

**Lucile Packard  
Children's Hospital**  
AT STANFORD



**Lucile Packard Children's Hospital at Stanford  
Community Benefits Report for FY 2007  
Community Benefits Investment Plan for FY 2008**

**725 Welch Road  
Palo Alto, California 94304**

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# **Lucile Packard Children's Hospital at Stanford Community Benefits Report for FY 2007 Community Benefits Investment Plan for FY 2008**

## **I. Introduction**

Lucile Salter Packard Children's Hospital at Stanford (LPCH) is a 264-bed, 501(c)(3) not-for-profit hospital located in Palo Alto, California. It is the pediatric and obstetrics division of Stanford University Medical Center, but is a free-standing hospital with a separate license and provider number. It has its own Board of Directors with the University as the sole corporate member.

This report about the community benefit programming provided by the hospital covers the fiscal year beginning September 1, 2006 and ending August 31, 2007. The plan for community programming covers the current fiscal year September 1, 2007 through August 31, 2008.

Lucile Packard Children's Hospital opened in June 1991 to serve the health-care needs of children of all ages. In 1997, LPCH added perinatal, labor, and delivery services to its license, creating the only children's hospital in California that serves both pregnant women and children. The hospital has just more than 2,000 employees, nearly 700 medical staff members, and more than 800 volunteers and 2,000 auxiliary members who strive to make the hospital a safe haven for sick children.

As a mission-driven organization, Lucile Packard Children's Hospital remains committed to advocacy, outreach, education, and research to improve the health status of children and pregnant women. LPCH continually reaffirms its commitment to its community by developing innovative programs to enhance its own and the community's capacity to care for children and pregnant women.

## **Mission**

*Lucile Salter Packard Children's Hospital serves its communities as an internationally recognized pediatric and obstetric hospital that advances family-centered care, fosters innovation, translates discoveries, educates health-care providers and leaders, and advocates on behalf of children and expectant mothers.*

## **Vision**

*The vision of LPCH is to drive innovation in the most challenging areas of pediatrics and obstetrics to improve the quality of life for children and expectant mothers and those who love and care for them.*

## Values

Lucile Packard Children's Hospital **CARES** through:

- **Collaborating** to reach goals
- **Advancing** a family-centered approach to treatment
- **Respecting** the diversity and skill of all our co-workers
- **Educating** and innovating in pediatrics and obstetrics
- **Serving** our community through outreach and advocacy

## Goals

- To provide the highest quality health care for children in an environment that supports the special needs of children and their families.
- To support the training and education of physicians and other health-care professionals in primary and specialty care for children and obstetric care for women.
- To serve as an advocate for improving the health status of children and pregnant women.
- To support basic and clinical research in the interest of children and pregnant women.
- To transfer advances in science and technology into the practice of caring for children and pregnant women.

## **II. Primary Service Areas and Scope of Service**

LPCH defines its primary service area as San Mateo and Santa Clara counties.

Based on LPCH 2007 discharge data, 54% of LPCH inpatient pediatric cases (excluding normal newborns) and 90% of obstetrics cases came from San Mateo and Santa Clara counties. An additional 29% of pediatric volume and 8% of obstetrics volume came from the eight-county northern California area including Alameda, Contra Costa, San Francisco, Santa Cruz, Monterey, San Benito, Stanislaus and San Joaquin counties. According to 2006 OSHPD discharge data, in the two-county primary service area, LPCH ranks first in market share (24.2%) for pediatrics and third for obstetrics (13%). In the 10-county northern California area, LPCH ties for second for pediatrics with 10.5% market share, and ties for fourth in obstetrics with 4.6% market share.

In addition to programs and services at its Palo Alto campus, LPCH also operates LPCH-licensed beds in satellite units at three local area hospitals: One special-care nursery at Washington Hospital in Fremont (9 beds), one special care nursery at Sequoia Hospital in Redwood City (6 beds), and adolescent and general pediatrics inpatient units at El Camino Hospital in Mountain View (31 beds).

### **Key Demographics**

- According to 2007 California Department of Finance demographic data, there were 612,783 children ages 0-17 in the two counties, with the vast majority, 445,584 living in Santa Clara County and 167,199 in San Mateo County.

#### **Racial/ethnic makeup of child population**

	Santa Mateo County	Santa Clara County	California
Native-American	.4%	.3%	.9%
Asian	19%	26.2%	9.5%
African-American/Black	2.2%	2.3%	7.1%
Caucasian/White	40.6%	33%	30%
Hispanic/Latino	31%	33.8%	48.8%
Pacific Islander	1.8%	.3%	.4%
Multi-ethnic	5%	4.1%	3.3%

#### **Children living in poverty**

	%	Number
San Mateo Co.	8.3%	13,704
Santa Clara Co.	10.5%	44,747

- The federal poverty level (FPL) was defined in 2006 as an annual income of \$20,650 for a family of four. However, the FPL clearly does not take into account the actual cost to live at a minimal subsistence level in these two high-cost counties.

- In San Mateo County in 2004, the percentage of children 0-17 living in poverty was 8.3%, a 27.7% increase from 2001. In Santa Clara County, the rate is 10.5%. However, as noted above, the federal poverty levels used to compile these numbers do not reflect the actual cost of living in these two counties, so the percentages are higher if this is taken into consideration.

Although the hospital focuses its needs assessment processes, and most of its community benefit investment, in these two adjacent counties, Lucile Packard Children's Hospital is a **significant regional provider** of pediatric services throughout northern California. Most notably, LPCH serves Medi-Cal and medically indigent patients who come from throughout California for specialized services. Physicians from LPCH also provide outpatient services at outreach clinics in California, Oregon, Washington, Nevada, New Mexico, Montana, Alaska, and Hawaii. LPCH also provides regional back-up, consultation, and training services to obstetrics units and neonatal intensive care units located throughout northern California. These outreach services make important contributions to reducing infant mortality and morbidity and mortality from disease for children from many California counties.

As a major provider of health care for children with special needs, LPCH operates 19 (2 inpatient and 17 outpatient) special-care centers as defined by the California Children's Services (CCS). These special-care centers include a regional neonatal intensive care unit (NICU), several transplant centers, a cardiac center, and a pediatric intensive care unit (PICU). LPCH is a pediatric safety net for children with special-care needs as well as those insured by Medi-Cal, Healthy Families, and Healthy Kids programs.

**In FY2007, LPCH served 16,753 persons insured by Medi-Cal, Healthy Families or Healthy Kids with a reimbursement shortfall of \$132,249,955. The hospital served 1,669 patients covered by other government programs such as CCS and CHDP with a reimbursement shortfall of \$1,684,574.**

### **III. Community Needs Assessment and Program Planning Process**

#### **Role of the Board of Directors**

The LPCH Board of Directors, through its Public Policy/Community Services Committee which meets four times annually, reviews plans and programs designed to meet needs in LPCH's primary service area. This committee reviewed, discussed and approved this report and plan on January 29, 2008.

#### **Community Input into Community Benefit Planning Processes**

In late FY2007, LPCH took a significant step forward with the creation of a Community Advisory Council. This committee includes representatives in both counties from the public health department, community-based clinics, Medi-Cal managed care plans, the educational community, faith communities, and community-based children's advocacy organizations. It is charged to review and analyze needs assessment data, assist in selecting priorities, identify opportunities for collaboration and serve as a catalyst for relationship building and partnering with community organizations. This committee has met three times since July 2007 and reviewed this current report and plan on January 10, 2008.

#### **Relationship of Community Benefits to Strategic Plan**

In 2001, the Lucile Packard Foundation for Children's Health launched a major campaign to support programs and services at LPCH and the pediatric programs at Stanford University School of Medicine. As part of the campaign, LPCH developed a plan to support a variety of research, education, clinical, and community service programs. This effort created several endowments that provide stable financial resources to allow the hospital to increase its capacity to serve all children. One of the goals of this plan, known as the Children's Health Initiative, is to ensure access to the highest quality health care for the children of the Bay Area, regardless of their ability to pay.

#### **LPCH a partner in national demonstration project, Advancing the State of the Art in Community Benefit**

LPCH has been a partner, with 70 other hospitals, in a multi-state demonstration project called *Advancing the State of the Art in Community Benefit (ASACB)*, which is administered by the Public Health Institute based in Oakland, CA.

The purpose of the ASACB demonstration is to develop and disseminate a national model for community benefit work that increases program effectiveness and sustainability, focuses activities in communities with disproportionate unmet health needs, and increases institutional accountability. LPCH's participation has resulted in adoption of core principles guiding community benefit planning, reporting standards for community benefit programs, and increased integration of the community benefit function into the "fabric" of the hospital. This work is reflected in this report and in the policies that guide community benefit work at the hospital.

## **LPCH Community Partnerships Mission and Operating Principles**

### ***Community Partnerships Mission:***

Within the context of the LPCH mission and vision, the Community Partnerships function seeks to develop and enhance partnerships that lead to healthy children, adolescents, and expectant mothers in our community through common concern, collaborative action, and shared resources.

### ***Key Operating Principles:***

- Program planning focuses on San Mateo and Santa Clara counties.
- Program development is supported by both formal and ongoing informal needs assessment involving the community.
- Program development focuses on a few priority needs with long-term commitment (minimum five years) to these needs.
- LPCH focuses on addressing the needs of communities with disproportionate unmet health-related needs.
- LPCH works to address the underlying causes of persistent health problems.
- LPCH targets charitable resources to mobilize and build the capacity of existing community assets and always works in partnership with the community.
- LPCH engages diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.
- LPCH community benefit programs strive to establish operational linkages between clinical programs and community health improvement activities.

### **Engaging With Our Community**

One of the guiding principles of LPCH's community partnerships model is continuous collaboration and partnership with the community. By actively participating in these community coalitions, collaboratives, and committees dealing with health issues, LPCH receives continuous input about the needs of children, adolescents, and pregnant women:

- Santa Clara Family Health Plan: major provider of Medi-Cal, Healthy Families, and Healthy Kids insurance. LPCH leaders serve on the Board of Directors, Consumer Affairs Committee, and the Provider Affairs Committee.
- Oversight Committee, San Mateo County Children's Health Initiative.
- Community Benefits Coalition, Hospital Conference of Santa Clara County.
- Healthy Community Collaborative of San Mateo County.
- Ravenswood Family Health Center, ex-officio member of the board.
- Santa Clara County Children's Agenda 2015 Vision Council
- Cornerstone Project Steering Committee, which works to implement the 41 developmental assets concept into community programming.
- Coordinated School Health Advisory Board, Santa Clara County Office of Education.
- Get Fit East Palo Alto steering committee.
- Advisory Board and Steering Committee, Healthy Silicon Valley Collaborative.
- San Mateo County Preventing Childhood Obesity Task Force.
- The Health Trust, Program Committee.
- Prenatal Social Marketing Committee. San Mateo County Health Services

## **Assessing Community Needs**

Throughout 2007, LPCH community benefits staff actively participated in four separate community processes to produce community wide needs assessments.

LPCH participated with other hospitals, public health departments in two counties, and community organizations to prepare the triennial community-wide health needs assessments mandated under Senate Bill 697. The Hospital Conference of Santa Clara County and the Hospital Consortium of San Mateo County have just completed comprehensive assessments of the health status of all residents in both counties.

Of more value to LPCH as a children's hospital though, are the focused Children's Reports for both counties. With leadership from the Lucile Packard Foundation for Children's Health, these two reports are executive summaries, linked to [www.kidsdata.org](http://www.kidsdata.org), with a robust array of data about the health and well-being of children and adolescents.

In San Mateo County, partners in producing the report were San Mateo County Health Department, San Mateo County Probation Department, San Mateo County Office of Education, San Mateo County Human Services Agency, First 5 San Mateo County, Youth and Family Enrichment Services, Child Care Coordinating Council, Hospital Consortium of San Mateo County, SPHERE Institute, and Silicon Valley Community Foundation, in addition to Lucile Packard Children's Hospital and the Lucile Packard Foundation for Children's Health.

In Santa Clara County, partners were the Children's Health Council, Community Health Partnership, First 5 Santa Clara County, The Health Trust, Kaiser Permanente, Kids in Common, the Partnership for School Readiness, Project Cornerstone, San Jose Unified School District, Santa Clara County Department of Family and Children's Services, the Santa Clara County Mental Health Department, the Santa Clara County Public Health Department and the Santa Clara County Office of Education, in addition to Lucile Packard Children's Hospital and the Lucile Packard Foundation for Children's Health.

Both Children's Reports called out the following overarching issues:

- There are wide disparities for most health indicators among racial and ethnic groups, and between low- and high-income children and expectant mothers. The health status and experience of low-income families and families of color are quite different and typically less favorable than for white children and expectant mothers in both counties;
- Access issues are important for all individuals, but particularly for low-income families and racial/ethnic minorities. Too often, financial or cultural barriers preclude timely preventive care, and too often, the healthcare and supportive delivery systems fail communities of color.

Please see Appendix A, page 28, for a summary of the findings from these 2007 Children's Reports. Full text of both summaries and a very rich source of data on many children's and adolescent well-being indicators is available at [www.kidsdata.org](http://www.kidsdata.org), which is a community service of the Lucile Packard Foundation for Children's Health.

## **Selecting Focus Areas**

These criteria are used to select focus areas for community benefit programming:

- A needs assessment process has identified the issue as important to a diverse group of community stakeholders.
- The issue affects a relatively large number of individuals.
- The issue has serious impact at the individual, family, or community level, and/or demonstrates a significant variance from relevant benchmark data.
- If left unaddressed, the issue is likely to become more serious.
- The issue offers potential for program intervention that can result in measurable impact.
- By being addressed, improved status may mitigate the overarching issues of disparity and access to care.
- LPCH has the required expertise, human, and financial resources to make an impact while working collaboratively with others in the community.

## **LPCH Community Services Priorities**

Based on needs assessment reports, continuous input derived from ongoing participation in multiple community collaborative activities, and using the above criteria, LPCH currently directs community benefit resources to these priority areas:

- Improving access to primary health care services for children, teens and expectant mothers, through building community capacity into existing resources.
- Preventive services, with special attention to prevention of pediatric overweight and obesity.
- Advocacy toward solutions for the health-related issues of children and expectant mothers.

## **Program Development Approach**

Using processes designed during our participation in the *Advancing the State of the Art in Community Benefit* project, programs evolve through a structured process that includes:

- Quantifiable objectives established for the program, with a baseline level reflecting current need.
- An annual planning process, targeted to the priorities.
- Program consistency with the mission and principles, with emphasis on building and maintaining partnerships with community organizations that share our goals.
- Measurable goals and evaluation components for major programs.
- New programs create synergies with already-existing community services initiatives.
- Programs are included in annual reporting to the LPCH Board of Directors.

Criteria for selecting new programs or interventions are:

- Target population(s): Will the intervention fit the needs and characteristics of the people we are trying to serve?
- Number of people: How many people will be helped by the intervention?
- Estimated effectiveness/efficiency: What is the track record to date of this approach? Are there adequate resources to implement this intervention?
- Existing efforts: Who else is working on this? What will LPCH's role be? How can we best complement/enhance an existing effort? Is this role meaningful?
- Degree of controversy: Is this intervention acceptable to the community? Will the intervention offend important constituents?

## **IV. 2007 LPCH Community Benefit Programs**

A community benefit is a service, program, or project provided by the hospital which either directly or indirectly fulfills an ongoing need or service delivery gap that has been identified through the hospital's needs assessment processes. The primary purpose of a community benefit program is to improve the health status of the community in general or improve the health status of a group of community members. Services that benefit only a single patient or a group of patients in the hospital are generally not considered community benefit programs, with a few exceptions. Community benefit services and programs fall within the following general categories:

- A. Benefits for economically disadvantaged  
These services and programs target at-risk or underserved populations that have been identified through the needs assessment process. They include inpatient and outpatient medical services to patients insured by means-tested government programs that do not fully reimburse for the cost of care.
  
- B. Benefits for the broader community  
These services and programs are designed to maintain or improve the health of the community-at-large or specific populations that do not necessarily meet the definition of "economically disadvantaged". This category includes health education programs, teleservice lines, and other programs that contribute to the community's health knowledge and refer community members to appropriate resources.
  
- C. Health research, education, and training programs  
These services and programs contribute to the supply of health professionals in the community and the body of medical knowledge. This category includes the direct financial support that LPCH contributes to the research and teaching programs of Stanford University and includes training programs for health-care professionals.

### **Meeting the Needs of Economically Disadvantaged Children and Youth**

#### ***Major commitment to Medi-Cal and other government insurance programs***

LPCH views its extensive support of California's Medi-Cal program and other public insurance programs such as Healthy Families and Healthy Kids as a major contribution to the health status of children, adolescents, and expectant women in our immediate community and from throughout northern California. We believe this is a very significant benefit to the community. Indeed, in financial terms, LPCH's commitment to care for low-income children and pregnant women by being a major provider for public programs far outweighs all other community benefit activities.

**LPCH's uncompensated benefit expense (cost of care less the reimbursement received) for 16,753 patients covered by Medi-Cal, Healthy Families and Healthy Kids insurance programs was \$132,249,955.**

The cost of care provided to 1,669 patients insured by other government programs less the reimbursement received totaled \$1,684,574.

LPCH provides services to a small number of patients insured by the Medicare program, but we are not reporting this per recent guidelines from the IRS, Catholic Health Association/VHA, etc.

A total of 265 patients received care costing \$876,522 under the hospital's charity care policy, which is attached to this report. This number is smaller than it is for most general community hospitals of similar size that serve adults because nearly all children in Santa Clara and San Mateo counties qualify for some kind of insurance coverage: Medi-Cal, Healthy Families, Healthy Kids, CCS, CHDP, etc. The hospital makes every effort to assist families to obtain this insurance, because it not only helps to cover the cost of immediate care at LPCH but also improves the family's future access to services from other providers.

**The total uncompensated cost of medical services provided to these government-insured and uninsured patients was \$131,747,034**, the sum of the various program costs detailed above, less a \$3,064,017 contribution toward uncompensated care contributed by donors through fund-raising efforts of the Lucile Packard Foundation for Children's Health.

This significant commitment to these government programs means that our primary service areas and the State of California benefit from greatly expanded access to primary, secondary, tertiary, and quaternary care for Medi-Cal and other program beneficiaries. LPCH's physicians and facilities are critical to the State's ability to provide highly specialized care to severely ill children and high-risk pregnant women in northern California. For instance, LPCH operates California Children's Service (CCS) special-care centers in 19 different specialties from pediatric cardiology to oncology. LPCH's high-risk obstetrics and neonatal intensive care programs transport mothers and babies from 100 community hospitals. Medi-Cal patients account for more than 50% of the patients in these programs. Together these programs make significant contributions locally and regionally to the State's objectives of improving prenatal care for high-risk pregnancies and reducing infant mortality.

In LPCH's immediate service area, very few private pediatricians and obstetricians see Medi-Cal patients or the uninsured, so LPCH's primary and specialty clinics play a critical role in providing primary care and obstetrics to children and women covered by Medi-Cal. Residents of East Palo Alto, an identified at-risk population, use LPCH outpatient services extensively. And, as the major regional provider of tertiary and quaternary care to children with special health-care needs, LPCH is a pediatric safety net for San Mateo and Santa Clara counties.

And, to broaden access to outpatient care, LPCH and Stanford Hospital have collaborated with San Mateo County and others to serve Medi-Cal patients at the Willow Clinic in Menlo Park, as well as to establish the Ravenswood Family Health Center in East Palo Alto.

LPCH and its physicians participate in all local Medi-Cal managed care health plans, i.e. the Health Plan of San Mateo, the Santa Clara Family Health Plan, Blue Cross Medi-Cal Managed Care, Central Coast Alliance for Health, Alameda Alliance etc.

All clinics offer significantly discounted care to people of low income. In addition, LPCH operates a mobile clinic serving homeless and uninsured adolescents, where care is provided without charge.

## **Program Focus Area: Improving Access to Care**

### **Mobile Adolescent Health Services**

The Mobile Adolescent Health Services program provides primary treatment and preventive care to homeless and uninsured adolescents ages 12-24 at continuation high schools and teen homeless shelters. Services include acute illness and injury care, complete physical exams, family planning services, health education and anticipatory guidance, HIV counseling and testing, immunizations, mental health counseling and referrals, nutrition counseling, pelvic exams, pregnancy testing and counseling, referrals to community partners, risk behavior reduction counseling, sexually transmitted disease testing and treatment, and substance abuse counseling and referrals.

Community partners included the Bill Wilson School in Santa Clara, the Emergency Housing Consortium teen shelter in San Jose, Alta Vista Continuation School in Mountain View, Peninsula High School in San Bruno, East Palo Alto charter high school in East Menlo Park and the Tenderloin Community Center in San Francisco

The program is a training and research site to expose medical students, residents, and fellows to the best practice of community medicine designed to reach medically underserved youth. The Mobile Adolescent Health Services program also conducts research projects that further the understanding of medical, psychosocial, and nutritional issues that impact youth. Recent development of a comprehensive data base allows more analysis of various data collection tools. These include a Teen Questionnaire, which provides social, medical and demographic data; a Family Planning Questionnaire, which is used pre- and post- family planning intervention to assess teen family planning practices and preferences; and a Nutrition Status Questionnaire to assess teens' knowledge of good nutrition and nutritional behavior. Other areas of inquiry include habits of homeless and uninsured adolescents and an investigation of moral development in a population of uninsured or homeless youth.

This program set specific performance measures for FY2007. Results are that 314 individual teens received comprehensive care during 824 medical visits, 438 social worker visits and 112 dietitian visits at six locations. A high rate of return patients (87%) in a population that is traditionally hard-to-reach and slow-to-trust attests to the program's success. More than 50% of the teens reduced their frequency and amount of alcohol use and more than 50% of returning patients increased or maintained their use of condoms or hormonal contraception.

### **Care A Van for Kids**

The Care-A-Van for Kids program makes life-saving health services accessible to low-income families who lack reliable means of transportation. This free service for children living outside a 25-mile radius from LPCH is possible thanks to volunteer drivers, many of them off-duty firefighters and forest rangers.

During the past fiscal year, 208 families received 932 rides. In 2008, an additional van will be added in the San Jose area to transport families to the new LPCH South Bay Specialty Clinic.

### **Partnership with Ravenswood Family Health Center**

A cornerstone of LPCH's community benefit programming is providing the hospital's human and financial resources to build capacity into community organizations that share our mission.

A major capacity-building effort is the hospital's partnership with Ravenswood Family Health Center in East Palo Alto.

This Federally Qualified Health Center grew from an extensive planning process made necessary by the abrupt closure of Drew Health Center, which left the community without primary care medical services. A collaborative partnership was formed to deal with the immediate crisis and plan for more stable services. Partners included LPCH, Stanford Hospitals and Clinics, the San Mateo County Health Services Agency, El Concilio of San Mateo County, the City of East Palo Alto, and the Peninsula Community Foundation. The group released their needs report in November 1998, secured reactivation of federal section 330 funding in early 1999, developed a new 501c(3) tax exempt organization with board of directors and governance structure, coordinated delivery of interim clinical and support services, and developed plans for permanent clinic facilities. During this time, LPCH provided OB and pediatric services in temporary facilities in the East Palo Alto Municipal Building and the San Mateo County Health Services Agency provided shuttle services to transport community residents to county clinics and services at LPCH and Stanford Hospital. Seed funding to cover the cost of building and installing modular buildings was provided by the David and Lucile Packard Foundation, and the City of East Palo Alto provided property for a new clinic with a \$1 per year rental charge. The Peninsula Community Foundation provided seed funding for land preparation and construction of a modular multi-service center next to the new clinic that now houses several community-based organizations.

The clinic and service center, housed in modular buildings, opened in December 2001.

In FY2007, LPCH continued its involvement with Ravenswood Family Health Center through:

- Providing funding for the reimbursement "shortfall" that RFHC experiences in their mobile services program. The mobile program visits East Palo Alto schools three days a week to provide pediatric services and serves homeless individuals one day a week. LPCH made a three-year commitment to support the pediatric services on the mobile van up to \$150,000 a year. The program is provided in a van donated by LPCH in late 2005.
- Providing funding to support a full-time pediatrician and a pediatric social worker. The pediatric census continues to grow with more than 44% of the clinic's patients under the age of 12.
- Providing, under contracts through which the hospital is fully reimbursed, the services of OB/GYNS, pediatricians, and a nurse practitioner.
- Serving as part of the leadership team for Get Fit East Palo Alto, an all-out community campaign to address the alarming incidence of overweight, obesity, and poor fitness in East Palo Alto.
- Providing medical-legal advocacy services through the Family Advocacy Program, a collaborative program with the Legal Aid Society of San Mateo County.

Specific performance measures were set for this effort in FY2007. One was to increase pediatric visits by an average of 18 per day by streamlining processes. The clinic achieved an increase of 12, but was hampered by a high no-show rate for well visits and limited exam rooms. The clinic is converting to an open access system this year with the goal of reducing cycle time and improving patient flow. The program achieved its outcome of maintaining wait time of less than two weeks for new well-child appointments for children under 11 and is now providing "care on demand" with its new open access system.

A significant ongoing goal for RFHC is to continue to meet the demand for childhood immunizations in the local school district throughout the school year. Working closely with Ravenswood City School District personnel, the district is able to maintain a 95% immunization rate. RFHC has a dedicated nurse overseeing the immunization program and is tracking through the state's IZ registry. Through the clinic's mobile program, which is partially funded by the hospital, the clinic provided 442 school physicals and 71 immunization visits. 349 children were referred to RFHC for ongoing care. RFHC is now providing school entry exams to 90% of the school district's new students, about 30 a month, on either the mobile program or at the clinic. These outcomes validate that RFHC has become a medical home for many of the children in East Palo Alto.

### **Children's health insurance initiatives**

LPCH has been very supportive of the Children's Health Initiatives in both San Mateo and Santa Clara counties, which expand health insurance coverage to children who do not qualify for Medi-Cal or Healthy Families insurance programs through the creation of locally-funded Healthy Kids programs.

In FY2007 LPCH paid for one year of premiums in the Healthy Kids program for 50 children in each county, a contribution totaling \$100,000.

LPCH and the two Children's Health Initiatives in both counties set specific performance goals for the hospital's investment in these programs.

In FY07, the following outcomes were achieved in Santa Clara County:

- 90% of Healthy Kids parents reported a usual source of care, up from 49% four years ago.
- 69% of parents reported seeing the same provider.
- 62% of children have received care in the past 6 months. Preventive visits have increased from 42% to 53% and specialist visits from 11% to 15%.
- After four years of coverage, unmet medical need declined from 10% to 7%.
- After 4 years, children receiving preventive care within the past six months went from 43% to 53%.
- Children aged 3-6 receiving a well-child visit rose from 66.6% in CY2005 to 68% in CY2006.
- 97.6% of children with asthma were appropriately prescribed medication for long-term control.
- 88.6% of eligible Healthy Kids enrollees received combo two IZs in CY06, compared to 79% in CY05.

In FY07, the following outcomes were achieved in San Mateo County:

- 85% maintained coverage
- There were significant increases in members accessing primary services
- A goal of increasing the number of children who have an initial health assessment within 120 days of enrollment was not achieved due to the current 1-3 months wait for preventive visits in the county health system, to which 60% of the county's Healthy Kids enrollees are assigned. The Children's Health Initiative and Health Plan of San Mateo are working on expanding pediatric capacity within the county system, including expanded clinic hours, etc.

- 100% of children with asthma were appropriately prescribed medication for long-term control.

In addition, the hospital supports the cost of staff in both inpatient and ambulatory settings to help families enroll in insurance programs for which they are qualified.

### **Putting Healthcare Back into the Schools**

LPCH and the Lucile Packard Foundation for Children's Health embarked on an exciting first-time initiative to jointly plan and fund a community program that would make an impact on children's health status over an extended time period. After a six-month design process, a five-year initiative to restore healthcare services into specific schools in low-income areas was approved by both organizations' boards and funded with \$2.65 million from both organizations.

Goals for the ***Putting Healthcare Back into the Schools Initiative*** are to improve access to primary care and preventive services, including health education, for students 8-13 in four schools (two elementary and two middle schools) in the San Jose Unified School District and to facilitate establishing a medical home for students who do not have one. The hospital and Foundation are funding four school nurses, placed full-time in four schools, with formal, structured linkage to two school health clinics operated by School Health Clinics of Santa Clara County via addition of a nurse practitioner who will specifically support the nurses and this project.

This program has been designed as a demonstration project. We are testing the efficacy of increasing nursing services in schools with structured linkage to a school health clinic that can provide support for school nurses as they provide ever-more complex services to at-risk children. A doctoral-level Clinical Associate Professor in the Department of Pediatrics and Center for Education in Family and Community Medicine at Stanford University School of Medicine is designing a rigorous evaluation for the five years of this project.

The four nurses and nurse practitioner were in place in September 2007 to start this project and the evaluation design will be finished in spring of 2008. Early evaluation results will not be available until fall 2008.

### **In-kind donations of equipment, materials, or services**

Significant resources are expended each year through the hospital's social services department to provide practical support, including meals, transportation, infant car seats, baby care equipment, and even funeral expenses for families.

This past year the hospital also contributed fully supplied crash carts valued at \$16,500 to Inter-American Development Assistance (VIDA).

## **Program Focus Area: Preventive and Educational Programs, with Emphasis on Prevention of Pediatric Overweight and Obesity**

### **Financial support for Pediatric Weight Control Program**

LPCH sponsors a nationally-recognized Pediatric Weight Control Program, a 26-week, family-based behavior modification program for overweight children. The program is offered both at the hospital and at community locations.

The program costs \$3500 per family. Because insurance plans do not yet reimburse for weight management programs, this cost must be borne by the family. The hospital has set up a mechanism for families to apply through the hospital's charity care program for partial or full support to take the program. In FY2007, \$77,650 in fees was waived for families who could not afford the program cost.

33 out of 35 children (94%) who began the rigorous 26-week program finished it with an 11% average reduction in their percentage of overweight, a good goal for children.

### **Financial support for pediatric resident obesity prevention projects**

The hospital uses some of its available community benefit funds to support community projects that are designed and implemented by Stanford University School of Medicine pediatric residents who are enrolled in the advocacy program. This past year, the hospital provided \$69,487 in funding to support a parent-designed obesity prevention program to promote healthy nutrition and physical activity behaviors of Latino pre-school aged children and families at East Palo Alto Head Start.

Fifteen families, each with 2-3 children, participated in the 12-week program, with varying levels of attendance at each session. Unfortunately, measuring baseline knowledge and evaluating change was difficult with inconsistent attendance. A key component of the program was development of parent-to-parent cross training. A training class was conducted in July and one parent co-taught a class with a resident physician, with more than 10 parents participating. An unexpected result is the use of the lessons that were developed in parent classes being taught in Ravenswood City School District. Two schools have received six sessions and resident physicians plan to teach at other district schools this academic year.

### **Dietitian in School Health Clinics of Santa Clara County**

A new initiative in FY07 was funding for a dietitian to support the school health clinics that comprise School Health Clinics of Santa Clara County (SHCSCC). This need was brought to LPCH's attention as the LPCH Pediatric Weight Control Program began providing programming within the SHCSCC structure and it was clear that overweight children had little access to nutritional counseling when there was a 6-7 month wait for an appointment with a dietitian within the county health system.

SHCSCC is a not-for-profit, 501(c)3 organization that currently operates five licensed Federally Qualified Health Centers located on school campuses in the central and east areas of San Jose and in Gilroy. The clinics serve children from birth to age 19 from the host school and other feeder schools in the district and the surrounding neighborhood. All of the clinics are located in communities with high health access disparities due to poverty, insurance status, etc. They

provide urgent care for illness and injuries; annual and sports physicals; monitoring and treatment of chronic diseases; vaccine and immunizations, including TB tests; lab tests; dental screening and referral; prescriptions; and confidential services and counseling for teens. These clinics operate under the supervision of a full-time physician medical director, and staff includes physicians, physician assistants, nurse practitioners, and bi-lingual clerical support.

This initiative got off to a slow start in FY07 because SHCSCC was unable to secure a bilingual, bicultural dietitian until late in the year. Funding has been extended into FY08 and significant outcomes are expected once the program is fully operating.

## **Meeting the Needs of Children and Youth in the Broader Community**

### **Telephone and referral services (Parent Information Resource Center and Teen Line)**

LPCH sponsors two free telephone information lines, one for parents and others caring for children (the Parent Information and Resource Center-PIRC) and one for teens (The Teen Line). PIRC is a teleservice, staffed by pediatric nurses, that offers parents and other child-care providers answers to pediatric health-care questions and referral to community resources. The same nurses also staff the Teen Line, which offers reliable, confidential, anonymous, and “judgment free” information for teens. These services serve all of Northern California via a toll-free line and operate Monday through Friday 10 am to 6 pm with a Spanish-speaking nurse and interpretive services for other languages. Hearing-impaired callers access PIRC through the California Relay Service.

In 2007, resource line nurses answered 11,816 calls. The majority of calls originated from San Mateo and Santa Clara counties, and many are repeat callers, showing that this service is recognized as a reliable source of information for parents and teens.

PIRC in particular plays a significant role in encouraging the most appropriate use of health-care resources. The nurses routinely help parents avoid unnecessary visits to a hospital emergency department by providing reliable information to help parents determine whether or not a visit to the doctor or emergency room is needed and suggestions of how to care for their child at home.

Most calls to the Teen Line concern sexual practices, diet and nutrition issues, and illness, and referral to community resources. More than one-third of the callers have called previously. Teens learn about this service through focused TV advertisement, school outreach, or friends. The majority of the calls originate from San Mateo, Santa Clara, San Francisco, and Alameda counties.

The nurses also call parents of newborns born at LPCH and last year contacted more than 5000 appreciative new parents.

### **Child safety and injury prevention programs**

LPCH is the lead agency for the SafeKids Coalition of Santa Clara and San Mateo counties, one of 450 across the US and 16 member countries worldwide. The National SAFE KIDS Campaign is dedicated to education to decrease unintentional injuries of children under 14. LPCH provides leadership and organization for injury-prevention activities in both counties, including car-seat training and inspection. In California, unintentional injuries to children 0-20 years old cost over \$14.7 billion per year.

In FY2007, SafeKids' child passenger safety committee participated in 21 community events in San Mateo and Santa Clara counties serving approximately 5000 families. Events in Gilroy, South San Jose, the Fair Oaks neighborhood of Redwood City, Milpitas and Half Moon Bay were specifically targeted to serve families in economically poorer areas.

### ***Safely Home Child Passenger Seat Fitting Station***

LPCH operates a permanent child passenger seat fitting station in the hospital parking structure that provides a certified technician to teach and assist parents to correctly install car seats. The goal is to provide this service at a permanent location, so that parents do not need to rely on community fairs or other sporadic opportunities for assistance.

The inspections confirm national statistics that over 85% of all car seats are not installed correctly and thus do not provide optimal protection. However, national statistics show that misuse reduction efforts such as the Safely Home program are working. Inspections and public service announcements cost just \$5 per seat, but save \$390 per seat in avoided injuries. According to a study conducted by T.R. Miller and M. Sheppard presented in 2002, the rate of seat-use effectiveness nationwide has jumped from 52.5% in the 1982-1990 period to 58% in the 1997-2000 period. The rate of children in rear seats has jumped from 33% to 49%.

In FY2007, the Safely Home Fitting Station provided instruction to parents and installed 2,601 car seats. A stable funding source for this program has been achieved through the "Kohl's Cares for Kids" program and through a private family donation, and through other donors such as the Bank of America.

This program is expanding outside of the hospital with regular car seat fitting days in East Palo Alto, East San Jose, etc.

### **Your Child's Health University**

Your Child's Health University includes an array of programs for new parents, ranging from childbirth preparation to programs for grandparents and siblings, lectures on health and parenting topics in both community and hospital settings, and the Heart-to-Heart program for pre-teens and their parents.

In FY2007, 4,042 individuals attended community lectures, several sessions of the Heart-to-Heart program, and many childbirth education and parenting classes.

In addition, the Healthy Choices, Smart Decisions/Moves program, which teaches fifth grade students how to make good decisions, was provided in several school, housing and community locations.

### **Contributions to community organizations**

LPCH partners with and assists a variety of other non-profit community organizations to reach their programmatic and fund-raising goals. Sometimes, this assistance is in the form of a speaker, such as providing a psychologist to speak at the Child Care Coordinating Council's Family Forum. Other times, this assistance is financial, such as providing a small grant to help defray the costs of a children's health summit meeting. The hospital also purchases tables at fund-raising events for community organizations that share the hospital's mission.

In FY2007, \$55,725 helped to support events for not-for-profit organizations such as The Ronald McDonald House, The Cornerstone Project, Child-Care Coordinating Council, People Acting in Community Together, the YWCA, etc.

### **Children's Agenda for Santa Clara County**

LPCH also participated in FY2007 in a collaborative effort to examine baseline data and establish a Children's Agenda for Santa Clara County. Goals for this effort are:

- Children are physically, socially and emotionally healthy
- Children are prepared for and successful in school
- Children live in safe and stable homes and communities

Ten indicators have been selected and will be tracked over the next ten years. These indicators are tracked in the Santa Clara County Children's Report referenced above and summarized in Appendix A. These are:

#### Children are physically, socially and emotionally healthy:

Routine use of health care  
Healthy lifestyle  
Early childhood social and emotional development  
Developmental assets

#### Children are prepared for and successful in school:

Third grade reading proficiency  
High school graduation rates

#### Children live in safe and stable families and communities

Child abuse rates  
Hunger  
Juvenile arrest rates  
Community values youth

This effort is spearheaded by Kids in Common, a children's advocacy and resource mobilization organization, which works to identify gaps in services for children and mobilizes the community to create strategic partnerships and alliances to address those needs. The Children's Agenda and Children's Goals 2015, with 10-year benchmarks for Santa Clara County, provides a unique opportunity to create systems change, insure the most effective utilization of resources, and create a cultural shift in how we think about and address the needs of children. Fernando Mendoza, MD, MPH, Chief of Pediatrics, Stanford University Medical Center, co-chairs the Children's Agenda Vision Council which is a group of community leaders committed to a common vision for Santa Clara County children. Candace Roney, LPCH's Executive Director, Community Partnerships also serves on the new Vision Council.

## **Leadership in community collaboratives addressing obesity prevention**

During FY2007, LPCH continued its leadership with four community collaboratives working to create environments that encourage healthier lifestyles and prevent obesity: The Healthy Silicon Valley Collaborative, Get Fit East Palo Alto, the San Mateo County Preventing Childhood Obesity Task Force and the Santa Clara County Office of Education's Fit for Learning

Healthy Silicon Valley is responding to the epidemic of overweight and obesity by coordinating a growing network of organizations and individuals mutually committed to supporting an environment in which all Santa Clara County residents, and particularly the underserved, have access to the education and resources that promote improved nutrition and increased physical activity. Other participating organizations, in addition to nearly all of the hospitals in the county, range from the Santa Clara County Public Health Department and the Santa Clara County Office of Education to the YMCA, Mexican-American Community Services Agency, Asian-Americans for Community Involvement, United Way, and Walk San Jose.

In January 2006, LPCH's Executive Director, Community Partnerships led a significant effort to bring all Santa Clara County hospitals into this effort and worked through the year on a work plan that includes internal, external and collaborative efforts to make sure all hospitals in the county are "walking the talk" when it comes to healthy nutritional choices for patients and staff, opportunities for physical activity, and lending their technical resources to community organizations.

## **V. Health Research, Education, and Training**

As the pediatric division of Stanford University Medical Center, research and education are primary components of LPCH's mission and are so integral to the hospital's operation that it is difficult to isolate individual activities and their costs.

LPCH provides clinical training for medical students, residents, and fellows from the Stanford University School of Medicine as well as for students and residents in pharmacy. While in training, many students provide volunteer services to the community, staffing local health fairs and community clinics for low-income and homeless people. Ultimately, many graduates practice in California, including its underserved areas. Eight years ago, a community advocacy rotation program was developed as part of the pediatric residency curriculum. This program teaches residents about advocacy on behalf of their patients, and focuses on community and public-service programs as well as legislative advocacy. Residents work in the community and develop their own service projects. Interns and residents have been involved in a number of community activities such as working with adolescent pregnancy prevention programs in the Filipino community, doing outreach for the Healthy Kids insurance program, developing dental-screening programs for low-income children, working on childhood obesity issues in low-income Latino neighborhoods, and developing an asthma management and education program with Ravenswood City School District in East Palo Alto.

While this program is critical to the hospital's mission and receives some funding from the hospital's community benefit department, it is not included as a hospital community benefit because it is a program of the Stanford University School of Medicine.

It is not possible for LPCH to identify all of the indirect costs of serving as a principal teaching site for a major school of medicine. Quantified costs reported as community benefit focus on

trainee stipends and medical supervision and mentoring as well as payments made directly to the school to support academic programs.

LPCH also trains other health professionals and hospital staff, including hospital chaplains, nurses and social workers.

In addition to programs listed in the Meeting the Needs of Children and Youth in the Broader Community section, the hospital also provides substantial educational resources to patients and their families. A Lactation Center trains providers and volunteer counselors to share expertise on breast-feeding. Educational programs are important components of any asthma and diabetes treatment. In an attempt to normalize the life of hospitalized children, all patients attend school while hospitalized. Depending on their condition, they either attend school in one of the three classrooms provided by LPCH or the teachers teach them at their bedside. The school is operated by the Palo Alto Unified School District and teachers are part of PAUSD's special education program. The teachers are in constant contact with the child's home school.

Another program, HEAL (Hospital Educational Advocacy Liaison) helps medically fragile children return to school by educating teachers, parents, and child peers about their unique cognitive and social/emotional needs.

## **VI. Financial Valuation of FY 2007 Un-sponsored Community Benefit**

The table below quantifies LPCH's investment in community benefit programs. All figures quoted are the hospital's net investment after any reimbursement, fees, or philanthropic support secured through the Lucile Packard Foundation for Children's Health are subtracted.

LPCH is very fortunate to have the support of the Lucile Packard Foundation for Children's Health in establishing several endowments to support community programming and in raising annual funds to support these programs. In fact, in FY07, philanthropic gifts supported nearly 44.5 percent of the total cost of community benefit programs provided by the hospital. Thus, the actual FY2007 cost of community programs was \$3,133,828. The hospital received \$433,781 in fees to support these programs and \$1,393,006 in philanthropic support, leaving \$1,307,0410 in community programming costs to be covered by hospital operations funding.

### **Uncompensated costs of medical services to government-insured patients = \$130,870,512**

Uncompensated costs of Medi-Cal, Healthy Families and Healthy Kids-insured patients=\$132,249,955

Uncompensated costs of services covered by CCS, CHDP, etc. = \$1,684,574

Less \$3,064,017 for uncompensated care contributed by donors

### **Charity care at cost = \$876,522**

### **Community Benefit Programs = \$3,606,876**

#### **Health professions education = \$2,299,835**

- ✓ Physicians, medical students
- ✓ Social work interns

#### **Community health services = \$582,465**

- ✓ Mobile adolescent health services
- ✓ Pediatric weight control program
- ✓ Pediatric services at community clinic
- ✓ Care A Van
- ✓ Resident advocacy projects
- ✓ Community health education programs
- ✓ Telephone and referral services
- ✓ Child safety and injury prevention programs
- ✓ Funding for resident-created community projects

#### **Financial and in-kind contributions = \$374,068**

- ✓ Practical support for patients
- ✓ Donations to medical missions
- ✓ Support for community organizations and programs
- ✓ Support for children's insurance programs

#### **Community benefit operations - \$350,508**

- ✓ Dedicated staff and function support
- ✓ Community needs assessment processes
- ✓ Advocacy for children's health issues

### **TOTAL VALUE OF QUANTIFIABLE BENEFITS PROVIDED TO THE COMMUNITY: \$135,353,910**

## **VII. Community Services Plan for FY 2007-2008**

This plan shows planned initiatives or enhancements to current programs that support LPCH's focus on improving access to health services for children, adolescents and pregnant women through building capacity in existing community resources, and preventive programs with an emphasis on prevention of pediatric obesity for the fiscal year starting September 1, 2007 and ending August 31, 2008.

### **Goal 1: Improve access to primary healthcare services for children, teens and expectant women by building capacity into existing resources.**

<b>Partner organization</b>	<b>Strategy</b>	<b>Metrics</b>
Ravenswood Family Health Center	<p>Fund partial support for 1.0 pediatrician/1.0 social worker</p> <p>Fund "backstop" support for pediatric services in mobile program</p>	<p>Increase pediatric visits to an average of 18 per day per pediatrician, including resident visits, due to streamlined processes and open access scheduling.</p> <p>Maintain 90% immunization rate in East Palo Alto schools through both the mobile program and drop-in IZ clinics at the main location.</p> <p>Increase mobile clinic provider coverage and pediatric visit utilization to an average of 8-10 visits per day 2 days per week. This would increase pediatric visits to approximately 900 per year. (Non-pediatric visits are estimated to account for another 300 visits per year on the mobile clinic).</p>
Adolescent Mobile Health Program, owned by LPCH	Maintain Mobile Adolescent Health Services, providing "medical home" to homeless and uninsured teens at 6 regular locations from San Francisco to San Jose.	<p>Increase visit volume by 20% through operational improvements, working with current site administrators, or moving to better sites.</p> <p>Clinical outcomes to be determined with medical director.</p> <p>Reduce LPCH community service funding investment to no more than \$250,000 annually.</p>
Santa Clara County Children's Health Initiative	Fund premiums for 50 children older than 5 in Healthy Kids insurance program.	<p>Improve adolescent well care visit rate over next three years, by educating members and providers on AAP recommendations and by taking ALL opportunities (including a sick care visit) to provide well care.</p> <p>2006 Baselines:</p> <p>74% of children, 41% of teens received well care exam.</p> <p>Increase from approximately 40% provider compliance in doing regular BMI calculations for children and teens.</p>

		<p>Increase PCP referrals to nutrition counseling from these 2007 baselines:</p> <p>47% of children and 36% of adolescents with documented high BMI received dietary counseling and referral.</p> <p>Promote obesity awareness and need for intervention to members and providers by providing health education, weight control, nutrition, exercise programs for PCP referrals.</p> <p>Increase post-partum visit rate by educating members and providers about importance and timeframes of visits.</p>
San Mateo County Children's Health Initiative	Fund premiums for 50 children older than 5 in Healthy Kids insurance program.	<p>Access and "medical home" outcomes:</p> <ul style="list-style-type: none"> <li>• 85% of children enrolled in Healthy Kids maintain coverage</li> <li>• Maintain or increase the following percentages of members in each age group who access primary care services: <ul style="list-style-type: none"> <li>88% for 25 mo-6 yrs</li> <li>87% for 7-11 y o</li> <li>84% for 12-19 y o</li> </ul> </li> </ul> <p>Preventive care outcomes</p> <ul style="list-style-type: none"> <li>• Increase from 48% percentage of members who have initial health assessment within 120 days of enrollment.</li> <li>• Increase from 69% percentage of well-child visits for members aged 3-6.</li> <li>• Increase from 41.8% percentage of well-child visits for members 12-18.</li> <li>• Maintain at 100% total members with persistent asthma who are appropriately prescribed medication for long-term control.</li> </ul>
San Jose Unified School District/School Health Clinics of Santa Clara County	Support cost of 4 additional FTE school nurses in 4 at-risk schools and nurse practitioner at School Health Clinics to create formal linkage for demonstration project testing value of putting health services back into schools.	Evaluation metrics being developed by project team and evaluator, Eunice Rodriguez, DPH, Stanford School of Medicine

**Goal 2: Provide, or work in partnership with others to provide, preventive programs that provide awareness and education about pediatric health issues and seek to create community environments that promote an improved health status for children, adolescents, and expectant women. Special attention will be paid to efforts that prevent pediatric obesity.**

<b>Partner Organization</b>	<b>Strategy</b>	<b>Metrics</b>
LPCH Pediatric Weight Control program, owned by LPCH	Make 26-week program, currently offered on self-pay basis, available to families unable to pay full cost.	70% of families beginning 26-week program complete the entire program with average reduction in overweight of 8%.
SUSOM Pediatric Advocacy program	Support FY08 advocacy projects: 3 projects with RCSD: Healthy School Food, Water Station project, parent education on nutrition and PA; advocacy training for residents in StAT rotation; mini-grants for 3 resident projects.	To be determined with advocacy program management
School Health Centers of Santa Clara County	Fund cost of dietitian to support 5 clinics to make nutrition counseling more accessible to families	50% of obese patients (BMI greater than 95) will show an improvement in their BMI.  75% of obese patients will self-report an improvement in food choices in a baseline and follow up survey.  75% of obese patients with pre-hypertension/pre-diabetes/diabetes show an improvement in their disease process.
LPCH Center for Healthy Weight	Support start-up for COACH (Community Action for Children's Health) project to disseminate proven obesity-prevention programs	To be determined as program is designed
Healthy Silicon Valley, San Mateo Prevention of Childhood Obesity Task Force, Get Fit East Palo Alto, Fit for Learning, Kids in Common Children's Agenda 2015	Continue LPCH leadership role in all of these community efforts	Long-term measurable improvement in school fitness scores measured by state testing. Increased engagement of schools in healthy nutrition and physical activity programs through Fit for learning and other initiatives.

PIRC and Teen Information and resource Lines	Increase outreach promotion to child-serving agencies in low-income populations and to teen centers, schools, van sites for teen line.	Documented increased usage of services from identified underserved communities.
Becoming Parents prenatal programs	Expand programming to better reach low-income pregnant women by re-instating “bench” classes at LPCH OB clinic as women come for their prenatal appointments and providing breastfeeding education in Spanish	Documented evidence that pregnant women are more aware of making healthy choices during pregnancy and the benefits of breastfeeding and planning to attempt breastfeeding after their infant is born.  Tracking attendance at all programs for low-income women.
Safely Home Car Seat Fitting Station	Increase participation in East Palo Alto and maintain regular schedule for program there. Add regular schedule in East San Jose by partnering with Somos Mayfair.	Number of parents using service
SafeKids Coalition	Expand coalition by bringing new agencies into the program	15% increase in number of actively participating agencies and safety events.
Community Education Lectures	Expand programs beyond hospital to community locations in Mountain View and San Jose.  Explore expansion of Heart to Heart program into other communities and feasibility of re-designing to be appropriate and accepted in Latino and Asian cultures.	Track attendance and evaluate attendees perception of relevance of information presented and if they will use information to improve their parenting practices.  Same as above

## **VIII. Appendix A: Key Findings from 2007 Children's Reports in Santa Clara and San Mateo Counties**

For complete text of the 2007 Children's Reports for Santa Clara and San Mateo counties, go to [www.kidsdata.org/santaclarareport](http://www.kidsdata.org/santaclarareport) or [www.kidsdata.org/sanmateoreport](http://www.kidsdata.org/sanmateoreport) which includes the complete summary reports for both counties and a very rich data base on children's health and well-being indicators.

### ***Children and Adolescents***

Most children and adolescents in both counties are faring as well as, or better than, the average child in California as measured by their status on indicators of health, development, school achievement and family and community support. But, there are substantial disparities between racial/ethnic groups and income levels, and this trend is unchanged from previous assessments.

#### ***Indicators showing improvement: San Mateo County***

- Infant mortality rates fell more than 15% from 1996-98 to 2002-2004, from 4.5 to 3.8 per 1000.
- More San Mateo County women than ever before are receiving early prenatal care. In 2004, 89.8% of pregnant women received prenatal care in the first trimester.
- In fall 2006, approximately 3,000 children were without health insurance, down considerably from the estimated 17,000 uninsured prior to establishment of the San Mateo County Children's Health Initiative in 2003.

#### ***Indicators showing improvement: Santa Clara County:***

- Infant mortality rates fell close to 15% from 1996-98 to 2002-04.
- Teen birth rates fell 42% from 1997 to 2004
- 55-60% of 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> graders reported strong connections to adults in their communities in 2005-2006.
- Fewer than 7% of 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> graders reported that their schools were unsafe in 2005-06.

#### ***Areas of concern in San Mateo County***

- **Low Birthweight:** Increased from 5.7% in 2001 to 6.6% in 2004. African- Americans continue to have the highest percentage -14%.
- **Dental Health:** 33% of children 2-to 11-years old had never seen a dentist, compared to 24% statewide.
- **Poverty:** The percentage of public school students enrolled in the free or reduced price meal program increased from 24.2% in 2002 to 30.4% in 2006, and the percentage of families that could afford to purchase a median-priced home dropped from 23% to 12% between 1995 and 2005.
- **Reading Proficiency:** While San Mateo County reading scores have improved in recent years, only 23% of economically disadvantaged third graders scored at or above the 50<sup>th</sup> percentile on the California Achievement Test for reading, compared to 61% on non-economically disadvantaged students in 2006.
- **Child Care:** The county had only enough licensed child care spaces to serve 30% of children ages 0-13 with parents in the labor force in 2004, and care was so expensive that 26% of families could not afford to enroll children in licensed child care or preschool in 2005.

- **Obesity:** In 2004, one-quarter of 5<sup>th</sup>, 7<sup>th</sup>, and 9<sup>th</sup> graders were overweight. Only 35% met all six California fitness standards in 2006, although these rates have improved slightly.
- **Teen Birth Rate:** Though the overall teen birth rate has fallen in the last decade, rates for Latinas and African - Americans were eight to 10 times higher than for Caucasians/white and Asian teens in 2004
- **Substance Abuse:** In 2004-2005, 11<sup>th</sup> graders in San Mateo County were more likely than their counterparts in California to report use of alcohol, marijuana and tobacco in the past month.
- **Death Rates:** Death rates for youth and young adults ages 15-24 increased from 44.3 to 54.7 per 100,000 from 1999-2001 to 2002-2004

### ***Areas of concern in Santa Clara County***

- **Immunizations:** Almost one-fourth of kindergartners in 2006 had not received all of their immunizations by age 2, with Asian and Caucasian children most likely to be immunized.
- **School Readiness:** Only 47% of incoming kindergartners in 2006 were ready for school on all aspects of child development measures. 10% were not ready on any of the 20 skills. Lower readiness is associated with no preschool, not being proficient in English, and family risk factors such as single parent, low income, teen parent, etc.
- **Dental Health:** 27% of children age 2-11 had never seen a dentist in 2005.
- **Reading Proficiency:** Only half of all 3<sup>rd</sup> graders and just 24% of low-income third graders scored proficient or better on a standardized English language arts test in 2006.
- **Obesity:** In 2004, one quarter of 5<sup>th</sup>, 7<sup>th</sup> and 9<sup>th</sup> graders were overweight or at risk for overweight. Only about half could meet five of six state fitness standards. African American, Latino, Native American and Pacific Islander students were less likely to meet the physical fitness standards.
- **Depression:** In 2005-06, 25-33% of 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> graders reported symptoms of depression, with the highest percentages for Latino and Native American students.
- **Teen Birth Rate:** In 2004, the teen birth rate for African-American/Black teens was more than three times higher and the rate for Hispanic/Latina teens was more than 11 times higher than the rate for Asian teens.
- **Safety:** During 2005-2006, about 25% of Caucasian/white students reported seeing someone carrying a weapon, compared with 41.4% of Hispanic/Latino students.
- **Death Rates:** During 2002-2004, 23 African American/Black children and youth ages 1-24 died, a death rate more than twice the rate for Caucasians/Whites.
- **Youth assets:** In 2005-2006, fewer than 25% of 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> graders strongly agreed that a teacher or other adult in their school really cared about them.
- **Homeless/at-risk youth:** It is estimated that some 2000 adolescents are homeless in Santa Clara and San Mateo counties. High-risk sexual activity, malnutrition, substance abuse, and physical or sexual abuse are common health problems. Neither Santa Clara nor San Mateo counties has a formal health-care service in place to meet the needs of these young people. Further, many area continuation high schools inform us that a majority of their students have unmet health-care needs.

### ***Women***

Women of childbearing age who are poor and undereducated are at increased risk of poor birth outcomes. They are less likely to obtain adequate prenatal care. They are at increased risk of sexually transmitted disease, unintended pregnancy, and life-style behaviors such as substance

abuse – all of which threaten maternal and fetal health when pregnancy occurs. All pregnant women are eligible for state-funded health insurance, but non-pregnant women of childbearing age are not.

***Areas of concern for San Mateo County women:***

- Maternal Depression: In 2006, very low income mothers of children 0-5 were about 12 times more likely to show signs of depression than higher income mothers. 6.4% reported symptoms of depression, with marked differences in rates by race/ethnicity and income.

## Summary: Key Indicators- Santa Clara, San Mateo counties and California

### Outcome: Children are Physically, Socially and Emotionally Healthy

Indicator	Healthy People 2010 goal	Santa Clara County	San Mateo County	California
<b><i>Prenatal Care and Birth Outcomes</i></b>				
Percentage of women receiving first trimester prenatal care	90%	85.2%	89.8%	85.6%
Infant mortality rate per 1000 infants	4.5	4.1	3.8	5.3
Percentage infants born at low birthweight	5%	6.5%	6.6%	6.7%
<b><i>Access to Healthcare Services</i></b>				
Percentage of children fully immunized by age 2	90%	76.9%	82.5%	77.7%
Percentage of children 0-17 with health insurance		97.8%	98.6%	93.6%
Percentage of children 2-17 who have seen a physician for routine health check-up in past year		74.2%	Not available	79.1%
Percentage of children 2-17 with dental insurance		88.6%	83.3%	78.7%
Percentage of children 2-11 who have seen dentist in past year		72.2%	66.7%	71.2%
<b><i>Nutrition, Weight and Physical Fitness</i></b>				
Percentage of women initiating breastfeeding at hospital	75%	87%	93%	83.9%
Percentage of women breastfeeding exclusively while at hospital		57.4%	72.4%	40.5%
Percentage of public school 5 <sup>th</sup> , 7 <sup>th</sup> , and 9 <sup>th</sup> graders overweight or at risk for overweight		24.7%	25.2%	28.1%
Percentage of public school 5 <sup>th</sup> , 7 <sup>th</sup> and 9 <sup>th</sup> graders who meet 5 of 6 state fitness standards		53%	35.1%	53.8%
<b><i>Mental, Emotional and Behavioral Health</i></b>				
Percentage of 7 <sup>th</sup> graders who responded "very much true" to "At my school, there is a teacher or adult who really cares about me"		24.2%	Not available	28.7%
Percentage of 7 <sup>th</sup> graders who responded "very much true" to "Outside of my home and school, there is an adult who really cares about me"		61.5%	Not available	61.2%
Percentage of parents reporting being somewhat or very concerned that their child may be depressed		19.9%	Not available	Not available
Percentage of 7 <sup>th</sup> graders reporting feeling so sad or hopeless for 2 weeks during previous year that they stopped doing usual activities		25.3%	Not available	28.1%
<b><i>Teen Births</i></b>				
Teen birth rate per 1000 females ages 15-19		25.8	21.8	38.1
Percentage of teens 14-17 reporting they have not had sex		85.3%	Not available	76.6%
<b><i>Drug, Alcohol and Tobacco Use</i></b>				
Percentage of 11 <sup>th</sup> graders who reported smoking tobacco during last month		12.2%	18%	15.2%
Percentage of 11 <sup>th</sup> graders who reported drinking alcohol during last month		33.6%	41%	35.8%
Percentage of 11 <sup>th</sup> graders who reported using marijuana during last month		15%	21%	19.2%

<b>Outcome: Children Live in Safe and Stable Families and Communities</b>				
<b>Family Economic Self Sufficiency</b>				
<b>Indicator</b>	<b>Healthy People 2010 goal</b>	<b>Santa Clara County</b>	<b>San Mateo County</b>	<b>California</b>
Median family income		\$89,716	\$82,376	\$61,476
Estimated income needed to be self-sufficient for family of 1 adult, 1 preschooler and 1 school-age child		\$65,589		n/a
Percentage of children 0-17 living below FPL		10.5%	8.3%	18.7%
Percentage of households that can afford median-priced home		19%	12%	16%
Percentage of public school students enrolled in free-reduced price meal program		35.2%	30.4%	50.1%
Percentage of public school students enrolled in CalWORKS		5%	3.1%	9.3%
<b>Safety at Home: Child Maltreatment</b>				
Rate of child abuse report per 1000 children aged 0-17		32	24.5	50
Rate of substantiated child abuse cases per 1000 children aged 0-17	10.3	7.6	4.5	11.1
<b>Safety at School</b>				
Percentage 7 <sup>th</sup> graders who reported feeling safe or very safe at school		62.3%	Not available	54.1%
Percentage 7 <sup>th</sup> graders who reported seeing someone carrying a weapon at school		30.6%	Not available	29.6%
<b>Juvenile Misdemeanor and Felony Arrests</b>				
Rate of misdemeanor and felony arrests per 1000 youths ages 10-17		40.5	Not available	28.2
Rate of felony arrests per 1000 youth ages 10-17		14.9	12.3	13.6
<b>Injuries and Deaths</b>				
Rate of non-fatal injury hospitalizations per 100,000 children/youths ages 0-20		298.9	247.5	347.9
Rate of deaths per 100,000 children/youth ages 1-24		25.7	28.8	39.2
Rate of youth suicides per 100,000 ages 15-24		6.6	Not available	7.3

## **IX. Appendix B: Lucile Packard Children’s Hospital Charity Care Policy**

### **PURPOSE**

The purpose of this Policy is to define the eligibility criteria and application process for financial assistance for patients who receive healthcare services at Lucile Packard Children’s Hospital (LPCH or hospital) and who are uninsured or underinsured.

### **POLICY STATEMENT**

LPCH is committed to providing financial assistance in the form of a Financial Need Discount or Charity Care (together referred to in this Policy as Financial Assistance) to uninsured and underinsured individuals who seek and obtain healthcare services from LPCH but are not able to meet their payment obligations to LPCH without assistance. LPCH desires to provide this assistance in a manner that addresses the patients’ individual financial situations, satisfies the hospital’s not-for-profit and teaching missions, and meets its strategic, operational, and financial goals.

Financial Assistance is not to be considered a substitute for personal responsibility and patients are expected to cooperate with LPCH’s procedures for applying for Financial Assistance, and to contribute to the cost of their care based on their individual ability to pay.

In order to manage its limited resources responsibly and to allow LPCH to provide the appropriate level of assistance to the greatest number of individuals and families, LPCH establish the following guidelines for the provision of Charity Care and a Financial Need Discount.

### **PRINCIPLES:**

- A. **FINANCIAL ASSISTANCE PROVIDED UNDER THIS POLICY – GENERAL GUIDELINES**
  - 1. **Eligible Services:**

- a. Financial Assistance under this Policy shall apply to medically necessary hospital services. In addition, the Stanford University employed physicians (Stanford Physicians) have agreed that Financial Assistance under this policy shall also apply to medically necessary physician services provided at LPCH by Stanford Physicians. (Patients who are treated by a physician who is not a Stanford Physician may contact their physician directly to inquire about whether financial assistance is available for physician services provided by the non Stanford physician; such physician services are not covered by this policy.) In the event that there is uncertainty as to whether a particular service is medically necessary, a determination shall be made by the Chief Medical Officer of LPCH. Except as specifically stated, reference to “healthcare services” in this Policy shall mean such medically necessary hospital and physician services.
  - b. Services that are generally not considered to be medically necessary and are therefore not eligible for Financial Assistance include:
    - a. Reproductive Endocrinology and Infertility services
    - b. Cosmetic or plastic surgery services
    - c. Vision correction services including LASEK, PRK, Conductive Keratoplasty, Intac’s corneal ring segments, Custom contoured C-CAP, and Intraocular contact lens
2. In rare situations where a physician considers one of these services to be medically necessary, such services may be eligible for Financial Assistance upon review and approval by the Chief Medical Officer of LPCH. LPCH reserves the right to change the list of services deemed to be not medically necessary at its discretion.
3. **Patient Eligibility for Financial Assistance – General Provisions:**
1. All patients who receive medically necessary hospital and physician services at LPCH may apply for Financial Assistance under this Policy.
  2. All individuals applying for Financial Assistance under this Policy are required to follow the procedures set forth in Section IV below.

3. LPCH shall determine eligibility for Charity Care or a Financial Need Discount based upon an individual determination of financial need in accordance with this Policy, and shall not take into account an individual's age, gender, race, immigrant status, sexual orientation or religious affiliation.

## **A. CHARITY CARE**

### **1. Definition of Charity Care:**

- a. Charity Care shall mean medically necessary hospital or physician services provided to a patient at no charge to the patient or his/her family.

### **2. Priorities For Charity Care:**

- b. LPCH shall grant Charity Care to those patients who apply for and are deemed to be eligible for Charity Care, at its discretion and subject to the following priorities:
  - (1). First Priority: Individuals who received emergency services will receive first priority for Charity Care. (Pursuant to EMTALA the determination of eligibility for Financial Assistance cannot be made until the patient has received legally required screening and any necessary stabilizing treatment.)
  - (2). Second Priority: Individuals who have had or will have medically necessary services and for whom LPCH is the closest hospital to the individual's home or place of work. (In general, if there is a county hospital in the county in which the patient lives or works, and the county hospital can provide the non-emergency service that the patient needs, the patient will be directed to that county hospital.)
  - (3). Third Priority: Individuals who have had or will have medically necessary services and for whom LPCH is not the closest hospital to the patient's home or place of work, but for whom one or more of the following factors applies:
    - (a) the patient has a unique or unusual condition which requires treatment at LPCH, as determined by the Chief Medical Officer of LPCH;
    - (b) the patient presents a teaching or research opportunity that will further the hospitals' teaching missions, as determined by the Chief Medical Officer of LPCH.

- c. LPCH may grant Charity Care for specialized high cost services subject to the review and approval of the Chief Medical Officer of LPCH.
- d. LPCH shall establish a patient's eligibility for Charity Care in accordance with the procedures set forth in Section VI below

**B FINANCIAL NEED DISCOUNT**

**1. Definition of Financial Need Discount:**

- a. Under the Financial Need Discount, LPCH shall limit the expected payment for medically necessary hospital and physician services by a Financially Qualified Patient, as defined below, to a discounted rate comparable to LPCH's government payers.
- b. LPCH will extend to the Financially Qualified Patient a no interest extended payment plan with terms negotiated between LPCH and the patient. The term of this loan will be based on the amount owed, the patient's financial circumstances, medical costs, and other relevant factors, and will be for no less than twelve (12) monthly payments.
- c. LPCH shall establish a patient's income and eligibility for the purposes of Financial Need Discount in accordance with the procedures set forth in Section VI below, and shall grant a Financial Need Discount to those individuals who meet the definition of a Financially Qualified Patient.

**2. Definition of Financially Qualified Patient:**

- a. A Financially Qualified Patient is an individual who meets the criteria set forth in both (1) and (2) below:
  - (1). The individual's family income does not exceed four hundred percent (400%) of the federal poverty level (FPL). For the purposes of this Policy, a patient's "family" means:
    - (a) For an individual 18 years of age and older, that individual's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.
    - (b) For an individual under 18 years of age, that individual's parent, caretaker, relatives and other children of the parent, caretaker or relative who are under 21 years.
  - (2). The individual is a patient who is either "self-pay" or has "high medical costs." For the purposes of this Policy a patient is:

- (a) A “self-pay” patient because s/he does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medi-Cal, and does not have an injury that is compensable for the purposes of workers’ compensation, automobile insurance, or other insurance as determined and documented by LPCH.
- (b) A “patient with high medical costs” because the patient’s family income, as “family” is defined above, does not exceed 400% FPL if that patient does not receive a discounted rate from the hospital as a result of his or her third-party coverage and who has high medical costs. For these purposes, “high medical costs” means:
  - i. Annual out-of-pocket costs incurred by the individual at the hospital that exceed ten percent (10%) of the patient’s family income in the prior 12 months.
  - ii. Annual out-of-pocket expenses that exceed ten percent (10%) of the patient’s family income, if the patient provides documentation of the patient’s medical expenses paid by the patient’s family in the prior 12 months.

## PROCEDURES

### A **PROCEDURES FOR APPLYING FOR FINANCIAL ASSISTANCE**

#### 1. **Procedures For All Applicants**

- a. The following definitions shall apply to an application for Charity Care and Financial Need Discount.
  - (1). The term “patient” shall also mean the patient’s “family.” A patient’s “family” means:
    - (a) For an individual 18 years of age and older, that individual’s spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.
    - b) For an individual under 18 years of age, that individual’s parent, caretaker, relatives and other children of the parent, caretaker or relative who are under 21 years.
  - (2). The term “income” shall mean the annual family earnings and cash benefits from all sources before taxes, less payments made for alimony and child support. Proof of earnings may be determined by annualizing year-to-date family income.
- b. Any patient who indicates an inability to pay a bill for medically necessary hospital or physician services shall be evaluated for Charity Care, other sources of funding, or a Financial Need Discount by LPCH Financial Counseling and Patient Financial Advocates, as applicable.

- c. Any LPCH employee who identifies a patient whom the employee believes does not have the ability to pay for medically necessary hospital or physician services shall inform the patient that Financial Assistance may be available and that applications are available in English and Spanish in Patient Financial Services, Patient Admitting Services, the Emergency Department, all clinics, Customer Service, Patient Advocacy, Patient Relations and Social Services. In addition, applications are available from all outside collection agencies used by LPCH. Information about Financial Assistance, including a toll free contact number, shall also be provided in notices included with patient bills.
- d. A patient may be screened initially by an LPCH Financial Counselor, , prior to receiving services to determine whether or not the patient or family can be linked to Medi-Cal, Medicare, Healthy Family Program, California Children Services, Victims of Crime Program, Third Party Liability (TPL) or any other payer source. If the healthcare service has not yet been provided and is not an emergency, the Financial Counselor will also help the patient determine whether there is a county hospital in the county in which the patient works or resides that can provide the services.
- e. LPCH expects patients to cooperate fully in providing information necessary to apply for governmental programs such as Medicare, Medi-Cal or Healthy Families for which the patient may be eligible. In addition the patient will be asked to fill out a Financial Assistance Application.
- f. Any patient who applies for Charity Care or a Financial Need Discount must make every reasonable effort to provide LPCH documentation of income and health benefits coverage. If a patient files an Application and fails to provide information that is reasonable and necessary for LPCH to make a determination as to eligibility for Charity Care or a Financial Need Discount, LPCH may consider that failure in making its determination. The LPCH Patient Advocacy Unit will inform patients of the consequences of failure to provide complete information on a timely basis.
- g. In the event LPCH denies Charity Care or a Financial Need Discount to a patient who has fulfilled the application requirements set forth in this Policy, the patient may seek review of that determination by contacting the Manager of Patient Financial Advocacy, who will review the matter with the Chief Financial Officer of LPCH.
- h. Unless a patient is informed otherwise, Financial Assistance provided under this Policy shall be valid for one full year beginning on the first day of the month of the screening. However, LPCH reserves the right to reevaluate a patient's eligibility for Financial Assistance during that one year time period if there is any change in the patient's financial status.

2. **Charity Care: Information To Be Provided By Patient For Income Eligibility Determination:**

- a. A patient who applies for Charity Care shall provide to LPCH the following information:

- (1). Proof of family income, as defined above, in the form of recent pay stubs or income tax returns.
- (2). Proof of monetary assets, except that a patient need not provide information on retirement or deferred compensation plans qualified under the Internal Revenue Code or non-qualified deferred-compensation plans.
- b. LPCH may request information regarding monthly household expenses.
- c. For the purposes of determining whether a patient is eligible for Charity Care, neither the first ten thousand dollars (\$10,000.00) of the patient's monetary assets, nor fifty percent (50%) of the patient's monetary assets over the first \$10,000.00 shall be counted.
- d. LPCH may require waivers or releases from a patient authorizing LPCH to obtain account information from financial or commercial institutions or other entities that hold or maintain the monetary assets to verify their value.

3. **Financial Need Discount: Information To Be Provided By Patient For Income Eligibility Determination:**

- a. For purposes of determining whether a patient meets the definition of a Financially Qualified Patient, a patient must provide LPCH with documentation of family income, as defined above, by providing recent pay stubs or income tax returns. The patient need not provide documentation of assets or expenses.
- b. If the patient is not a "self pay" patient as defined above in Section V.B. above, the patient must also provide documentation of his/her out of pocket costs at LPCH and/or the annual out of pocket medical expenses paid by the patient in the preceding twelve (12) months. LPCH will then make a determination as to whether these costs or expenses meet the definition of "high medical costs" as that term is defined in Section V.B.
- c. A patient who is granted the Financial Need Discount will be offered a no interest, extended payment plan with terms negotiated by LPCH and the patient based on the patient's financial circumstances, medical costs and other relevant factors. The minimum term of the financial plan will be twelve (12) months.

## PUBLIC NOTICE

- A. **Public notice concerning the availability of Financial Assistance under this Policy shall be by the following means:**
  - 1. Notices are posted in visible locations where there are high volumes of inpatient and/or outpatient admitting/registrations, the emergency department, billing offices, admitting offices and hospital outpatient service settings.
  - 2. Posted notices explain that LPCH have a variety of options available including financial assistance and discounts to patients who are uninsured or underinsured.
  - 3. Notices include a contact telephone number a patient can call to obtain more information about the Policy and to apply for Financial Assistance.
- B. The LPCH website includes an explanation of the Financial Assistance/Charity Care Policy, the Uninsured Patient Discount Policy, the availability of such assistance and discounts, and a contact telephone number.
- C. LPCH billing statements inform the patient that Financial Assistance is available by contacting the LPCH Customer Service Center.

## RELATED DOCUMENTS

- A. LPCH Financial Assistance Application
- B. LPCH Federal Poverty Guidelines
- C. LPCH Financial Assistance Approval Matrix
- D. LPCH Reviewing Financial Assistance Applications - Advocacy Checklist

## DOCUMENT INFORMATION

- A. Legal Authority/References  
None
- B. Author/Original Date  
October 2004, David Haray, Vice President, Patient Financial Services
- C. Gatekeeper of Original Document  
LPCH Administrative Manual Coordinator and Editor
- D. Review and Renewal Requirements  
This Policy will be reviewed every three years and as required by change of law or practice. Any changes to the Policy must be approved by the same entities or persons who provided initial approval.
- E. Review and Revision History  
October 2004, Shoshana Williams, Director, Patient Financial Services

October 2004, David Haray, Vice President, Patient Financial Services

April 2005, David Haray, Vice President, Patient Financial Services

January 2007, Office of General Counsel

January 2007, T. Harrison, Director of Patient Representatives

June 2007, Sarah DiBoise, Chief Hospital Counsel, Gary May, VP Managed Care SUMC, David Haray, VP Patient Financial Services, SUMC

F. Approvals

September 2005, David Haray, VP Patient Financial Services

January 2007, S. DiBoise, Chief Hospital Counsel

September 2007, LPCH Board of Directors Public Policy and Community Service Committee

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