



2016

**Implementation  
Strategy Report**

SEPTEMBER 1, 2016 – AUGUST 31, 2019



Lucile Packard  
Children's Hospital  
Stanford

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# 1. Review of Community Health Needs Assessment Findings

## Purpose of the Community Health Needs Assessment (CHNA)

Lucile Packard Children’s Hospital Stanford is a world-class, nonprofit hospital devoted entirely to the care of babies, children, adolescents, and expectant mothers. The hospital is located on the Stanford University campus in Palo Alto, California, and its primary service area spans both San Mateo and Santa Clara Counties.

Lucile Packard Children’s Hospital Stanford conducted a community health needs assessment (CHNA) in 2015–2016 to inform investments in the health of the community’s children and expectant moms, as well as to meet the federal requirements of the Patient Protection and Affordable Care Act of 2010 (ACA), enacted by Congress on March 23, 2010. These requirements stipulate that nonprofit hospital organizations complete a CHNA every three years. The CHNA must include input from the community, experts in public health, and local health departments. Hospitals must make the CHNA report widely available to the public and hospitals “must adopt the implementation strategy on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility completes the final step for the CHNA” (Affordable Care Act, 2010).

The full CHNA can be reviewed at:  
[communitybenefits.stanfordchildrens.org](http://communitybenefits.stanfordchildrens.org)

## Assessment Methodology

To assess the health trends most affecting children and families, Lucile Packard Children’s Hospital Stanford partnered with Applied Survey Research (ASR) to obtain secondary data from a variety of sources, and primary data through direct community input: key informant interviews with local health

experts, focus groups with community leaders and representatives, and resident focus groups. ASR synthesized qualitative and secondary data to create a list of health needs for Lucile Packard Children’s Hospital Stanford, and then filtered them against a set of criteria to reveal those that could be considered top health needs. To qualify as a top health need, each one had to meet the following criteria:

- Meet the definition of a “health need,” which is a poor health outcome and its associated risk(s), or a risk that may lead to a poor health outcome
- Be supported by more than one source of data
- Miss the state average or national benchmark (Healthy People 2020)
- Affect children and families (e.g., not be a need that primarily affects older adults)

## Top Health Needs in Lucile Packard Children’s Hospital Stanford’s Primary Service Area

Across the hospital’s primary service area in San Mateo (SMC) and Santa Clara (SCC) counties, the top health needs include the following issues. Unless otherwise noted, each need missed benchmarks in both counties:

- **Obesity** – Obesity rates among children in both counties are higher than the state averages. In the northern part of SMC, rates of overweight youth in fifth, seventh and ninth grades are slightly higher than the state averages. Hispanic and Black youth in SMC are more likely to be overweight, obese, and physically inactive than their peers. Drivers of obesity include poor nutrition, lack of exercise, and environmental factors such as a low availability of fresh food and a high prevalence of fast food establishments.
- **Behavioral Health** – A higher percentage of SMC students in middle school and high school report depressive symptoms, compared with their counterparts across the state. Furthermore, school staff in that county are much more likely

than staff statewide to say that student mental health is a moderate to severe problem. In both counties, more than one in 10 ninth and eleventh grade students seriously considered suicide. In 2013, there were four suicides among youth aged 5 to 24 years in SMC and 26 suicides in SCC. With regard to alcohol and substance use, the level of binge drinking among young adult males in SMC rose between 1998 and 2013. Similar data were not available in SCC; however, the community expressed concern about increasing marijuana and methamphetamine use among youth. Respondents in both counties reported that there is a limited supply of mental health care providers and substance abuse treatment options, as well as inadequate insurance coverage for behavioral health among those who are insured, and that the stigma related to mental health issues persists.

- **Birth Outcomes** – In general, both counties fare well on overall birth outcomes, but an issue lies in the significant disparities across ethnic groups. For instance, in both counties, Blacks are more likely than other groups to have less access to early prenatal care, and more likely to have low birth weight babies, pre-term births, and cases of infant mortality.
- **Access & Delivery** – According to 2014 data, the proportion of children aged 0-17 in SMC and SCC who have been without health insurance coverage (5% and 4%, respectively) is lower than the state (8%). However, Latinos are much more likely than other ethnic groups to be uninsured. Children were much less likely (75%) than higher income children to have had a routine well-child visit. Health experts and community members both expressed concerns about various aspects of access, such as the lack of primary and specialty practitioners, long wait times for appointments, and the increasing cost of care. The community also expressed concern about patients' ability to navigate the health care system, especially those patients who are immigrants or linguistically isolated.
- **Oral/Dental Health** – Tooth decay is the single most common chronic childhood disease. It is preventable with early detection and treatment and ongoing regular checkups. For low-income children in both counties, access to a pediatric dentist is limited by the cost of dental care and the fact that there are reportedly few dentists who accept Denti-Cal. According to 2013-14 data from the California Health Interview Survey, nearly one-third of children in SCC aged 2 to 11 years did not visit a dentist, dental hygienist, or dental clinic within the past year, and that rate rises to 52% for Latino children. SCC's dental utilization rates are poorer than the statewide averages (19%). (Utilization rates were unavailable for SMC children due to small survey sample size.)
- **Respiratory Conditions** – Asthma is slightly less prevalent across the two counties than it is statewide, but the rate of asthma hospitalizations among SMC children aged 1 to 19 years is slightly higher than in the state. Disparities exist among Blacks, younger adults and low-income residents. Pediatric weight, an issue for children of color in both counties, is a known risk factor. Community members also expressed concern about asthma, naming drivers such as mold, mildew, airborne particles, second-hand smoke, and smog from traffic.
- **Sexual Health** – The teen birth rate has been declining across both counties and the state, but births to Latina teens in SMC increased from 2012 (18.7 per 1000) to 2013 (26.4).<sup>1</sup> In fact, Latina women were consistently more likely than other women in the county and state to become teen mothers. In SCC, Latina teens are 10 times more likely to become mothers than their Caucasian counterparts. Overall, youth in San Mateo and Santa Clara counties have lower rates of gonorrhea and chlamydia than statewide

<sup>1</sup> <http://www.kidsdata.org/topic/315/teenbirths-race/trend#fmt=1194&loc=2,59,4&tf=13,73&ch=7,507,9&pdist=73>

and rates of chlamydia are declining gradually.<sup>2</sup> However, disparities exist by ethnicity, with Asian/Pacific Islander (API) youth in SMC having higher rates of chlamydia than API youth statewide. Similarly, Latino youth in SCC have high rates of both chlamydia and gonorrhea than their counterparts statewide.

- **Violence & Abuse** – Although almost all county-level measures of abuse and violence are gradually improving, there are marked disparities in the prevalence of violence and abuse among different ethnic groups. For instance, Black children are five times more likely than White children to be the subject of a child abuse allegation across the two counties.<sup>3</sup> In SMC, Black youth are twice as likely as Blacks statewide to be arrested for a felony, and in SCC, Hispanic youth are twice as likely as their counterparts statewide to have a felony arrest.
- **Economic Security** – Economic security is a need in SCC and SMC because of the ethnic disparities seen in rates of child poverty; Black and Latino children are five times more likely than White children to be living below the federal poverty line (about \$24,000 for a family of four). Low family income is compounded by the exorbitant cost of housing in the two counties (see the description under Housing & Homelessness, below), greatly affecting families' ability to meet the basic food, health, and housing needs of their children. For these reasons, poverty is consistently shown to be one of the strongest predictors of child health and developmental outcomes.
- **Housing & Homelessness** – According to the California Association of Realtors, only 16% of SMC and 22% of SCC families can afford to buy a median priced home in 2016, compared with 34%

of families statewide.<sup>4</sup> There are ethnic disparities, with Blacks and Latinos impacted more than other ethnic groups by the cost of housing. The lack of safe, stable, affordable housing is related to poor physical and mental health outcomes for children and families; indeed, community focus group participants mentioned housing and homelessness as top concerns.

- **Learning Disabilities** (missed benchmarks in SCC only) – In SCC, the proportion of county public school children who receive special education services is increasing and is slightly greater than the state proportion. The community expressed concern about the lack of diagnoses of learning disabilities and special needs, especially in immigrant and homeless populations.
- **Transportation & Traffic** (missed benchmarks in SMC only) – While traffic is a widely cited problem in both counties, only San Mateo County fared worse than established benchmarks. An indicator of traffic volume, the total vehicle miles traveled in SMC has been increasing and correlates with motor vehicle crashes and vehicle exhaust, two factors in poor health outcomes. Latinos and Blacks in the county are more likely to be the victims of pedestrian and motor vehicle crashes than those of other ethnic groups. Community members expressed concerns about the impacts of excessive traffic, including stress from commuting, poor air quality from vehicular exhaust, and motor vehicle accidents resulting from speeding.
- **Unintentional Injuries** – Across the nation, unintentional injuries, such as drownings and automobile accidents, are the leading cause of death in children aged 19 and younger. In San Mateo and Santa Clara counties, hospitalization rates for unintentional injuries are lower than the statewide averages, although rates are substantially higher in SCC than in SMC.<sup>5</sup>

2 <http://www.kidsdata.org/topic/214/stds/trend#fmt=2338&loc=4,59&tf=3,79&ch=443&pdist=108>

3 <http://www.kidsdata.org/topic/3/childabuse-reports-race/table#fmt=1217&loc=2,4,59&tf=79&ch=7,11,8,10,9&sortColumnId=0&sortType=asc>

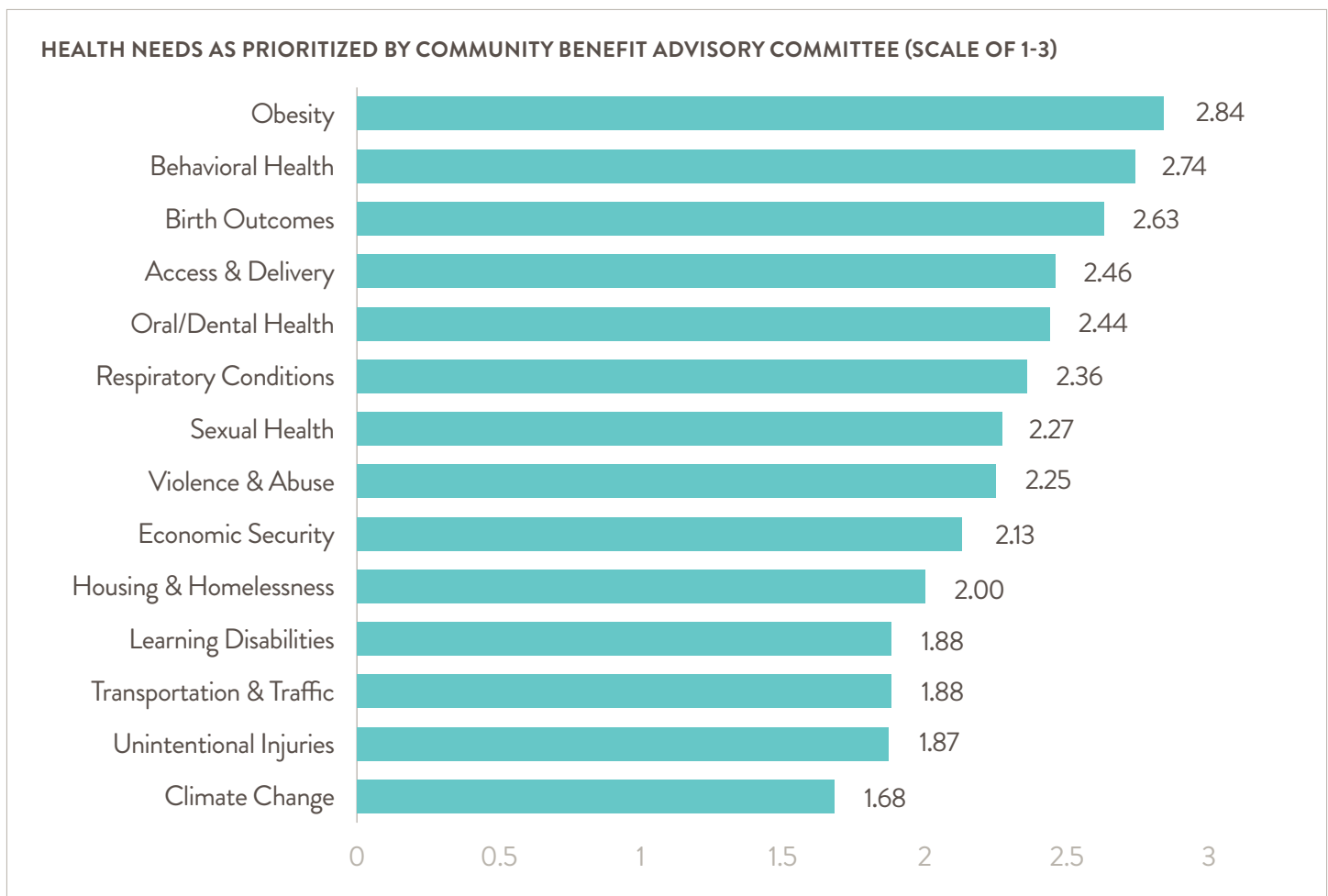
4 <http://www.car.org/marketdata/data/haitraditional/>

5 <http://www.kidsdata.org/topic/300/unintentionalinjury-hospitalizationrate-age/table#fmt=2321&loc=2,4,59&tf=73&ch=962,711,967,964,966&sortColumnId=0&sortType=asc>

- Climate Change** – Evidence shows that the San Francisco/Oakland/San Jose region is ranked 16th for high ozone days out of 228 metropolitan areas, ranked eighth for 24-hour particle pollution out of 186 metropolitan areas, and ranked sixth for annual particle pollution out of 171 metropolitan areas. Poor air quality can aggravate asthma and other respiratory conditions, while high levels of ground-level ozone can damage plants and ecosystems on which human health depends. Furthermore, it is predicted that SMC will be the California county most affected by rising sea levels.<sup>6</sup>

## Prioritization of the Top 14 Community Health Needs

To rank the 14 health needs in order of priority, Lucile Packard Children's Hospital Stanford chose a second set of criteria. The criteria were: 1) magnitude/scale of the need, 2) clear disparities or inequities, 3) multiplier effect, and 4) existing hospital expertise. In April 2016, Lucile Packard Children's Hospital Stanford convened its Community Benefits Advisory Council (CBAC) to review the data on the 14 top health needs, and score each of the health needs on each of the criterion, using a scale of 1 to 3. The health needs are ordered by prioritization score in the chart below.



<sup>6</sup> Heberger, Matthew, et al. The Impacts of Sea-Level Rise on the California Coast. Berkeley, CA: California Climate Change Center, 2009. Accessed May 17, 2016. <http://pacinst.org/wp-content/uploads/sites/21/2014/04/sea-level-rise.pdf>.

## 2. Priority Health Needs and Supporting Strategies

### Purpose of the Implementation Strategy Report (ISR)

The federal government requires nonprofit hospitals to complete an Implementation Strategy Report, or ISR. The ISR 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 ISR informs Lucile Packard Children's Hospital Stanford's annual Community Benefit Implementation Strategy, as well as fulfills federal requirements. Specifically, the ISR 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



### Summary of Health Needs to Be Addressed

Based on how well each of the 14 priority health needs met Lucile Packard Children's Hospital Stanford selection criteria (magnitude, disparities, multiplier effect, and hospital expertise), Lucile Packard Children's Hospital Stanford will address the top ranking health needs:

- Health Care Access and Delivery
- Behavioral Health
- Obesity

The strategies proposed to address these needs will be described in the section below. Additionally, each strategy lists potential actions to be taken, as well as indicators of anticipated impact, and whether or not the actions are primarily hospital-based, community-based (e.g. grants) or both, as well as partner organizations.

## Community Health Initiative 1: Improve Access to Primary Health Care Services for Children, Teens and Pregnant Women

According to 2014 data, the proportion of children aged 0–17 in San Mateo and Santa Clara counties who had been without health insurance coverage (5% and 4%, respectively) is lower than the state (8%). However, Latinos are much more likely than other ethnic groups to be uninsured. Low-income children were much less likely (75%) than higher

income children to have had a routine well-child visit. Health experts and community members both expressed concerns about various aspects of access, such as the lack of primary care and specialty care practitioners, long wait times for appointments, and the increasing cost of care. The community also expressed concern about patients’ ability to navigate the health care system, especially those patients who are immigrants or linguistically isolated.

Table 1 presents examples of ways in which Lucile Packard Children’s Hospital Stanford can address the health care access and delivery issues in our service area.

Table 1

STRATEGY	PROPOSED ACTIONS	ANTICIPATED IMPACT	FY17 PROGRAMS & PARTNERS
Direct provision of care to vulnerable patients	<ul style="list-style-type: none"> <li>• Uncompensated Medi-Cal care</li> <li>• Charity care</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of children and expectant moms served</li> </ul>	Hospital-based
Increase the availability of health care services for vulnerable children	<ul style="list-style-type: none"> <li>• Provide funding for community-based Federally Qualified Health Clinics</li> <li>• Provide funding for health care services for residents on the San Mateo County coast</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of children and expectant moms served</li> <li>• Increased care coordination</li> </ul>	Community-based: <ul style="list-style-type: none"> <li>• Fair Oaks Community Health Center</li> <li>• MayView Community Health Center</li> <li>• Puente</li> <li>• Ravenswood Family Health Center</li> <li>• Santa Cruz Community Clinics</li> </ul>
Address the socio-economic barriers that prevent vulnerable children from receiving health care	<ul style="list-style-type: none"> <li>• Provide funding for Packard Mobile Adolescent Teen Van</li> <li>• Fund transportation services for children to receive care at hospitals and clinics</li> <li>• Provide funding for Family Advocacy Program</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of children and youth served</li> </ul>	Hospital-based Community-based: <ul style="list-style-type: none"> <li>• Legal Aid Society of San Mateo County</li> <li>• Jacob’s Heart</li> <li>• El Camino Hospital</li> </ul>
Ensure a future supply of health care providers	<ul style="list-style-type: none"> <li>• Train health care professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of qualified providers in the community focused on community-based practices</li> <li>• Standard of care raised</li> </ul>	Hospital-based
Address the systemic/ institutional barriers to access	<ul style="list-style-type: none"> <li>• Advocacy (all levels)</li> </ul>	<ul style="list-style-type: none"> <li>• System-wide health care improvements for children and families</li> </ul>	Hospital-based



## Community Health Initiative 2: Improve the Social, Emotional and Mental Health of Children and Youth

According to the latest CHNA, a higher percentage of San Mateo County students in middle school and high school report depressive symptoms, compared with their counterparts across the state. Furthermore, school staff in that county are much more likely than staff statewide to say that student mental health is a moderate to severe problem. In both counties, more than one in 10 of ninth and eleventh grade students seriously considered suicide. In 2013, there were four suicides among youth aged 5 to 24 years in SMC and 26 suicides in SCC. With regard to alcohol and substance use, the level of binge drinking among young adult males in SMC

rose between 1998 and 2013. Similar data were not available for Santa Clara County, but the community in that county did express concern about the high rates of marijuana use and increasing levels of methamphetamine use among youth.

Respondents in both counties reported that there is a limited supply of mental health care providers and substance abuse treatment options, as well as inadequate insurance coverage for behavioral health among those who are insured, and that the stigma related to mental health persists.

Table 2 presents examples of ways Lucile Packard Children's Hospital Stanford can address the behavioral health needs of children and youth in its service area.



Table 2

STRATEGY	PROPOSED ACTIONS	ANTICIPATED IMPACT	FY17 PROGRAMS & PARTNERS
Provide high quality mental health services to youth	<ul style="list-style-type: none"> <li>• Continue to provide high quality services and programs to youth who need them</li> <li>• Provide funding for and participate in community collaboratives addressing mental health issues</li> <li>• Provide funding for suicide prevention resources</li> <li>• Provide funding for ongoing research in collaboration with Stanford School of Medicine</li> </ul>	<ul style="list-style-type: none"> <li>• Increased access to mental health treatment</li> <li>• Improved emotional functioning and wellness</li> <li>• Enhanced treatment practices</li> </ul>	Hospital-based: <ul style="list-style-type: none"> <li>• Stanford School of Medicine</li> </ul> Community-based: <ul style="list-style-type: none"> <li>• Project Safety Net</li> <li>• HEARD Alliance</li> <li>• Children’s Health Council</li> <li>• Mills-Peninsula Hospital</li> <li>• El Camino Hospital</li> </ul>
Increase the resiliency of at-risk youth	<ul style="list-style-type: none"> <li>• Provide funding for youth mentoring programs</li> <li>• Provide funding for school-based programs that foster positive youth engagement</li> <li>• Provide funding for school-based programs that build healthy lifestyle choices for youth</li> </ul>	<ul style="list-style-type: none"> <li>• Increased access to mentors</li> <li>• Youth linked to community resources</li> <li>• Increased positive youth development</li> </ul>	Community-based: <ul style="list-style-type: none"> <li>• Challenge Success</li> <li>• Peer Health Exchange</li> <li>• Project Cornerstone</li> <li>• YMCA Reach &amp; Rise</li> </ul>
Address the systemic/ institutional barriers to mental health	<ul style="list-style-type: none"> <li>• Support advocacy efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Increased access to mental health services</li> </ul>	Hospital-based
Improve the support structures for youth mental wellness and increase community awareness	<ul style="list-style-type: none"> <li>• Community education/ free lectures (e.g. maternal depression)</li> <li>• Hold bi-annual youth mental wellness conference</li> <li>• Support Stanford Center for Youth Mental Health and Wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced mental health stigma</li> <li>• Increased number of education events offered</li> <li>• Expanded collaboration among community stakeholders</li> <li>• Increased linkages to mental health treatment resources</li> </ul>	Hospital-based <ul style="list-style-type: none"> <li>• Stanford School of Medicine</li> </ul>

### Community Health Initiative 3: Prevent and Treat Pediatric Obesity

Obesity rates among children in both counties are higher than the state averages. In the northern part of SMC, rates of overweight youth in fifth, seventh, and ninth grades are slightly higher than the state averages. Hispanic and Black youth in SMC are more

likely to be overweight, obese and physically inactive than their peers. Drivers of obesity include poor nutrition, lack of exercise and environmental factors such as a low availability of fresh food and a high prevalence of fast food establishments.

Table 3 presents examples of ways Lucile Packard Children’s Hospital Stanford can address pediatric obesity in its service area.

Table 3

STRATEGY	PROPOSED ACTIONS	ANTICIPATED IMPACT	FY17 PROGRAMS & PARTNERS
Increase school children’s understanding about the importance of nutrition and exercise	<ul style="list-style-type: none"> <li>Classroom and community based health curriculum for teachers, students and families</li> </ul>	<ul style="list-style-type: none"> <li>Increased number of children who receive information around healthy lifestyle choices</li> <li>Improved student behaviors related to nutrition and exercise</li> </ul>	Community –based: <ul style="list-style-type: none"> <li>5210+</li> <li>Go for Health!</li> </ul>
Enable low-income families to access high quality weight-control programs	<ul style="list-style-type: none"> <li>Provide financial support for low-income families to attend family-based, clinical weight reduction program</li> </ul>	<ul style="list-style-type: none"> <li>Increased participation and completion in weight control programs</li> <li>Improved weight management of participants</li> <li>Decreased body mass index</li> </ul>	Hospital-based: <ul style="list-style-type: none"> <li>Packard Pediatric Weight Control Program</li> </ul>
Address the systemic/ institutional drivers of obesity	<ul style="list-style-type: none"> <li>Support state and federal public health initiatives, and advocacy efforts such as Go for Health!</li> </ul>	<ul style="list-style-type: none"> <li>Increased community focus on healthy lifestyle choices</li> <li>Improvements in the built environment</li> <li>Decrease in food deserts, etc.</li> </ul>	Hospital-based

## Health Needs Not Selected by Lucile Packard Children's Hospital Stanford's Implementation Strategy

For the purposes of this implementation strategy, Lucile Packard Children's Hospital Stanford has not selected birth outcomes, a high-ranking priority health need due to the disparities that exist because the necessary services are already provided per the hospitals' core mission to care for expectant mothers, babies, children, and adolescents. In addition, Lucile Packard Children's Hospital Stanford has extensive involvement in local and national initiatives that seek to improve birth outcomes across the health care spectrum.

Furthermore, the hospital will not directly dedicate community benefit resources to the remaining 10 top health needs because these needs ranked lower on the selection criteria, and these needs may be indirectly addressed by other hospital resources. For instance, Lucile Packard Children's Hospital Stanford funds transportation services for children to receive care at area hospitals and clinics. These services promote health access, but also address transportation, which is another one of the top 14 health needs. The table below summarizes Lucile Packard Children's Hospital Stanford's justifications for not selecting certain health needs for its Implementation Strategy Report.

While Lucile Packard Children's Hospital Stanford works actively to improve the health needs throughout the community, the identified health needs, listed at right, have not been specifically selected for the purposes of the Implementation Strategy Report.

The corresponding health needs have been grouped into three categories based on their rationale. Some health needs span multiple rationale categories.

## DEDICATED HOSPITAL SERVICES & PROGRAMS EXIST

Lucile Packard Children's Hospital Stanford has existing, ongoing services and programs that directly seek to improve the following health needs:

- Birth Outcomes
- Oral/Dental Health
- Respiratory Conditions
- Violence & Abuse
- Learning Disabilities
- Unintentional Injuries

## COMMUNITY-BASED PROGRAMS & HEALTH EDUCATION ACTIVITIES OFFERED

Lucile Packard Children's Hospital Stanford has existing, ongoing community-based activities that are free and open to the public or scholarship opportunities based on need. These efforts address the following health needs:

- Birth Outcomes
- Sexual Health
- Unintentional Injuries

## ADVOCACY EFFORTS

Lucile Packard Children's Hospital Stanford conducts ongoing advocacy efforts on the local, state, and national levels through dedicated staff and resources. These efforts address the following health needs:

- Birth Outcomes
- Climate Change
- Economic Security
- Housing & Homelessness
- Transportation & Traffic
- Unintentional Injuries

### 3. Next Steps Toward Implementation

With its strong internal capacity, long-standing relationships across health and social service providers, and track record of effective grant-making, Lucile Packard Children's Hospital Stanford is well-positioned to address the highest priority health needs of its service area. Several examples of effective strategies and activities have been

presented in this Implementation Strategy Report. However, Lucile Packard Children's Hospital Stanford is also keenly aware that community resources are ever changing, and that policy windows open and close from year to year. Therefore, in order to be nimble and responsive to changing opportunities, Lucile Packard Children's Hospital Stanford will annually revisit its approach to ensure it is adequately addressing the top priority needs of the community it serves.



