Stanford MEDICINE
Children's Health

2026

Implementation Strategy Report
for Lucile Packard Children's Hospital Stanford

Fiscal Years 2026–2028

General Information

Contact Person
Joseph Vaughan,
Director of External Affairs

Years the Plan Refers to
Fiscal Years 2026–2028

Date Written Plan Was Adopted by Authorized Governing Body
Nov. 5, 2025

Authorized Governing Body That Adopted the Written Plan
Lucile Packard Children's Hospital Stanford Board of Directors

Name and EIN of Hospital Organization Operating Hospital Facility
Lucile Salter Packard Children's Hospital at Stanford
EIN 77-0003859

Address of Hospital Organization
725 Welch Road
Palo Alto, CA 94304

Table of Contents

I. About Lucile Packard Children's Hospital Stanford

Lucile Packard Children's Hospital Stanford is a 394-bed pediatric and obstetric facility located on the Stanford University campus in Palo Alto, California. Packard Children's also operates 27 pediatric acute care licensed beds at El Camino Health. In addition, Packard Children's operates six intensive-care nursery licensed beds at Sequoia Hospital.

Community Health Initiatives

For more than 30 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 its founding. 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. Packard Children's Hospital adopted four Community Health Initiatives for 2023–2025:

- Supporting children, adolescents, and young adults in experiencing good social and emotional health (mental health) and being able to cope with life's stressors
- Increasing the number of infants, children, adolescents, and young adults who experience economic stability and related improved health outcomes
- Increasing the number of infants, children, adolescents, and young adults who have access to needed health care services
- Improving the health of infants and new mothers, with a particular focus on reducing disproportional health outcomes

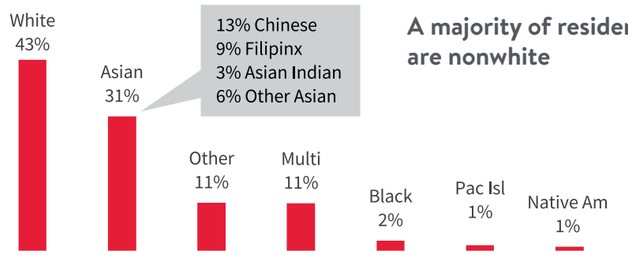
In addition to providing financial and other support for these initiatives, Packard Children's invests in many other hospital- and community-based programs that promote the health of children, teens, and expectant mothers.

II. Lucile Packard Children's Hospital Stanford's Service Area

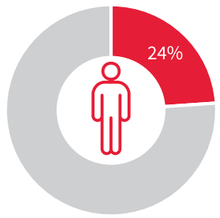
Because of our international reputation for providing outstanding care to babies, children, adolescents, and expectant mothers, Packard Children's serves patients and their families around the entire San Francisco Bay Area. Within our primary service area, which encompasses the 13-county Northern California region, Packard Children's ranks first for pediatrics, with 11.4% market share, and second for obstetrics, with 4.9% market share (2023 HCAI).

Our fiscal year 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. 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 (22.0%) for pediatrics and second for obstetrics (10.4%) in our primary service area.

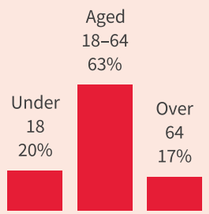
SAN MATEO COUNTY



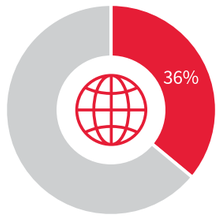
A majority of residents are nonwhite



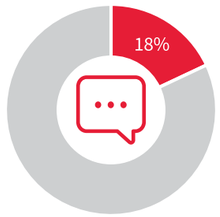
About one quarter are Latine



One in six residents are older adults



More than one in three residents are foreign-born



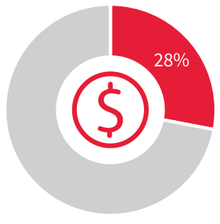
Close to one in five over age 5 speak limited English

$141,316

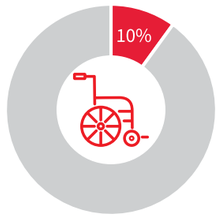
Four-person household Real Cost Measure (RCM)*

$1.5M

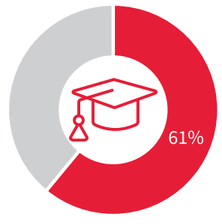
Median home sale price



On average, more than one in four households live below the Real Cost Measure



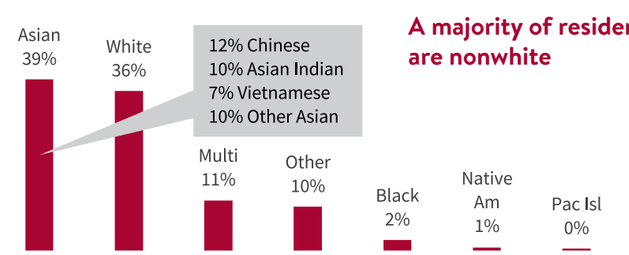
One in 10 residents live with a disability



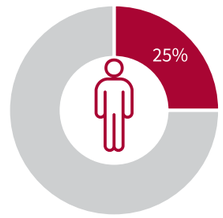
About three in five residents aged 25+ have earned at least a bachelor's degree

*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.

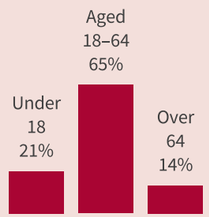
SANTA CLARA COUNTY



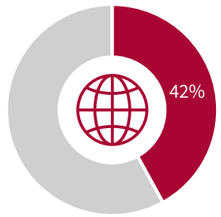
A majority of residents are nonwhite



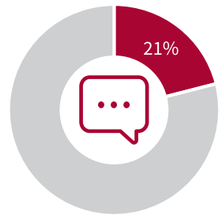
One quarter are Latine



About one in five residents are children



Over two in five residents are foreign-born



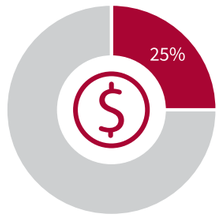
About one in five over age 5 speak limited English

$128,176

Four-person household Real Cost Measure (RCM)*

$1.7M

Median home sale price



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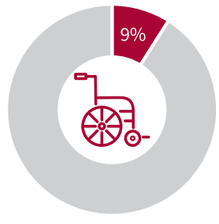
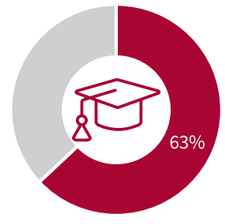


Almost one in 10 residents live with a disability



Over three in five residents aged 25+ have earned at least a bachelor's degree

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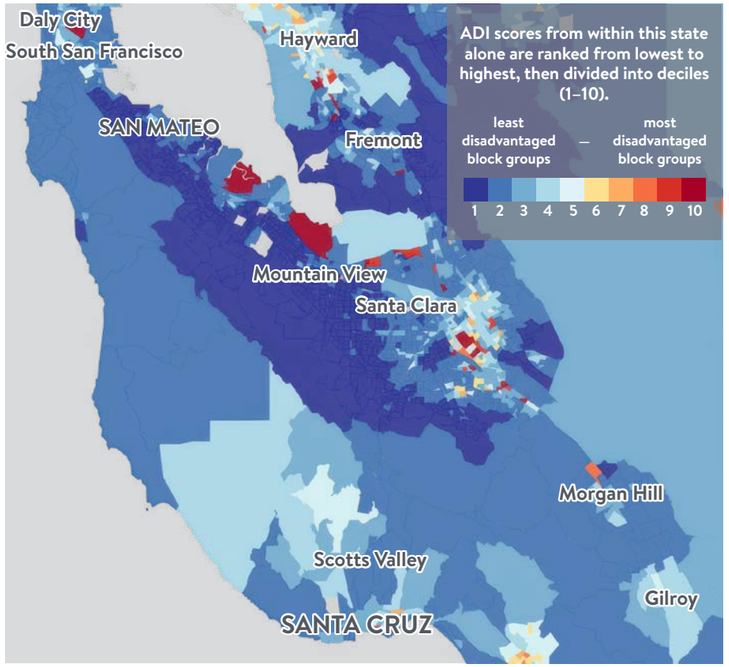
Area Deprivation Index

The Area Deprivation Index (ADI) is a composite of measures by area composed of factors related to social determinants of health, including:[1]

- Housing costs
- Overcrowded housing
- Units without complete plumbing
- Households without a motor vehicle
- Single-parent households
- Educational attainment
- Median family income
- Poverty rate

The counties that make up the Packard Children's community do much better than California overall. The counties themselves have substantial resources. However, there are real needs, as can be seen by the notable differences in sub-county ADI metrics (see map, right). For example, educational achievement and median income are lower in areas that are colored yellow, orange, and red on the map, including neighborhoods east of Palo Alto and Mountain View, parts of central and east San José, and a portion of Morgan Hill. This is in comparison with swaths of the two counties that are the least disadvantaged, shown in dark blue on the map. Neighborhoods with higher ADI scores tend to face greater health challenges. To address these disproportionalities, Packard Children's is committed to supporting community health improvement through upstream (social determinants of health) and downstream (health condition) interventions.



1 The Area Deprivation Index ranks each Census block group in deciles from 1 to 10, compared with all other California Census block groups; higher deciles are considered worse. For more information, see originators: Kind, AJH, and Buckingham, W. Making Neighborhood-Disadvantage Metrics Accessible: The Neighborhood Atlas. *New England Journal of Medicine*, 2018. 378: 2456–2458. DOI: 10.1056/NEJMp1802313. PMCID: PMC6051533. Also: University of Wisconsin School of Medicine and Public Health. 2022 Area Deprivation Index v4.

III. Purpose of Implementation Strategy

This Implementation Strategy (IS) Report describes Lucile Packard Children's Hospital Stanford's planned response to the needs identified through the 2025 Community Health Needs Assessment (CHNA) process. It fulfills Section 1.501(r)-3 of the IRS regulations governing nonprofit hospitals. Subsection (c) pertains to implementation strategy specifically, and its requirements include a description of the health needs that the hospital will and will not address. Per these requirements, the following descriptions of the actions (strategies) to take include the anticipated impact of the strategies, the resources the hospital plans to commit to address the health needs, and any planned collaboration between the hospital and other organizations in addressing the health needs.

For information about Packard Children's Hospital's 2025 CHNA process and for a copy of the CHNA report, please visit communitybenefits.stanfordchildrens.org.

IV. List of Community Health Needs Identified in the 2025 CHNA

The 2025 CHNA assessed community health needs by gathering input from persons representing the broad interests of the community. The CHNA study team[2] used this primary qualitative input to determine the community's priorities. In addition, quantitative (statistical) data were analyzed to identify poor health outcomes, differences in health outcomes, and health trends. The study team compiled statistical data and provided comparisons against statewide averages and rates.

To be considered a health need for the 2025 CHNA, an issue had to fit the definition of a health need,[3] affect children and/or youth, and either be prioritized in multiple focus groups and/or interviews or rise to the list based on statistical data, with at least two direct indicators exhibiting documented differences between groups, failing the benchmark by 5% or more, or showing worsening trends and few supporting resources. The 2025 CHNA identified a total of 13 health needs. The health need prioritization and selection process is described in Section VI of this report.

2025 Community Health Needs List

1. **Economic Stability**
2. **Mental and Behavioral Health**
3. **Access to Care**
4. **Healthy Lifestyles**
5. **Oral/Dental Health**
6. **Community and Family Safety**
7. **Cancer**
8. **Education**
9. **Sexual Health**
10. **Communicable Diseases**
11. **Maternal and Infant Health**
12. **Respiratory Health**
13. **Unintended Injuries/Accidents**

2 The study team was composed of Lucile Packard Children's Hospital Stanford, El Camino Health, Stanford Health Care, Sutter Health (including Mills-Peninsula Medical Center and Palo Alto Medical Foundation), and Actionable Insights, LLC. For more details, see the 2025 CHNA report.

3 A health need was defined in the CHNA report as a poor health outcome and its associated risk(s), or a risk that may lead to a poor health outcome. For further information, see Section 5 of the CHNA report.

V. Those Involved in the Implementation Strategy (IS) Development

Packard Children's selected the health needs to address. The hospital sought input from both internal leaders and its Community Benefit Advisory Council to guide the development of this Implementation Strategy. Stakeholders emphasized the importance of equity, sustainability, and responsiveness to communities most impacted by health disparities.

Actionable Insights, LLC, provided guidance and expertise for this process and conducted research on evidence-based and promising practices for each selected health strategy. Actionable Insights is a consulting firm whose principals have experience conducting CHNAs and providing expertise on implementation strategy development and IRS reporting for hospitals.

VI. Health Needs That Lucile Packard Children's Hospital Stanford Plans to Address

A. Process and Criteria Used to Select Health Needs

Lucile Packard Children's Hospital Stanford's Community Benefit team and the hospital's Community Benefit Advisory Council met with Actionable Insights on Feb. 5, 2025, to discuss the health needs identified through the community assessment and prioritized by the community. Packard Children's, by consensus, selected the three health needs that had been identified as being of highest priority to the community. The selected needs are listed below in alphabetical order.

- **Mental and Behavioral Health**
- **Economic Stability**
- **Access to Care**

For the purposes of this IS, the Packard Children's community benefit team renamed the first need **"Mental and Behavioral Health"** and the third need **"Access to Care"** in order to better express the topics on which it will focus in addressing the needs.

B. Description of Health Needs That Lucile Packard Children's Hospital Stanford Plans to Address

Based on the 2025 Community Health Needs Assessment (CHNA) findings and extensive stakeholder input, Lucile Packard Children's Hospital Stanford will focus on three priority community health needs for fiscal years 2026–2028:

Mental and Behavioral Health

Youth mental health remains a critical issue across Santa Clara and San Mateo counties. The CHNA identified growing rates of anxiety, depression, and suicidal ideation among young people, alongside persistent provider shortages and limited culturally responsive care. Families emphasized the need for earlier prevention, better coordination between schools and health systems, and stronger support for both youth and parents.

Economic Stability

Economic strain deeply affects children and families in Silicon Valley. Nearly one-third of households fall below the regional self-sufficiency threshold due to high housing and childcare costs. The CHNA revealed a direct link between financial stress and negative health outcomes, particularly for immigrant and low-income populations. Priorities include addressing housing insecurity, food access, and opportunities for sustained family stability.

Access to Care

Despite world-class medical resources, inequities persist in accessing affordable, linguistically and culturally appropriate care. Stakeholders cited barriers such as cost, wait times, and workforce shortages—especially in pediatric and Mental and Behavioral Health. The CHNA also identified digital and transportation barriers limiting telehealth effectiveness. Expanding access to coordinated, respectful, and community-based care remains essential to improving outcomes.

Together, these three needs reflect the community's strongest priorities and the hospital's ability to make a measurable impact through investments, partnerships, and institutional practices.

Mental and Behavioral Health

Why This Matters

Youth mental health is a pressing concern in both Santa Clara and San Mateo counties. Key challenges include a shortage of mental health providers, especially in outlying areas like Gilroy and Milpitas, and disproportionately high rates of depressive symptoms and suicidal ideation. These challenges were amplified by the COVID-19 pandemic, which increased economic stressors, isolation, and substance use among young people.

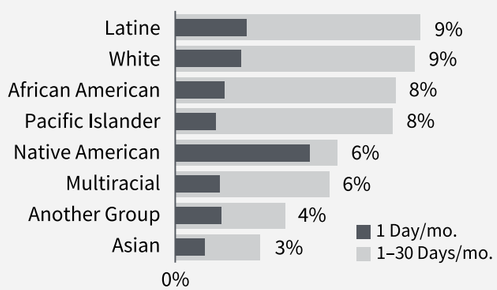
Community Voice

Community members and stakeholders shared:

- Growing loneliness, stress, and disconnection among youth
- Concerns about increased youth substance use, especially with potent substances like fentanyl and methamphetamines
- The need for more integrated mental health services across systems

San Mateo County public school students reporting recent marijuana use (days of drug use per month)

In San Mateo County, Latine and white seventh, ninth, and 11th graders were the most likely to have used marijuana in the past month versus their peers of other groups.



"There is this despondency among youth around feeling like they have no control of their futures."

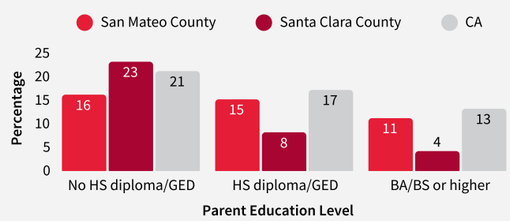
—Community Focus Group Participant

Key Data Highlights

- Among hospitalized youth, mental health is the main reason for their hospitalization.
- Low supply of qualified mental health providers, especially in Santa Clara County.
- Rising drug use among youth, especially those from low-income families.

Percentage of public school 7th, 9th, and 11th graders reporting recent drug or alcohol use

Family income (a proxy for parental educational attainment) is inversely proportional to youth self-reported alcohol/drug use. Low-income youth in Santa Clara County do worse than their peers in San Mateo County and statewide.



Students per public school psychiatrist

There are more students for each school psychiatrist to care for at public schools in Santa Clara County compared with the ratio in San Mateo County and at public schools statewide.

40% Higher

Rate of children ages 1–17 who are *hospitalized for mental diseases or disorders*, out of all child hospitalizations in San Mateo County, compared with the rate for California children.

"We don't know whether we will see youth recover socially in our generation. The [pandemic] really did a number on stunting their ability to connect with each other."

—Youth Mental Health Provider

Economic Stability

Why This Matters

Economic stability is one of the most widely recognized social determinants of health. In Silicon Valley, nearly one-third of households are not economically self-sufficient. The high cost of housing, food, and childcare—combined with substantial differences in income—places families at risk of homelessness, food insecurity, and poor health outcomes.

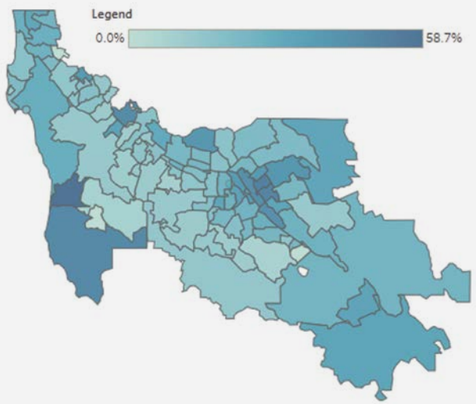
Community Voice

Community members and stakeholders shared:

- Financial stress is high for many people.
- Food deserts affect community members' ability to eat healthily.
- Working families find it hard to afford even the basic necessities.
- Overcrowding to reduce housing costs can lead to greater stress.

Percentage of low-income community members

Within San Mateo and Santa Clara counties, the Coastside area and East San José have the highest proportions of community members earning less than 300% of the Federal Poverty Level.



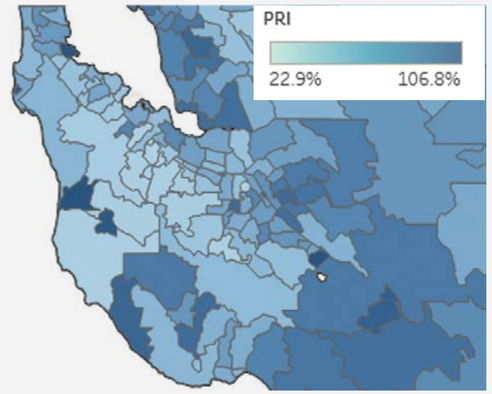
> "People are cutting costs on their medicine, not going to the doctor, then also living in situations where there are three to five families, people are huddled together, couch surfing and sleeping in their cars."
>
> —*Community Focus Group Participant*

Key Data Highlights

- High poverty rates in East San José and the Coastside
- Sizeable income differences between groups
- Rising homelessness, especially in San Mateo County
- Underutilization of CalFresh benefits and prevalence of food deserts

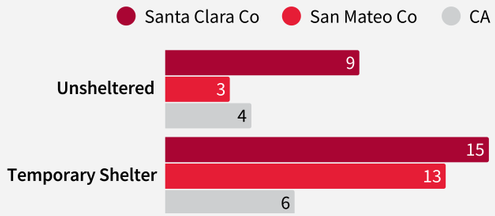
CalFresh Participation Rates

The CalFresh benefits (supplemental nutrition assistance) percentage is much lower in San Mateo County (52%) and lower in Santa Clara County (71%) than in the state (77%).



Percentage of unhoused public school students by shelter type

Santa Clara County has over two times the percentage of unsheltered homeless students versus San Mateo County and the state overall.



50% Higher

Proportion of overcrowded housing in the Daly City area compared to California overall

> "Economic security here is bad. The reason is that the salary is very low. Every time you go to any grocery store, the groceries are through the roof. You have to decide whether you eat or pay the rent."
>
> —*Focus Group Participant, Spanish-Speaking Community*

Access to Care

Why This Matters

Access to health care remains uneven across communities. Health care workforce shortages, high costs, and linguistic and cultural barriers limit care for vulnerable families. Pediatric access to primary and specialty care is particularly strained in certain regions. The digital divide and structural imbalances further complicate access for low-income and transitional-aged youth.

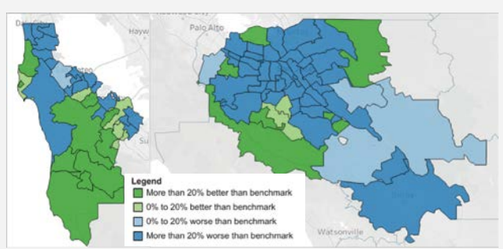
Community Voice

Community members and stakeholders shared:

- Concerns about affordability, insurance coverage, and long wait times, especially for specialty care like dentistry
- Mixed experiences with telehealth and digital literacy
- Desire for providers trained in social and structural imbalances, all facets of sexual health care, and language access

Local English proficiency by Census tract

English proficiency is low in some parts of San Mateo County and much of Santa Clara County. Over 9% of children in Santa Clara County live in a limited-English-speaking household, a higher proportion than in neighboring San Mateo County or California overall (both around 7%).



"Most nurses or medical practitioners don't know American Sign Language. I do not feel good always going with the translator or having to write things down or wait longer periods just to be attended to."

—Community Focus Group Participant

Key Data Highlights

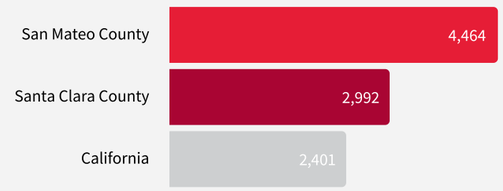
- Shortages of non-physician providers (e.g., nurse practitioners, physician assistants)
- Poor school nurse ratios and gaps in rural and low-income urban areas
- Limited cultural and language concordance
- Digital barriers to effective telehealth

Percentage of San Mateo County youth with a recent dental check-up

San Mateo County youth (ages 1–17) from Pacific Islander, white, and Black communities are the least likely to have had a routine dental check-up in the prior year.

Ratio of students to each public school nurse

There are far more students for each school nurse to care for at public schools in both counties compared with the ratio at public schools statewide.



40% Worse

Ratio of San Mateo County residents to *nurses and physician assistants*, compared with the ratio for all California residents

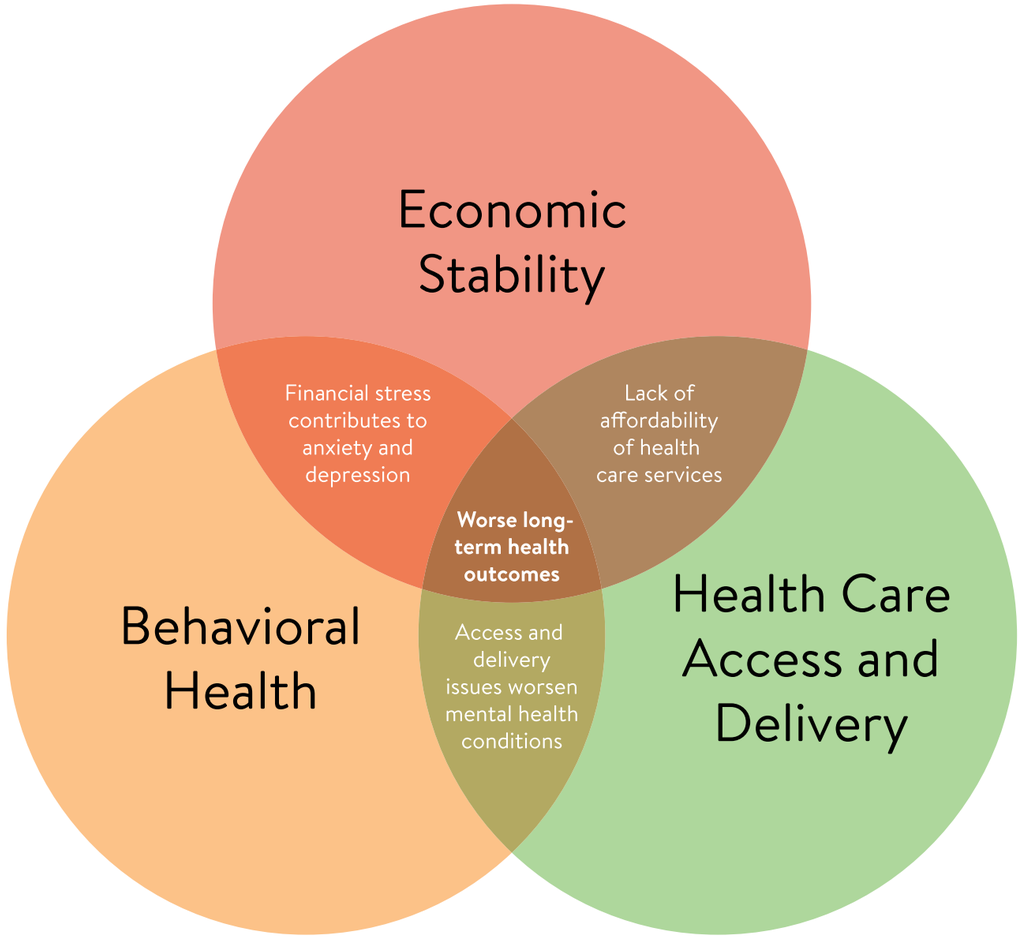
Dental care "is very expensive. Not all people have access. Especially children. I see children without teeth, and they are still small."

—Focus Group Participant, Spanish-Speaking Community

VII. The Packard Children's Implementation Strategy

The federal government requires nonprofit hospitals to complete an Implementation Strategy (IS) report. The IS report is a companion to the CHNA, in that it describes how hospitals will use community benefit and other resources to address priority health needs in their service areas. Furthermore, California Senate Bill 697 (1994) mandates that nonprofit hospitals report annually on their strategies to improve community health. This IS report informs Lucile Packard Children's Hospital Stanford's annual Community Benefit Implementation Strategy, as well as fulfills federal requirements. Specifically, the IS report must detail:

- Which of the priority health needs will be directly addressed by the hospital as part of its implementation strategy, and which top health needs will not be addressed (and justification)
- The actions, programs, and resources the hospital intends to commit to address the selected health needs
- The anticipated impact of these actions
- Any planned collaboration between the hospital and other hospitals or organizations



Our Strategic Approach

Lucile Packard Children's Hospital Stanford is committed to improving the health and well-being of children, youth, and families across our region. In response to the 2025 Community Health Needs Assessment, we developed this Implementation Strategy to guide our investments, institutional practices, and community engagement over the next three years (FY26–FY28).

The selected health needs contain overlapping concerns. The lack of affordability of health care services implicates economic stability when community members must choose between health care and basic needs such as food and shelter. Community members have said that financial stress contributes to mental health conditions such as anxiety and depression. Poor access to care can worsen Mental and Behavioral Health issues, as can experiences of less than respectful treatment. All of these elements contribute to worse long-term health outcomes for community members.

In addition to identifying priority health needs through the CHNA and selecting the community's top-priority needs to address, Stanford Medicine Children's Health sought input from both internal leaders and the Community Benefit Advisory Council to guide the development of this Implementation Strategy. Stakeholders emphasized the importance of equity, sustainability, and responsiveness to communities most impacted by health disparities.

Based on this input, while the hospital is not pursuing a fully place-based approach, we intentionally prioritized strategies that address needs in communities with lower socioeconomic status, particularly in East San José and the East Palo Alto/Belle Haven area. These communities face disproportionate barriers to accessing care and related supports, and ensuring their inclusion in the Implementation Strategy reflects the hospital's commitment to advancing health equity.

Further, our Implementation Strategy takes an anchor-inspired approach to addressing the selected health needs.

What Is an Anchor-Inspired Approach?

The anchor approach is centered on leveraging the economic, social, and human capital of "anchors"—large, place-based institutions such as universities, hospitals, and government agencies—to create lasting, positive outcomes in their local communities.

In practice, anchor-inspired strategies align institutional resources—such as hiring, purchasing, investing, and engaging in community partnerships—to support local needs.

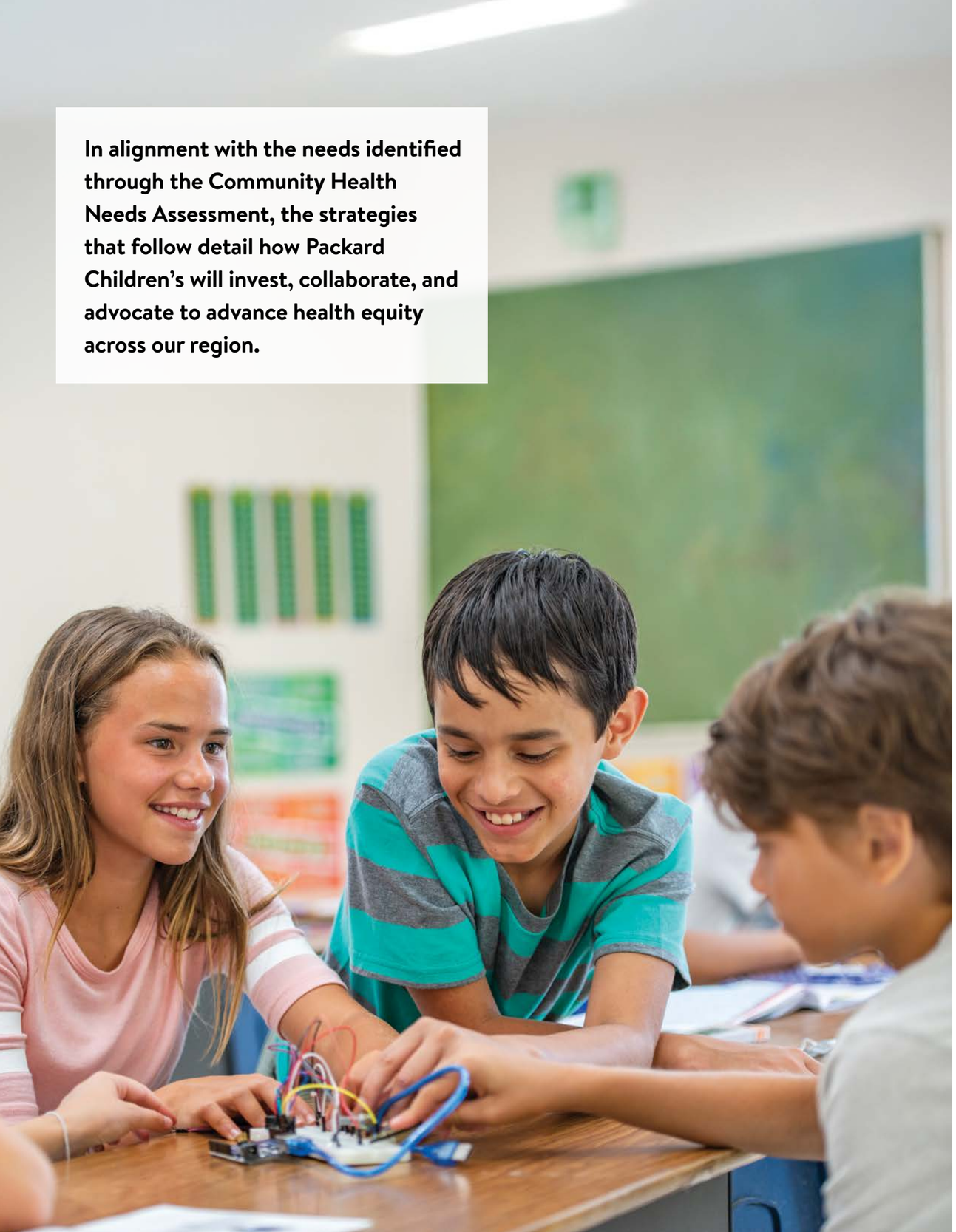
Guided by anchor principles and frameworks, our strategies were selected based on a combination of community input, data from the CHNA, existing hospital capabilities, research on evidence-based and promising practices,[4] and opportunities to make a meaningful and lasting impact. Across all priority areas—Mental and Behavioral Health, Economic Stability, and Access to Care—we focus on:

- Investing in upstream solutions that address the conditions influencing child and family health
- Listening to community voice and building collaborative relationships
- Enhancing the quality and reach of programs and services for children and families
- Leveraging hospital resources and partnerships to strengthen systems of care

We recognize that health is shaped by a broad range of social and environmental factors. Our approach blends direct service, internal system improvements, and community partnerships. Through this strategy, we aim to strengthen positive outcomes across our service area and support a healthier future for the children and families we serve.

4 See Appendix B for research references.

In alignment with the needs identified through the Community Health Needs Assessment, the strategies that follow detail how Packard Children's will invest, collaborate, and advocate to advance health equity across our region.



Mental and Behavioral Health

Long-Term Goals

- Expand access to culturally humble, developmentally appropriate mental health services
- Support early identification and prevention of mental health challenges
- Strengthen community and school-based systems that promote youth resilience

Our Strategic Approach

A. Investments and Grants

- Fund programs that provide school-based counseling, youth mental wellness, and early intervention supports
- Support screening and treatment access for depression, stress, and suicide risk
- Invest in programs that address family violence prevention and promote healthy youth relationships

B. Institutional Systems and Practices

- Strengthen coordination between schools, primary care providers, social workers, and behavioral health specialists
- Support co-location of behavioral and physical health services
- Expand workforce development initiatives to increase the pool of culturally and linguistically aligned providers

C. Advocacy and Community Engagement

- Participate in collaboratives focused on youth mental health
- Advocate for parity in mental health coverage and local/state policy solutions that expand access

Examples of Current Investments

- **Ravenswood Wellness Partnership:** Trauma-informed, community-based mental health care for youth and families in East Palo Alto and Belle Haven
- **Allcove:** Integrated mental health services and peer support for LGBTQ+, Latine, and Spanish-speaking youth ages 12–25 on the San Mateo County Coastside
- **Alum Rock Counseling Center:** Culturally responsive services for at-risk predominantly Latine middle and high school students in East San José

What We Aspire to Achieve

- Improved access to mental and behavioral health care
- Increased youth coping skills, emotional resilience, and school connectedness
- Reduced disciplinary actions, bullying, and self-harm behaviors
- Better coordination across systems serving children and families

Economic Stability

Long-Term Goals

- Reduce food insecurity and housing instability among children and families
- Strengthen financial stability and access to resources for low-income households
- Improve economic conditions that underpin child and family health

Our Strategic Approach

A. Investments and Grants

- Support programs that provide food access, nutrition incentives, and community food systems
- Fund homelessness prevention, legal aid, and rental assistance programs
- Invest in family economic mobility, benefits enrollment, and workforce development initiatives

B. Institutional Systems and Practices

- Strengthen screening and referrals for social needs within hospital and clinic settings
- Partner with community organizations to increase CalFresh and WIC enrollment
- Expand case management models that connect families to housing, nutrition, and financial supports

C. Advocacy and Community Engagement

- Engage in local initiatives related to housing, income supports, and food access
- Participate in countywide collaboratives focused on economic mobility

Examples of Current Investments

- **Fresh Approach:** Nutrition incentives at farmers' markets, culturally relevant classes, and the East Palo Alto Community Garden
- **Samaritan House (LIFT Program):** Supplemental income pilot supporting single mothers in San Mateo County
- **Sacred Heart Community Service:** Gardening, cooking, and sustainability workshops led by and for East San José residents
- **WeHOPE:** Rental assistance, shelter, transitional housing, case management, and support services for vulnerable families

What We Aspire to Achieve

- Increased participation in essential benefits and support programs
- More stable housing and food access for families
- Greater financial resilience for vulnerable households
- Reduced economic disparities across the region

Access to Care

Long-Term Goals

- Improve access to high-quality, culturally appropriate care for children and families
- Strengthen provider capacity in underserved areas
- Reduce logistical, linguistic, and financial barriers to receiving timely care

Our Strategic Approach

A. Investments and Grants

- Support community clinics and mobile services located in or near vulnerable neighborhoods
- Expand partnerships that strengthen access to dental, behavioral, prenatal, and primary care

B. Institutional Systems and Practices

- Increase access through telehealth expansion, extended hours, and efficient referral pathways
- Train and retain a diverse, equity-informed health workforce
- Strengthen language access and reduce provider burnout through improved support systems

C. Advocacy and Community Engagement

- Advocate for policies that expand affordable pediatric and family health care
- Engage with regional coalitions focused on workforce shortages and access gaps

Examples of Current Investments

- **Bay Area Community Health:** Addresses barriers to prenatal care access in East San José and Gilroy
- **Sonrisas Dental Health:** Clinical dental care, school-based screenings, comprehensive care coordination, and oral health education for low-income children in San Mateo County
- **Ravenswood Family Health:** Expanding oral health capacity in Redwood City and providing a pediatric health coach and social worker to support resource navigation and ongoing care

What We Aspire to Achieve

- Greater access to preventive and specialty care
- Reduced emergency department use for preventable conditions
- Higher vaccination and screening rates
- Improved outcomes for children living in underserved communities

Cross-Cutting Strategies

The following strategies support all three identified health needs and enhance the impact of this Implementation Strategy plan:

- Expand the health and social service workforce pipeline, especially in Mental and Behavioral Health and primary care, to remove barriers to care, improve health outcomes, and promote economic security
- Improve hospital and clinic-based screening for social needs, including strong referral systems
- Address digital equity through device access, telehealth literacy, and connectivity improvements
- Ensure that all strategies integrate an equity lens

VIII. Evaluation Plans

Packard Children's will monitor and evaluate the strategies described above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. The hospital will use anchor-inspired principles and the anchor framework to guide how it measures and ensures impact. Plans to monitor activities will be tailored to each strategy and will 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 will require grantees to track and report outcomes/impact, including behavioral and physical health outcomes as appropriate. Grantees will report mid-year and year-end performance on annual outcomes metrics, which will be shared broadly with the public as well as state and federal regulatory bodies.

IX. Health Needs That Lucile Packard Children's Hospital Stanford Does Not Plan to Address

As described in Section VI(A) of this report, Packard Children's will address the three health needs that met all of the prioritization/selection criteria. Packard Children's will not address the following identified health needs:

Not chosen because the need was not strongly prioritized by the community:

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

Despite the fact that Packard Children's will not address these needs through its IS efforts, the hospital does address some (e.g., maternal/infant health, unintended injuries/accidents, sexual health) through its standard work and dedicated programs/services.

Appendix A: Implementation Strategy Report IRS Checklist

Section §1.501(r)(3)(c) of the Internal Revenue Service code describes the requirements of the Implementation Strategy Report.

Federal Requirements Checklist	Regulation Subsection Number	Report Section
The Implementation Strategy is a written plan that includes:		
(1) Description of **how the hospital facility plans to address** the health needs selected, including:	(c)(2)	VII
Actions the hospital facility intends to take and the anticipated impact of these actions	(c)(2)(i)	VII
Resources the hospital facility plans to commit	(c)(2)(ii)	VII
Any planned collaboration between the hospital facility and other facilities or organizations in addressing the health need	(c)(2)(iii)	VII
(2) Description of why a hospital facility is **not addressing** a significant health need identified in the CHNA. Note: A "brief explanation" is sufficient. Such reasons may include resource constraints, other organizations are addressing the need, or a relative lack of expertise to effectively address the need.	(c)(3)	IX
(3) For those hospital facilities that adopted a joint CHNA report, a **joint implementation strategy** may be adopted that meets the requirements above. In addition, the joint implementation strategy must:	(c)(4)	N/A
Be clearly identified as applying to the hospital facility;	(c)(4)(i)	N/A
Clearly identify the hospital facility's particular role and responsibilities in taking the actions described in the implementation strategy and the resources the hospital facility plans to commit to such actions; and	(c)(4)(ii)	N/A
Include a summary or other tool that helps the reader easily locate those portions of the strategy that relate to the hospital facility.	(c)(4)(iii)	N/A
(4) An authorized body **adopts the implementation** strategy on or before January 15, 2026, which is the 15th day of the fifth month after the end of the taxable year in which the CHNA was conducted and completed, regardless of whether the hospital facility began working on the CHNA in a prior taxable year.	(c)(5)	General Information
Exceptions: Our hospital does not qualify for any exception described in Section (D) for acquired, new, transferred, and terminated facilities.	(d)	N/A

Appendix B: Research About Strategies

The following research supports the strategies Packard Children's plans to implement to address the selected community health needs in fiscal years 2026–2028.

Mental and Behavioral Health

Prevention/Early Intervention

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10 Chiesa, A., & Serretti, A. (2011). Mindfulness based cognitive therapy for psychiatric disorders: A systematic review and meta-analysis. *Psychiatry Research*, 187(3), 441–453. Retrieved from https://pubmed.ncbi.nlm.nih.gov/20846726/. See also: Marchand, W. R. (2012). Mindfulness-based stress reduction, mindfulness-based cognitive therapy, and Zen meditation for depression, anxiety, pain, and psychological distress. *Journal of Psychiatric Practice*, 18(4), 233–252. Retrieved from https://pubmed.ncbi.nlm.nih.gov/22805898/

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Screening and Therapy Access for Stress, Depression, Suicidal Ideation

14 *Guide to Community Preventive Services.* Violence Prevention: Group Cognitive-Behavioral Therapy to Reduce Psychological Harm for Traumatic Events Among Children and Adolescents. https://www.thecommunityguide.org/findings/violence-psychological-harm-traumatic-events-among-children-and-adolescents-cognitive-group.html Page last updated: May 13, 2025.

15 Warshaw, C., Sullivan, C. M., & Rivera, E. A. (2013). *A systematic review of trauma-focused interventions for domestic violence survivors.* Chicago, IL: National Center on Domestic Violence, Trauma & Mental Health. Retrieved from https://ncdvtmh.org/wp-content/uploads/2022/10/NCDVTMH_EBPLitReview2013.pdf

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Youth Well-Being in School Settings

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Family and Peer Violence, Healthy Relationships

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Institutional: Care Coordination, Colocation

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Institutional: Workforce Development

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For more on social needs screening and referral, see "Cross-Cutting Strategies" section at the end of this appendix.

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