive less early prenatal care in Santa Clara County.
- In our key counties, babies of Asian and Black mothers experience more low infant birth weight compared with the state.

Results of Our Collective Efforts

We are pleased to report that our actions from 2025 had an evident and clear impact on improving the lives of community members by addressing top health needs in our community. The table below provides an overview of the community programs that we funded, our investment, and the number of community members served as a marker of our impact.

2025 Grant Partner	Grant Amount	Number Served
Acknowledge Alliance	\$75,000	724
Adolescent Counseling Services	\$125,000	26,725
Fresh Approach	\$75,000	10,702
Legal Aid of San Mateo County	\$75,000	585
LifeMoves	\$100,000	1,642
Health Connected	\$75,000	285
Puente	\$125,000	694
Ravenswood	\$250,000	8,027
Roots Community Health Center	\$100,000	2,072
Sacred Heart	\$100,000	35,362
Santa Cruz Community Health Centers	\$125,000	23,450
Second Harvest Food Bank	\$300,000	128,854
Shine Together	\$75,000	99
Sonrisas	\$300,000	434
Stanford Early Life Stress and Resilience Program	\$75,000	370
Stanford Center for Youth Mental Health and Wellbeing	\$100,000	N/A

Our Evaluation Plan and Outcomes

Each year, Lucile Packard Children's Hospital Stanford evaluates the measurable impact of its Community Benefit activities to ensure resources are directed to the areas of greatest need. The following summary highlights our collective results for FY 2025, the final year of the current implementation cycle.

FY 2025 Summary Highlights

- **Total Individuals Reached: 353,864** children, parents, and caregivers served through funded community programs.
- **Community Investment Funding: \$2,075,000** invested across 16 partner organizations in Santa Clara and San Mateo counties.
- **Access to Primary Care: 30,854** medical and dental visits delivered through safety-net clinics, mobile care, and school-based programs.
- **Economic Stability: 177,254** families supported through food access, rental or housing assistance, and legal advocacy services.
- **Social, Emotional, and Mental Health: 28,104** youth and families received counseling, resilience training, or school-based interventions.
- **Maternal and Infant Health: 2,171** mothers and infants received prenatal, postpartum, or parenting support services.
- **Equity Focus: 100%** of programs serve priority populations, including low-income, LEP, and historically under-resourced communities.

These findings demonstrate continued progress toward the hospital's goal of improving community health outcomes while informing priorities for the next Implementation Strategy cycle.

The Packard Children's Community Benefit team monitored and evaluated the implementation strategies described above. Plans to evaluate activities are tailored to each strategy and include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served. In addition, Packard Children's required our grantees to:

- Track and report outcomes/impact, including behavioral and physical health outcomes as appropriate
- Report mid-year and year-end performance on annual outcomes metrics, which is shared broadly with the public as well as state and federal regulatory bodies

In addition to monitoring program performance, Packard Children's evaluated the overall effectiveness of its Community Benefit Plan. The hospital measured progress toward key objectives—such as the number of individuals served, outcomes achieved, and dollars invested across community health initiatives. The hospital also convened its Community Benefit Advisory Council—a standing group of community stakeholders that includes representatives from local government agencies, public health departments, nonprofit organizations, and community-based service providers—to provide guidance on priorities, review results, and offer insight on emerging needs to ensure that the plan remained responsive and community-driven. Findings from this process informed adjustments to future goals and investments, ensuring that the hospital's activities continued to align with community health priorities.

We are pleased to report the following outcomes of our efforts to improve identified health needs in 2025.

Our Impact on Primary Care

In past years, we helped provide primary health care to nearly **30,854 individuals** ages 0 to 25 and expectant mothers in Santa Clara and San Mateo counties. In 2025, we partnered with seven community nonprofit organizations to bring primary care to underserved community members. These vital partnerships empowered us to:

- Provide health care services at neighborhood clinics (medical clinics) close to home
- Bring health care and oral health care to select neighborhoods and schools
- Increase primary care access by supporting innovative approaches, including telemedicine, after-hours care, and the Packard Children's mobile Teen Van
- Advocate for positive health care policy change at local, state, and national levels
- Provide diverse health care trainings



Stories of Real Impact



It's inspiring to hear our grant partners' stories of the real lives we have touched, and how together we have provided hope and healing.



The Recinos Family Finds a Medical Home

For Maria Recinos, Ravenswood Family Health Network has been more than a clinic, it has been a lifeline. From critical health screenings and management of chronic conditions to oral health care, Ravenswood has stood by her and her three children every step of the way. With regular care, her children no longer suffer from toothaches, uncorrected vision problems, poor diet, low energy, and uncontrolled blood pressure. Maria is grateful to Ravenswood for providing not just a medical home, but compassion and healing.

Our Impact on Economic Stability

Packard Children's helped **177,254 children** ages 0 to 25 and their families become more economically stable in Santa Clara and San Mateo counties. In 2025, we funded five community programs that focus on creating economic stability via housing, education opportunities, and food security. These partnerships enabled us to:

- Increase access to short-term rentals and interim housing for unhoused families
- Provide access to stable housing combined with self-sufficiency support to area families
- Give temporary financial assistance, legal support, education help, and case management for homeless children and families
- Reduce food insecurity by increasing access to food banks, food drives, community gardens, and farmer's markets; in 2025, we provided food support to 174,918 children and their families
- Advance affordable, safe, and dignified housing for South Coast farmworkers and their families



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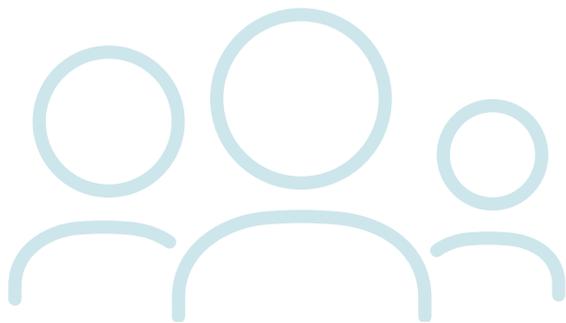
Belinda and Arely Adopt Better Eating Habits

For Belinda and Arely, starting with small steps made a big difference in improving their family's eating habits. Both rely on Fresh Approach's food access and nutrition programs to feed their families. They enrolled in the VeggieRX Nutrition Program to learn healthy habits and receive VeggieRX vouchers at area farmer's markets. For both, VeggieRX provided the practical tools, encouragement, and flexibility to turn those first steps into lasting change. Belinda is sleeping better, has clearer skin, and notices relief from her arthritis. Arely makes nutritious meals at home and shares her recipes with others.

Our Impact on Social, Emotional, and Mental Health

Packard Children's helped **28,104 children** ages 0 to 25 and their families gain access to social, emotional, and mental health services in Santa Clara and San Mateo counties. In 2025, we funded five community programs that focus on expanding mental health access and support for youth and families. We helped to:

- Address the systemic barriers to mental health by increasing access to area providers
- Improve media literacy among youth and parents to enhance mental health and instill healthy technology habits
- Support school-based interventions to improve school climate and reduce bullying
- Increase coordination of behavioral health care and physical health care among community providers, educators, and social workers
- Support immigrant youth and families to help reduce early life stress and build resilience
- Advocate for better mental health care in our target area
- Fund area providers to attend trauma-based trainings



Stories of Real Impact



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Sophia Dissects Gun Violence Promotion on Social Media

Sophia, an area teen athlete, participated in a Flip the Script event with Health Connected, which now houses the My Digital TAT2 program that helps youth navigate online complexity and digital use. She presented research on the consequences for teens of a popular young professional athlete exhibiting gun violence. She showed how the athlete portrayed gun violence and promoted it on social media. She questioned the influence the athlete had on his large mass of young followers and on mass shootings. Her presentation helped raise awareness and enhanced My Digital TAT2's curriculum, ensuring that it is relevant and up-to-date for teens.

Our Impact on Maternal and Infant Health

Packard Children's helped **2,171 young moms and children** in both counties benefit from good prenatal care, newborn care, and empowerment for a better future. In 2025, we funded two programs that prioritize supporting expectant and new moms. Our grants helped to:

- Increase care for newborns, infants, and young mothers before, during, and after pregnancy
- Expand access to teen pregnancy prevention, enhanced prenatal care, and health education
- Improve birth outcomes for African American women through intensive prenatal care, including access to doulas
- Help underserved teen mothers become educated and self-sufficient
- Provide depression screenings for expectant teen mothers
- Engage in advocacy to reduce unintentional injuries, child abuse, and neglect
- Expand parenting programs, home visits, and nurse-family partnerships



Stories of Real Impact



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Aneyah Pursues a Nursing Degree to Give Back

Aneyah, a proud mother to a 4-year-old daughter, has turned the challenges of becoming a mom at 16 into a source of strength and purpose, with the help of services from SHINE. Inspired by the compassion and care she received during her own birth experience, she is pursuing an Associate of Applied Science Degree with the goal of becoming a labor and delivery nurse. Despite setbacks, including personal loss and obstacles in her studies, Aneyah's resilience and determination have kept her moving forward. With each step, she is working toward a future where she can provide the same comfort and support to other mothers that once meant so much to her, while building a brighter life for herself and her daughter.

Our Community Benefit Investment

We are honored to be a part of the safety net for the communities we serve, and to improve the health of the most vulnerable in our primary service area. In 2025, Lucile Packard Children’s Hospital Stanford engaged in Community Benefit services and activities to a total net value of quantifiable benefits provided to the community worth **\$393,118,340**.

Our 2025 Financial Commitments

	Services to Vulnerable Populations	Services to the Broader Community	Total Investment
Financial Assistance and Means-Tested Government Programs			
Traditional Charity Care	\$1,821,569	–	\$1,821,569
Medi-Cal	\$332,568,958	–	\$332,568,958
Total	\$334,390,527	–	\$334,390,527
Other Benefits			
Community Health Improvement Services	\$7,994,936	\$2,325,141	\$10,320,077
Community Benefit Operations	\$40,497	\$735,585	\$776,082
Health Professions Education	\$0	\$38,980,737	\$38,980,737
Subsidized Health Services	\$0	\$3,147,876	\$3,147,876
Research	\$0	\$0	\$0
Cash and In-Kind Contributions for Community Benefits	\$2,165,000	\$143,712	\$2,308,712
Other Community Benefits	\$3,194,329	\$0	\$3,194,329
Total	\$13,394,762	\$45,333,051	\$55,533,484
Community Benefits Spending			
Total Community Benefits	\$347,785,289	\$45,333,051	\$393,118,340

Cost Methodology

Lucile Packard Children’s Hospital Stanford reports Community Benefit costs using its standard internal cost methodology. When charges must be converted to cost, the hospital applies its organization-wide cost-to-charge ratio (CCR) from the Medicare Cost Report, reporting period: 9/1/2024–8/31/2025. Programmatic community benefit activities that rely on actual operating cost—including personnel, purchased services, grants, and direct expenses—continue to be reported using established internal costing practices. All figures are reported in whole dollars as required by HCAI.



A Look Ahead: The 2025 CHNA Process and Results

In 2025, Lucile Packard Children's Hospital Stanford once again carried out its triennial CHNA. It followed a similar process as with the prior CHNA, which involved collaborating with area hospitals and a number of internal teams to complete the health assessment to guide Community Benefit efforts for the years 2026–2028.

In this section, we describe our latest CHNA process, identify disparities, define our top health initiatives going forward, answer the why behind their selection, list the health needs that will not be addressed, and share our proactive approach for propelling us forward.

2025 CHNA Process Outcomes

- The CHNA data collection process took place over seven months in 2024 and culminated in a report in 2025.
- Primary research was conducted through 68 key informant interviews and 31 focus groups.
- 170 community members, community leaders, health experts, and representatives of various organizations and sectors participated.
- 22 key informant interviews were held with 30 experts from various organizations in San Mateo and Santa Clara counties.
- 17 focus groups were conducted with a total of 41 professionals and 102 community members/leaders across San Mateo and Santa Clara counties.

2025 CHNA Identified Disparities/Health Needs

The 2025 CHNA identified 13 disparities during the research process. Several echo disparities from years past. Completing the current CHNA gave us direction for selecting our future health initiatives. The following health needs were identified for our service area:

- Economic stability (includes housing)
- Behavioral health
- Health care access and delivery
- Healthy lifestyles (diabetes and obesity)
- Oral/dental health
- Community and family safety
- Cancer
- Education
- Sexual health
- Communicable diseases
- Maternal and infant health
- Respiratory health
- Unintended injuries/accidents

2025 CHNA Top 3 Health Needs

1. Economic stability (including housing)
2. Access to primary care (including oral health)
3. Mental and behavioral health access for youth

The Why Behind Our Future Health Initiatives

Economic stability, health care access, and behavioral/mental health rose to the surface as major health needs/disparities in our community as a result of the 2025 CHNA process. These three health needs define the health initiatives prioritized by Lucile Packard Children's Hospital Stanford's Community Benefit team for 2026–2028.

While we made important progress in addressing these same health priorities from 2023–2025, each need is extensive and requires further dedication in future years. We are committed to continuing our efforts to promote these important health initiatives in the next three years and improve the health of the children and families that we serve.

Economic Stability

Economic stability, including income, education, housing, and food security, was the highest-priority health need in interviews and focus group discussions in the 2025 CHNA. The high cost of living and insufficient wages faced by families are significant issues, making it difficult for them to afford basic necessities like housing and food, or to overcome financial barriers to education and job training.

- Rising rent costs and lack of affordable housing options are major issues in our two target counties, leading to overcrowded living conditions and homelessness.
- A higher proportion of homeless public school students are unsheltered in Santa Clara County compared with California overall, and both counties have higher proportions of homeless public school students in temporary shelter compared with their peers statewide.

- In Santa Clara County, the median household income among Asian households is nearly double that of Latine households.
- Food deserts exist in areas of the two counties. In regard to CalFresh benefits, both counties compare unfavorably with the state.

Access to Primary Care

Health care access and delivery, which affects various other community health needs, was one of the highest-priority health needs in interviews and focus group discussions. Access to affordable, comprehensive, quality health care is important for improving health and increasing quality of life. In our target community, high health care costs, inadequate insurance coverage, and financial instability are major obstacles preventing individuals from accessing necessary medical services.

- Within our communities, there is a shortage of health care providers, especially in primary care and specialized fields, which leads to long wait times.
- Statistics show that access to school nurses is worse in both San Mateo County and Santa Clara County, compared with the state, and the ratio of community members with access to advanced practice care professionals was worse in San Mateo County compared with the state.
- Rural and underserved urban areas face significant challenges in accessing health care facilities, often requiring long travel distances to reach medical services.
- Language barriers, and difficulty navigating the health care system, also impede community members' ability to make informed health decisions.
- Residents face difficulties in accessing dental care, especially low-income individuals and those on Denti-Cal.

Behavioral Health Access for Youth

Behavioral health access for youth is a major issue in our target service area today, and named one of the highest-priority disparities in the 2025 CHNA. Behavioral health refers to both mental health and substance use. Mental health—defined as social, emotional, and psychological well-being—plays a key role in a person’s overall wellness, ability to have healthy and maintain healthy relationships, and function in society.

- There are more students per school psychologist in Santa Clara County than there are statewide. This is combined with a shortage of qualified therapists and treatment beds for youth.
- In both counties, mental diseases and disorders represent the highest proportions of youth hospital discharges.
- From community surveys, we have heard that behavioral health challenges stem from a variety of stressors, including poor mental/behavioral health, related to unemployment, racism, loneliness, and climate change.
- The 2025 CHNA found that economic challenges contribute to mental health issues, with many youth feeling uncertain and anxious about their future.

Overlapping Community Priorities

The top three community priorities—economic stability, mental/behavioral health, and health care access and delivery—contain overlapping concerns. The lack of affordable health care implicates economic stability when community members choose between health care and basic needs such as food or shelter. Community members have said that financial stress contributes to mental health conditions such as anxiety and depression. Poor access to care can worsen behavioral health issues. All of these elements contribute to inadequate long-term health outcomes for community members.

Health Needs Not Addressed in Future Plans

While we recognize that the 2025 CHNA identified other health needs within our community, we focused on the most pressing needs, those that met all of the prioritization/selection criteria identified above.

The health needs that did not meet our selection criteria and therefore were not selected as focuses of our Community Benefit efforts include:

- Cancer
- Communicable Diseases
- Community and Family Safety
- Education
- Healthy Lifestyles
- Oral/Dental Health
- Respiratory Health
- Sexual Health
- Unintended Injuries/Accidents

Despite the fact that Packard Children’s is not directly addressing these health needs, we acknowledge that the hospital does address some of these needs through its standard work and dedicated programs and services. For example, we advance access for maternal and infant health, provide education and equipment to prevent unintended injuries and accidents, promote sexual health, and offer education/support through parenting and health classes.

A Proactive Approach as We Move Forward

As Packard Children's moves into the next CHNA Implementation Strategy cycle, we will continue to strengthen the connection between community investments and measurable improvements in child and family health. Our approach will remain centered on collaboration with community-based organizations, local leaders, and public health partners to address the root causes of health disparities in the places where children and families live. These priorities will be operationalized primarily through the next Community Investment Grants funding cycle, which will launch in alignment with the 2026–2028 Implementation Strategy.

Through our Community Investment Grants program, we will continue to proactively invest in local nonprofit organizations that deliver direct services, strengthen community capacity, and create lasting impact across our core health priorities. This place-based approach allows us to align resources toward shared goals, deepen partnerships in areas of greatest need, and build on the success of our current funding cycle.

Looking forward, we will also continue aligning our work with the broader health equity priorities led by Stanford Medicine, enhancing how we use and evaluate data to inform decisions, measure outcomes, and tell the story of community impact. These forward-looking efforts reflect the commitment of Packard Children's to sustained partnership and investment in the communities we serve. We enthusiastically anticipate another impactful, inspiring three years of working to improve the health of our community.

Approval and Contact Information

This Community Benefit Plan and Annual Report for FY 2025 was approved by the Lucile Packard Children's Hospital Stanford Board of Directors on Feb. 11, 2026.

This report is submitted in fulfillment of California's Hospital Community Benefit reporting requirements and reflects Lucile Packard Children's Hospital Stanford's compliance with applicable state and federal community benefit regulations.

For questions or additional information about this report, please contact:

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Thank You!

We sincerely thank the 2025 members of our advisory council for their invaluable guidance:

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Joy Murrieta	Kids in Common
Anand Chabra	San Mateo County Health
Maria Garcia	The Health Trust
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