Table of Contents

I. Welcome ............................................................................................................................................... 4
II. Children’s Hospital & Research Center Oakland .............................................................................. 5
III. Community Benefit Report Overview ............................................................................................. 6

IV. Community Benefit Activities ........................................................................................................ 7

Undercompensated Healthcare Services
Undercompensated Government-Sponsored Healthcare ............... 8
Charity Care ................. 8

Mental and Behavioral Health Services
Center for Child Protection ....... 9
Center for the Vulnerable Child ........ 11
Early Intervention Services ..... 13

Chronic Disease Management Services
Center for Asthma Education, Management, and Research ...... 15
Diabetes Program ............... 17
Hemoglobinopathy Center ...... 18
Pediatric HIV/AIDS Program .... 20
Psychology–Oncology Program ... 22
Camps for Children with Special Healthcare Needs ............... 23

Prevention Services
Healthy Hearts ................. 24
Community Farmer’s Markets and Dover St. Garden ............... 26
Kohl’s Injury Prevention Program .......... 27
Sports Medicine Center for Young Athletes ............... 28
Health Education for Patients, Families, and the Public .......... 29

Primary Care Services
Juvenile Justice Center Clinic . 30
School-Based Health Centers . 31
Primary Care Clinic,
Community-Based Programs . 32

Hospital-Based Family Services
Child Life Program .......... 33
Other Family Services ......... 34

Education for Professionals and Students
Professional Education at Children’s .......... 36
Education for Professionals in the Community ............ 37
CHAMPS: Community Health & Adolescent Mentoring Program for Success ........... 38
CHORI Summer Student Research Program .......... 39

Community Building and Trauma Care Services
Advocacy ................. 40
Children’s Global Health Initiative .......... 41
Trauma Care ............... 42
Volunteerism ............... 43

Research
Children’s Hospital Oakland Research Institute ............ 44

V. Economic Impact ................................................................................................................................ 45
I. Welcome

Children’s Hospital & Research Center Oakland (Children’s) is a private, public-benefit, not-for-profit 501(c) 3 medical center. We offer children and their families outstanding medical, surgical, and mental health programs, spanning the healthcare spectrum from primary to quaternary care. While the concept of a hospital providing “community benefits” has become more prominent in recent years, serving the community has been an essential value at Children’s ever since it was founded 100 years ago. The health needs of children and the way healthcare is delivered at Children’s have changed in the past century, but Children’s has never wavered in making the health needs of children its top priority. Today, Children’s:

• serves as the sole pediatric safety net hospital for much of Northern California, and provides the only inpatient beds for children in Alameda County and Contra Costa County
• cares for all children who seek help, regardless of their family’s ability to pay
• develops and supports prevention-oriented programs for those most in need
• trains the next generation of healthcare providers to appreciate diverse cultural perspectives and the larger societal and environmental contexts in which health and disease occur
• conducts leading-edge basic and clinical research that translates into better care and health outcomes for children, both locally and globally.

Our values are one reason why Children’s has such an outstanding group of healthcare providers, offers the largest number of ambulatory services of any pediatric facility in the Bay Area, and is the destination choice for hundreds of thousands of children. The 2012 Community Benefit Report highlights many of the ways Children’s has fulfilled its commitment to address the health needs in our community and beyond.

As the only pediatrician serving as CEO of a children’s hospital in the state of California, I am proud of our services to the community and honored to be in this position.

Respectfully,

Bertram H. Lubin, MD
President & Chief Executive Officer
II. Children’s Hospital & Research Center Oakland

Mission
To protect and advance the health and well-being of children through clinical care, teaching, and research.

Service Area and Scope of Services
Children’s Hospital & Research Center Oakland (Children’s) is a regional pediatric medical center located in Oakland, Alameda County, California. Children’s offers a broad range of inpatient, outpatient, and community-based services, with experts in 30 distinct pediatric subspecialties. It is designated as a Level 1 pediatric trauma center and a federally qualified health center, and it has a service area that encompasses Northern California and even other states and countries. About 80 percent of patients who visit Children’s live in either Alameda or Contra Costa County. Children’s serves as the pediatric safety net hospital for both of these counties, since neither county’s public hospitals have beds to accommodate children. We have 190 inpatient beds—170 on the main campus and 20 leased beds at Alta Bates Summit Medical Center. Children’s also runs the largest pediatric primary care clinic in Oakland, two comprehensive school-based clinics, and a clinic at the Alameda County Juvenile Justice Center in San Leandro. In addition to the programs and services in Oakland, Children’s operates outpatient pediatric specialty care centers in Brentwood, Larkspur, Pleasanton, and Walnut Creek.

In 2012, a total of more than 75,000 patients made 10,184 inpatient visits and 236,890 outpatient visits at Children’s facilities, including 46,142 visits to Children’s Emergency Department and 34,352 visits to its primary care clinics. These patients were 28 percent Latino, 26 percent Black/African American, 15 percent White, 5 percent Asian/Pacific Islander, and 26 percent Other. In addition, 56 languages were used throughout the year at Children’s.

Governance
Children’s Board of Directors is composed of 25 members who serve three-year terms on a voluntary basis. Board members’ backgrounds and areas of expertise include finance, medical practice, corporate management, law, non-profit management, and government. The Board sets the strategic direction of the organization and provides oversight and fiduciary responsibility to Children’s, the Foundation, and Children’s Hospital Oakland Research Institute (CHORI).
III. Community Benefit Report Overview

Through SB 697, the State of California requires all non-profit hospitals in California to complete and submit an annual community benefit report. Although hospitals bring numerous benefits to their local economies, these reports are intended to document the ways in which a hospital supports the health needs of its community that go above and beyond the core functions of a hospital. Every three years, hospitals must also conduct a needs assessment to identify the greatest health needs affecting their respective communities—which should drive their community benefit activities. Children’s conducted its last community needs assessment in 2010. The results of this needs assessment were included in the 2010 Community Benefit Report.

Definition of a Community Benefit

Although SB 697 provides some general guidance, there is not one official definition of a “community benefit.” We have followed the following definition: a community benefit is “a planned, managed, organized, and measured approach to meeting documentable community needs intended to improve access to care, health status, and quality of life.” It is generally accepted that a community benefit should meet one or more of these criteria:

- Responds to public health needs
- Responds to the needs of a special or at-risk population
- Improves access to care
- Generates no (or negative) profit margin
- Would likely be discontinued if the decision were made on a purely financial basis
- The following are not considered community benefits: bad debt, programs and activities designed for marketing purposes or fundraising, services that are considered standard-of-care or the “cost of doing business,” in-services for hospital staff, volunteering by employees on their own time, and facility improvements.

Creation of the 2012 Community Benefit Report

This report was spearheaded by the Community Benefit Oversight Group with input from individuals representing programs and departments throughout the medical center. The 2012 Community Benefit Oversight Group includes:

Adam Davis, MPH, MA
Director of Clinical Grants and Program Development

Bertram Lubin, MD
President and Chief Executive Officer

Barbara Staggers, MD
Executive Director, External Affairs and Community Relations; Director, Adolescent Medicine

Cynthia Chiarappa, MBA
Vice President, Marketing and Corporate Communications

Terry Oertel
Manager, Government Contracting

Dissemination of the Community Benefit Report

The 2012 report has been submitted to the Children’s Board of Directors and made available to hospital staff and the general public via the Children’s website, handouts at public events, and targeted mailings. Also, the report will be provided to community groups, donors, print media, and elected officials in our service area. Children’s maintains public awareness of its community services through social media, traditional media coverage of the hospital, and Children’s HandPrints, a hospital magazine sent out three times a year.

The report was written by Adam Davis, MPH, MA, with assistance from Wesley Goodman-Levy, and designed by Children’s marketing communications department.

Contact Adam Davis at AdDavis@mail.cho.org for questions or more information.
IV. Community Benefit Activities
(pages 7–44)

Section IV describes the activities Children’s has undertaken to address its identified health priorities.
Undercompensated Government-Sponsored Healthcare

A shortfall is created when Children's receives payments that are less than the cost of caring for low-income patients covered by government-sponsored health insurance. These unpaid costs count as a community benefit. Counted in this category are unpaid costs related to Medicaid, State Children's Health Insurance Program (SCHIP), hospital days, and other services not covered by Medicaid or other means-tested government-sponsored programs. Approximately 68 percent of all visits to Children's in 2012 were for patients who received government-sponsored health insurance. The unpaid costs incurred by Children's to provide services to these patients in 2012 is listed on page 45. When compared to other children's hospitals in California that have a similar payer mix, Children's provided double the unreimbursed costs of total means-tested government-sponsored health insurance.

Charity Care

As part of its commitment to serve the community, Children's provides free or discounted care, also known as “charity care,” to families who don't qualify for government-sponsored health insurance and who meet certain eligibility requirements. Our charity care program requires that patients complete an application and provide supporting documentation to verify income. Self-pay patients who present to the Emergency Department are provided a brochure describing our charity care program. We also have a statement on the bill advising parents that they may be eligible for financial assistance. A patient could have a service at any location at Children's, contact us to request a charity care application, and then qualify for charity. In 2012, Children's provided a level of charity care that is significantly higher than any other children's hospital in California (see page 45).
Center for Child Protection

Injuries and fatalities due to intentional violence are not uncommon among children and adolescents in the East Bay. The Center for Child Protection (CCP), established at Children's more than 30 years ago, provides medical and mental health services to children and adolescents who are abused or exposed to violence. Services include clinical case management, group and individual psychotherapy, crisis intervention, and therapeutic and educational workshops. In 2012, CCP served more than 900 children. CCP’s physicians are also involved in the legal side of child abuse cases, and they frequently work with law enforcement, Child Protective Services, and the District Attorney’s office. No other program provides these services in the East Bay.

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Direct Services

Forensic Examinations—CCP is the designated site in Alameda County for acute forensic medical services for children under 14, and non-acute services for children under 18. Acute forensic examinations are performed by the CCP medical staff when the alleged sexual abuse occurred within 72 hours. Non-acute forensic examinations are performed in the CCP’s outpatient clinic by appointment.

First Responders—CCP physicians are available 24/7 to provide immediate response to sexual assault cases in the Emergency Department, and CCP’s social worker team serves as first responders to child abuse cases in the Emergency Department until 7 p.m. CCP also provides consultation to families of hospitalized children.

Trauma-Informed Mental Health Services—Therapy is provided to children, adolescents, and their families who have been exposed to trauma, including child abuse and/or witness to violence. Through individual, sibling, group, and/or family therapy, the CCP’s clinical staff works with these clients to minimize difficulties and prevent long-term negative effects. Psychotherapy is provided by CCP at several locations throughout Alameda County.

Domestic Violence Education and Screening (DOVES Project)—The DOVES Project is a pioneering pediatric domestic violence project that provides individual and group psychotherapy to children and their battered caregivers as a strategy in the early prevention of child abuse.

Research

CCP participates in scientific research related to child abuse and neglect. CCP is leading the Alameda County Child Abuse Disclosure Study, which aims to better understand how children in Alameda County are disclosing child sexual abuse. Results of the study will enable more focused prevention and early intervention services to children and families.
Education and Outreach

Camp Creating Confident People (CCP)—Camp CCP combines the traditional experience of summer camp with group psychotherapy and support for children exposed to child abuse trauma and/or violence. A modified version of Camp CCP, called Kids Connect, is offered throughout the year. In 2012, 40 children participated in Camp CCP, and dozens of others participated in the Kids Connect program services.

KidPower Workshops—KidPower workshops teach “people safety” skills to children and adolescents and caregiving skills to parents and professionals. CCP offers sessions in English and Spanish, as well as sessions for children with special learning needs. The program focuses on teaching kids how to be emotionally and physically safe with others and themselves. In 2012, 43 adult caregivers/professionals and 49 children participated in KidPower.

Parenting After Domestic Violence (PADV)—PADV are group workshops that teach non-offending caregivers healthy parenting and effective communication skills following a history of domestic violence. In 2012, 19 non-offending caregivers participated in Parenting After Domestic Violence.

Clinical Case Management—Case management is provided to children and adolescents who are seen in the emergency department and/or child abuse management clinic following diagnosis or disclosure of abuse. CCP case managers assist families with navigating the criminal justice system, arranging necessary medical follow-up, and obtaining referrals to community resources.

Education Events—CCP provided more than 60 educational events to a variety of healthcare providers, allied professionals, children, and families on a diverse array of topics pertaining to child abuse and neglect. These educational events were held at local, county, state, and international events.
Center for the Vulnerable Child

The Center for the Vulnerable Child (CVC) provides services to children under 21 who are living in situations that put them at risk for educational, physical, mental, or social health problems. Patients are foster youth or homeless, or they have a history of abuse, neglect, or exposure to drugs. Each year, approximately 3,000 children and families receive medical care, psychotherapy, and/or social services from the CVC. Services are culturally informed and family-friendly, and they usually occur in the caregivers’ home or another location within the community in order to reduce barriers to service delivery. The CVC Advisory Board, composed largely of parents of children who have used CVC services, provides feedback and influences the future of the program.

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Direct Services

Child Assessment and Transitional Services (CATS)—Mental health services and case management through the CATS program are available to children from birth to age 18 who are part of family maintenance services of the foster care system. This program is a collaboration between the CVC, the Alameda County Department of Children and Family Services, and the Alameda County Behavioral Health Care Service.

Case Management, Outreach, Referrals and Education Program (CORE)—The CORE program helps families with children under age 19 who are homeless or in transition by providing short- or long-term clinical case management, counseling, and parenting support.

The Preschool and School-Age Services, Assessment, Guidance and Education Program (PASSAGE)—PASSAGE provides case management, mental healthcare, and school advocacy to caregivers and families with children up to age 12 who are in foster care. Families receive PASSAGE services in their home for a period of 6–12 months.

Services to Enhance Early Development (SEED)—Through SEED, in collaboration with the Department of Child and Family Services and Alameda County Public Health, children ages 0–3 who are in the welfare system, their families, and their caregiving system are provided case management, infant–parent psychotherapy, mental health screening, developmental and mental health assessment, parental support, and other services.

Encore Medical Clinics (EMC)—EMC outreach workers connect children under 19 years of age who are homeless or living in transitional housing with a medical home. Dental care is also available to EMC patients. There were over 500 visits to the EMC in 2012. EMC is a collaboration between CVC and Children’s Primary Care Clinic.

Family Outreach and Support Clinic (FOSC)—FOSC provides primary care for children from birth to 12 years who are currently or have been in foster care. FOSC is a collaboration between CVC and Children’s Primary Care Clinic.
Research

Part of the CVC’s mission is to provide research on the vulnerable populations it serves. The CVC is partially funded by a Health Resources and Services Administration grant that supports ongoing research on primary care and mental health services to families experiencing homelessness and/or foster care. The CVC has a strong history of research on service utilization and implementation for homeless families, relationships between foster care and homelessness, and the utilization of CVC services over time.

Education and Outreach

The CVC sponsors and facilitates parental support groups and educational seminars throughout the year on a variety of topics relevant to foster and adoptive parents. The CVC also provides training to healthcare and other professionals who work with vulnerable children:

- **Psychology Fellowship Program**—Postdoctoral fellows are introduced to clinical work with children in foster care through the CVC’s SEED program. They learn a variety of clinical skills such as conducting psychological assessments and psychotherapies with infants and parents, individuals, groups, and families.

- **Practicum Placements**—Training positions are available to master’s-level mental health clinicians in the CORE and CATS programs. Trainees have rich clinical experiences working with families experiencing trauma, homelessness, and/or foster care. These clinicians also participate in didactic and cultural accountability seminars.

- **SEED Consultation Project**—Through interactive consultation, child welfare workers, police, and public defenders learn about infant mental health and the needs of young children who are in the welfare system.
Early Intervention Services

Early Intervention Services (EIS) provides therapeutic intervention, child development services, and family support services for infants and young children (ages 0-6) with emerging developmental, medical, and social-emotional delays. EIS services are family-centered and are predominantly delivered in the home, although group sessions are offered at community-based locations. Each year, more than 700 families utilize EIS, and many more agencies and children are reached through training and consultation activities.

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Direct Services

Neonatal Follow-Up Programs

- **The Special Start Home Visiting Program**—Special Start offers developmental, medical, and psychosocial case management to approximately 225 infants per year who are graduates of a Neonatal Intensive Care Unit and have complex medical conditions and/or social risk factors. Participants receive weekly to monthly home visits for up to 3 years by a coordinated team with mental health and developmental expertise.

- **The Neonatal Follow-Up Clinic**—This program provides developmental assessment and medical care for CCS-eligible infants who were in the Children’s Neonatal Intensive Care Unit. Services include neurodevelopmental pediatric assessment and case management. Approximately 450 young children are served yearly.

- **The Intensive Care Nursery Developmental Support Program**—Developmental intervention and support, including kangaroo holding and breastfeeding interventions, are provided to parents with newborns in Children’s Neonatal Intensive Care Unit (NICU). The program serves more than 200 neonates and their families each year and is an integral part of the care given in the Children’s Hospital Neonatal Intensive Care Nursery.

Parent–Infant Programs (PIP)

- **Local Early Access Program (LEAP)**—LEAP is designed for infants up to age 3 who have developmental disabilities and are eligible to receive Part C services through the Regional Center of the East Bay. Program components include a parent-child playgroup, home visits, developmental interventions, and parental support. About 27 children and their families are in the program at any given time.

- **Developmental Playgroups Program**—This community-based intervention provides parent-child playgroups to encourage the healthy development of infants and young children who are at risk for developmental delays. All groups incorporate developmentally rich play activities with parent support and education. Groups are located in Oakland and South Hayward. Most of the groups are composed predominantly of Latino families and are offered in Spanish. These programs serve 100 young children and their families each year.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Programs—EPSDT Mental Health Programs are designed for children with social-emotional delays or disturbances:

- **CARE Early Childhood Mental Health Program**—CARE provides home-based therapeutic intervention for children under age 6 and their families. About 125 children are enrolled.

- **Therapeutic Guidance for Infants and Families (TGIF)**—Infants in the TGIF program are those that are involved with the child welfare system and their families including biological parents, relatives and foster caregivers. The TGIF program activities include therapeutic parent-child playgroups, parent education and support sessions, and dyadic therapy sessions. About 10 parent-child dyads are served at any given time.

- **FIRST Perinatal Drug Treatment Support Program**—The FIRST program provides group and individual infant and early childhood therapeutic intervention to children living with their mothers in residential perinatal drug treatment or with their mothers in outpatient drug treatment. Children of incarcerated parents are also served in this program.

- **Fussy Baby Program**—The Fussy Baby program provides intervention to parents whose infants have crying, sleeping, or feeding problems that are creating stress in the family. Referrals come from local pediatric providers and community-based agencies.
**Research**

EIS has received funding to begin the process of building a research program that will focus on the impact of trauma on early attachment, successful early childhood treatment, and other issues related to supporting positive outcomes for young children with medical, developmental, and social-emotional delays.

**Consultation and Training**

EIS operates a broad range of consultation and training activities that support agencies working with young children throughout the county, state, and nation.

- **Irving B. Harris Early Childhood Mental Health Training Program**—For the last 10 years, EIS has administered a two-year training program for mental health, developmental, nursing, and social work professionals to expand their expertise and skills in addressing the social-emotional development and mental health needs of young children. Over 250 professionals have completed the program.

- **EIS Consultation and Training Team**—EIS provides technical assistance and mental health consultation services to numerous community-based agencies and Early Head Start/Head Start programs each year.

- **Consultation to Another Road to Safety and Paths to Success**—This program is designed to support community-based agencies that serve families whose children have been reported to Child Protective Services and that have a goal of keeping young children out of the welfare system. EIS provides organizational development support, training, and consultation.

- **Early Childhood Mental Health Internship Training Program**—EIS provides an intensive one-year training program for mental health interns at the pre- and post-graduate levels who are interested in developing skills and experience on the subject of early childhood mental health.

**Policy/Advocacy**

EIS advocates are involved in policymaking regarding issues of infant and early childhood mental health and development at the local and national levels. EIS staff members helped to develop the California Training Guidelines and Personnel Competencies for Infant/Family and Early Childhood Mental Health providers. EIS also has several members of the Infant Development Association of California, an organization co-founded by a former EIS Director. The administrative and clinical directors of EIS are currently involved in planning and implementing Alameda County-wide policy initiatives and are members of many local collaborative planning activities.
Center for Asthma Education, Management and Research

The Center for Asthma Education, Management, and Research (CAEMR), based in Children’s Primary Care Clinic, offers expertise in the management of asthma in children and adolescents. Oakland leads the state for the rate of asthma admissions among children, and asthma is the most common diagnosis among inpatients admitted at Children’s. Experts believe that many, if not most, asthma hospitalizations are preventable with proper day-to-day asthma management.

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Direct Services

**Asthma Clinic**—The Asthma Clinic, which meets on a weekly basis, provides specialized care to children with particularly complex cases of asthma. In addition to asthma treatment, families are taught how to manage the child’s asthma at home to prevent acute episodes and emergencies. The Asthma Clinic is staffed by a multidisciplinary team that includes physicians, nurses, and health educators. The clinic saw about 600 patients in 2012.

**ATTACK Asthma Clinic**—The ATTACK Asthma Clinic is a one-hour, one-time visit available to children seen at Children’s Emergency Department for asthma. Services include a clinical assessment, family education, referrals, and scheduling of follow-up appointments with the child’s regular care provider. The goal is to prevent asthma emergencies from recurring. About 80 children visited the ATTACK Asthma Clinic in 2012.

**Inpatient Asthma Education**—Clinicians from CAEMR conduct bedside asthma management education for families of children currently hospitalized for asthma with the goal of preventing future hospitalizations. In 2012, the team met with more than 100 families with a child who was hospitalized due to asthma.

Research

CAEMR is involved in several clinical and translational research studies intended to improve the understanding and quality of life among children with asthma. CAEMR is one of only nine pediatric sites across the country participating in the NIH-sponsored Asthma Net, through which a variety of clinical trials are implemented. CAEMR is currently participating in two Asthma Net studies: APRIL-OCELOT is investigating the impact of antibiotics on asthma prevention and INFANT-AVICA is comparing different treatments for young children with persistent asthma and is also looking at the impact of acetaminophen and ibuprofen on asthma control. Other studies include the Study of African-Americans, Genes and the Environment (SAGE) and Genes, Asthma, and Latino Assessment (GALA). Both explore the relationship between race/ethnicity, genes, the environment, and response to particular asthma therapies. CAEMR staff co-authored two journal publications and authored one book chapter in 2012.
Education and Outreach

**CAEMR provides education for the public and for professionals:**

- Camp Breathe Easy, located in a beautiful natural setting outside of Livermore, is a four-day, three-night residential summer camp for underserved children with asthma. About 80 children attended Camp Breathe Easy in 2012.

- CAEMR is an original member of the Alameda County Asthma Coalition, in which it has participated since the coalition was founded in 2002. Annually, CAEMR and the coalition host World Asthma Day at Children’s—an event that incorporates asthma services and education along with games and refreshments for the public.

- CAEMR hosts an AmeriCorps volunteer who provides asthma education and case management for underserved children with asthma for one year. It is the only known AmeriCorps position in the country dedicated to asthma.

- In 2012, CAEMR provided basic asthma training to 30 American Lung Association student volunteers—a key component of their overall training to become asthma instructors in the local schools. Additionally, CAEMR provided asthma training for a health educator at Lifelong West Berkeley Family Practice so that she would be more equipped to provide asthma education to patients. CAEMR also provided anaphylaxis training to 30 Oakland Unified School District nurses and four teachers at the Child Unique Montessori Preschool in Alameda.
Diabetes Program

The Diabetes Program, run by Children’s Division of Endocrinology and Diabetes, provides specialized medical care to children, as well as diabetes education for patients, families, and the greater community.

Direct Services

The Diabetes Clinic—which is staffed by a multidisciplinary team that includes physicians, nurses, dietitians, and social workers—follows more than 1,000 children with diabetes. A physician is available for emergency consultation 24 hours a day. In 2012 the Diabetes Clinic continued an intervention called the Continuous Glucose Monitoring Sensor Program. This program utilizes a 3- to 5-day continuous glucose sensor to provide families and providers more detailed information on the diabetic child’s glucose levels, which leads to more effective prevention of diabetes-related complications. The division also runs an Endocrine Clinic to provide care for other endocrine disorders. The Diabetes Clinic and the Endocrine Clinic together had about 6,000 visits in 2012.

Research

The division is involved with numerous studies related to type 1 diabetes screening, prevention and early intervention trials, type 2 diabetes clinical trials, development of tools for differential diagnosis of type 1 and type 2 diabetes, and genetic studies on diabetics. Physicians in the division published two peer-reviewed journal articles and had a part in organizing nine clinical studies in 2012.

Education and Outreach

The Diabetes Program offers a variety of educational opportunities for patients, families, and other healthcare providers.

- Monthly insulin pump classes are given in English and Spanish for families of children that are interested in going on an insulin pump. Pump therapy in general is reviewed, along with risks, benefits, and different pumps/features available.
- The carbohydrate-counting class teaches basic carbohydrate-counting to help families manage diabetes. These classes are offered monthly in English and Spanish to children newly diagnosed with diabetes and their families, or for those wanting a refresher.
- In 2012 the Diabetes Program organized the Diabetes Back-to-School Conference, which was attended by more than 80 school nurses and other school personnel from throughout Northern California. In addition, the program’s diabetes educator does an annual presentation on pediatric diabetes at Mills College and a carbohydrate-counting workshop for a diabetes educator training program called Becoming a Diabetes Educator.
- Children’s Diabetes Program belongs to the Pediatric Diabetes Coalition of Alameda County. In conjunction with the coalition, the program developed a School Diabetes Management Plan that will be used in schools throughout Alameda County.
- Program staff are also working collaboratively with Alameda County Child Protective Services (CPS) and the Center for the Vulnerable Child to provide support for high-risk adolescent patients with diabetes.
- Lastly, members of the diabetes team have provided the medical support for the Diabetes Youth Foundation’s Camp de los Niños.
Hemoglobinopathy Center

Sickle cell disease and thalassemia are inherited conditions affecting hemoglobin, the protein within red blood cells that is required for transporting oxygen. Sickle cell disease disproportionately affects persons of African descent, and thalassemia disproportionately affects persons of Asian descent. Children’s Comprehensive Center for Hemoglobinopathies, one of the largest in the world, treats about 1,000 children and adults with sickle cell disease and thalassemia each year, provides education to families and other medical providers, serves as a local and international resource, and conducts research and advocacy to improve the survival and quality of life of people with these conditions. Children’s Hospital provides reference laboratory services for the State of California and led a national effort to add screening for hemoglobinopathies into newborn screening programs throughout the U.S. The Comprehensive Center for Hemoglobinopathies has been at the national and international forefront in the understanding of transfusion therapy, iron overload, and the use of sibling cord blood and stem cell transplantation to cure sickle cell disease and thalassemia.

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Direct Services

Northern California Comprehensive Sickle Cell Center (NCCSCC)—Through NCCSCC, a multidisciplinary team consisting of physicians, nurse practitioners, psychologists, and social workers provides comprehensive care in a medical home model. Medical therapy includes hydroxyurea, transfusions, apheresis, chelation, pain management, and bone marrow transplantation. NCCSCC also developed and coordinates the Northern California Network of Care for Sickle Cell Disease, a partnership among local hospitals, clinics, and community agencies to help improve the access to healthcare services for people with sickle cell disease.

Northern California Comprehensive Thalassemia Center (NCCTC)—Multidisciplinary staff offer medical care, education, counseling, and psychosocial services for children and adults who have or who are at risk of having thalassemia, and their families. Comprehensive care includes transfusions, chelation therapy, and bone marrow transplants. The NCCTC provides not only care to patients in Northern California, but also to patients referred here from across the United States and internationally.

Housing for Families: The BMT House—For medical reasons, children who receive a blood and marrow transplant must live within a 20-mile radius of the hospital for 100 days after transplantation. Families who live far from Oakland may stay at the Blood and Marrow Transplant (BMT) House, located one block from the hospital. BMT House is extremely grateful for the generous donations it has received from the community over the years.
Research

For the past 40 years, the NCCSCC and NCCTC have been leaders in NIH-funded multi-center research trials to improve therapeutic options and quality of life of patients with hemoglobinopathies. For many years Children's has been at the forefront of research, using stem cell therapies that have cured patients with sickle cell disease. Currently, there are numerous clinical trials at Children's for patients with hemoglobinopathies.

Additionally, research at CHORI has helped Children's secure medical devices that are used both for research and to help clinicians better diagnose and treat rare blood conditions. As a leader in research, Children's is one of only four locations in the world that uses a SQUID Ferritometer (superconducting quantum interference device) to non-invasively measure the amount of iron in the body of patients with hemoglobinopathies.

In the Bone Density Clinic, specialized equipment helps to better diagnose and treat patients with hematological disorders and other conditions that may impact bone strength. For instance, thalassemia patients are at risk for expansion of bone marrow, resulting in bones that are more brittle than normal.

Education and Outreach

Professional Education

Hemoglobinopathy Reference Laboratory—The Hemoglobinopathy Reference Lab is California’s statewide reference laboratory for diagnosing hemoglobin disorders as well as a national resource to support the diagnosis and treatment of hemoglobin disorders. It provides clinical and diagnostic support to 33 state newborn screening programs. Thousands of newborns are screened for hemoglobin-related disorders, and many affected families are counseled and directed for comprehensive care. The lab also serves as the National Institutes of Health (NIH) Hemoglobinopathy Disease Collaborative Genotype–Phenotype Database to aid in the identification and screening of clinically relevant hemoglobin variants. Additionally, lab employees often give educational seminars for fellow sickle cell counselors within the state of California.

International Advanced Workshop on Sickle Cell Disease—In 2012, Children's again hosted this conference, which brought together hematologists from all over the world and premier sickle cell experts from the U.S. to engage in discourse on research, care, and new treatments and therapies.

Community Education, Awareness, and Outreach

Thalassemia Outreach Program—The Thalassemia Outreach Program does both patient and community outreach using various means, including a newsletter, educational handouts in many languages, booklets, videos, presentations, and in-services.

International Thalassemia Day—On May 8, 2012, thalassemia medical providers joined with patients and families for their second walking event to honor International Thalassemia Day. About 40 people attended this event in Berkeley and San Francisco to raise public awareness about thalassemia.

Thalassemia Patient Support Group—The thalassemia social worker has been meeting with 4–6 patients for a monthly Saturday support group to discuss issues pertinent to their disease—including compliance, morbidity, diet, exercise, and the impact of the disease on their mental health and personal relationships.

Thalassemia Holiday Party—The Thalassemia Outreach team planned their annual holiday party for patients and families in December 2012. Approximately 250 patients, families, and guests attended this event—which included food, games, and music—to foster community support for affected individuals.

Bay Area Adult Sickle Cell Support Group—Children’s and the Sickle Cell Community Advisory Council maintain a support group for adults with sickle cell disease.

Blood Donation and Sickle Cell Awareness Days—Children’s co-sponsors sickle cell awareness events and blood drives that were attended by 250 community members and that yielded 86 units of blood in 2012. These events included World Sickle Cell Day on June 19 and 102 Heroes Blood Drive in September, which is Sickle Cell Awareness Month. Typically sponsoring four blood drives annually, Children’s devotes one drive to thalassemia awareness, while another encourages testing for the sickle cell trait. The thalassemia program hosts an annual blood drive for International Thalassemia Day on May 8. Last year (2012) marked the 11th annual drive. The thalassemia program also collaborates with the community, local businesses, and UC Berkeley to plan blood drives and raise awareness for thalassemia.
Pediatric HIV/AIDS Program

The Children’s Pediatric HIV/AIDS Program (PHAP), established in 1986, offers comprehensive care to children, youth, and their families who are living with or exposed to HIV/AIDS. Because HIV attacks the immune system, it is critical for infected individuals to begin medical treatments with combinations of specific medications early to improve their quality of life and survival. For most individuals, HIV/AIDS is a chronic condition that can be managed for decades with proper treatment and consistent adherence to medication regimens.

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**Clinic Coordinator:** Teresa Courville, RN, MN  
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### Direct Services

**HIV/AIDS Clinic**—Patients at the HIV/AIDS clinic work with a multidisciplinary team of healthcare providers to monitor patients’ care. The team includes a physician, nurse, social worker, nutritionist, and other specialists. About 55 children and teens are currently followed by PHAP staff. Eighteen- to 21-year-olds who were born infected are given special assistance in transitioning from pediatric to adult care, while newly identified teenagers are assisted in obtaining care through the local youth program.

Advances in the prevention of mother–child transmission have dramatically decreased the number of newly infected infants in the United States. However, other countries impacted by HIV/AIDS continue to struggle with this pandemic. Therefore, we continue to see new families who have immigrated to the U.S. in which HIV may be known or may be a new diagnosis, and some families seeking international adoption who may be open to considering a child with HIV infection. The PHAP offers pre- and post-adoption services for families considering adopting one of these special-needs children.

**Family Care Network**—The Family Care Network coordinates primary medical care, case management, and legal and mental health services for people living with or impacted by HIV/AIDS among eight agencies in Alameda and Contra Costa counties. PHAP is the only one of these agencies providing pediatric medical care, case management, and mental health services for children with HIV/AIDS in the East Bay.

**Hope Clinic**—Through collaborations with programs in the Family Care Network, it is possible to identify pregnant women infected with HIV and to keep them in care during their pregnancy, as well as to ensure that their babies get proper treatment and care during and immediately after delivery. Infants born to mothers with HIV are closely monitored for the disease over 4–6 months by Hope Clinic staff until they have been fully evaluated and infection can be excluded. None of the last 385 infants who have come through the Hope Clinic since 1996 have been infected. About 20–30 at-risk infants are followed every year by the Hope Clinic.

**Sexual Assault and Needle Stick Exposures**—PHAP provides preventive and support services and education for child victims of sexual assault and needle sticks who are at risk of acquiring HIV. Approximately 10 child victims of sexual abuse and needle stick exposures are seen by PHAP every year after their initial evaluation in the Emergency Department.
Research

PHAP staff and patients have participated in many clinical trials, including those related to drug development, antibiotics, and vaccine trials to prevent secondary infections.

Education and Outreach

Community Education, Awareness, and Outreach
PHAP regularly educates the community about pediatric HIV/AIDS issues through presentations and seminars. PHAP sponsors and facilitates support groups for families impacted by HIV/AIDS—who face behavioral, mental health, school, and social issues. PHAP hosts an annual holiday party and facilitates opportunities for patients and families to network in the clinic and at social events. In addition, we partner closely with Camp Sunburst and a number of other HIV-specific camps for children, youth, and their families in Northern and Southern California.

HIV testing and counseling is provided at no cost for adolescent patients seen at Children’s Adolescent Clinic, Juvenile Justice Center, Castlemont High School Health Center, Chappell Hayes Health Center at McClymonds High School, and the Emergency Department.

Education for Professionals
The Pediatric HIV/AIDS Program offers a mini-residency program to educate physicians, nurses, and social workers interested in increasing their clinical and psychosocial knowledge about HIV/AIDS. In addition, we share our clinical expertise with medical delegations from countries severely impacted by the AIDS epidemic. Medical teams including doctors, nurses, social workers, and public health/governmental representatives from Côte d’Ivoire, Thailand, Nigeria, and Tanzania have participated in this program.
Psychology Oncology Program

Children’s psychology oncology team is a specialized team of psychologists and neuropsychologists. The team is specifically trained to provide compassionate care and address the special emotional needs of children with cancer and their families. This is the only psychological support program of its kind in the Bay Area.

Program Coordinators: Dina Hankin, PhD dhankin@mail.cho.org and Pam Orren, PhD porren@mail.cho.org

Direct Services

Therapy and Emotional Support—The team provides individual psychotherapy, emotional support, encouragement, and hope to help children, their siblings, and their parents manage the emotional toll of a cancer diagnosis and treatment. Stress management, play therapy, and behavioral modification techniques are also used as needed.

School and Social Reintegration—The cognitive development of children with cancer may be affected by their condition and treatment. Pediatric cancer patients’ school attendance and social interaction are affected. The psychology oncology team provides neuropsychological assessments, school presentations, and individualized advocacy for children who have been out of school or who have cognitive challenges as a result of their treatment.

Teen and Young Adult Cancer Support Group—The Teen Cancer Support Group is a safe place where teens and young adults ages 13–21 can connect to find support, resources, and hope while dealing with a cancer diagnosis and survivorship.

Long-Term Follow-Up Program—The team coordinates and provides outreach and psychological services to multi-disciplinary clinics for pediatric cancer survivors who have completed treatment 2 or more years prior. Participation in these clinics allows survivors to receive information and guidance regarding their medical and psychosocial needs as they progress into survivorship and adulthood.
Camps for Children with Special Healthcare Needs

Camps are an important experience that allows kids to enjoy outdoor activities and make new friends. Throughout the year, Children’s helps to manage several camps for children with special medical or mental health conditions.

<table>
<thead>
<tr>
<th>Camp Breathe Easy (Asthma)</th>
<th>Camp de Los Niños (Diabetes)</th>
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<tbody>
<tr>
<td>In 2012, 81 children with asthma attended Camp Breathe Easy, where they participated in traditional summer camp activities while learning about asthma self-management over four days. Camp Breathe Easy is a residential camp located in a natural setting in the hills outside of Livermore. It is organized and staffed by Children’s Primary Care Clinic.</td>
<td>This one-week residential camp in the Santa Cruz Mountains is for 6- to 12-year-olds with type 1 diabetes. The camp combines traditional camp activities with diabetes education. A Children’s endocrinologist has attended camp as part of the medical staff since 2006. In addition, a certified diabetes educator from Children’s has been on the medical staff since 2012.</td>
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<table>
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<tr>
<th>Camp Creating Confident People (Exposure to Abuse and Violence)</th>
<th>Camp Hemotion (Blood Disorders)</th>
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<tbody>
<tr>
<td>For one week each summer, the Center for Child Protection hosts Camp Creating Confident People, a day camp for 5- to 11-year-olds who have been exposed to abuse and violence. Through interactive activities, camp staff members teach the children about everyday techniques to avoid abuse.</td>
<td>Each summer, Camp Hemotion provides a week-long residential program at Camp Oakhurst, near Yosemite, for 7- to 20-year-olds who have been or are carriers of bleeding disorders and their siblings. Camp Hemotion is the result of a partnership between Children’s and the Hemophilia Foundation of Northern California. Attendees participate in various activities and learn how to better manage their condition—including training in self-infusion. In 2012 the camp had 75 campers.</td>
</tr>
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Healthy Hearts: A Program to Prevent and Treat Childhood Obesity

Childhood obesity is a leading problem in Alameda and Contra Costa counties, where at least one-fourth of 5th through 9th graders are overweight. Children’s supports Healthy Hearts, a program based in the Pediatric Cardiology Medical Group. Healthy Hearts is focused on treating and counseling 2- to 18-year-olds with obesity and/or the complications associated with being obese or overweight, including diabetes, heart disease, and high blood pressure. The Healthy Hearts clinical team includes physicians, a pediatric nurse practitioner, a dietitian, an exercise specialist, a lipid research consultant, and a psychologist. Approximately 350 new patients entered the program in 2012.

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**Co-Director:** Lydia Tinajero-Deck, MD  ☎️ (510) 428-3885, ext. 4624  📧 ltinajerodeck@mail.cho.org
**Co-Director:** June Tester, MD, MPH  ☎️ (510) 428-3885, ext. 2052  📧 jtester@chori.org

**Direct Services**

Healthy Hearts is a year-long program that involves 6 to 8 1-hour visits to the clinic. At each visit, patients receive individualized treatment and counseling with a physician and one of the staff’s specialists. The program aims to promote healthy habits in children. Sessions focus on topics such as mental health, nutrition, and physical activity. Healthy Hearts is offered at Children’s locations in Oakland, Larkspur, Fairfield, and Walnut Creek.

**Research**

Dr. Tester conducts research on how the environment impacts children’s risk for obesity. She has been the principal investigator for a project investigating the role of playgrounds in physical activity and community social capital, as well as a project studying the feasibility of using mobile food-vending to increase access to healthy food in at-risk populations. She is currently conducting a study about concurrent obesity and food insecurity.

In 2012, the Healthy Hearts team participated in Focus on a Fitter Future, a consortium of 20+ pediatric obesity programs in children’s hospitals nationwide. Participation in this research-oriented collaboration has enabled the team not only to be at the forefront of current clinical best practices, but also to be connected to current research endeavors, such as common measurement tools for obesity clinics nationwide.

The Healthy Hearts program also works with research scientists at Children’s Hospital Oakland Research Institute’s Center for Nutrition & Metabolism and Center for the Prevention of Obesity, Cardiovascular Disease & Diabetes.
Education and Outreach

Healthy Hearts maintains an active collaboration with Girls on the Run, which is a local not-for-profit that aims to increase girls’ opportunities for exercise and peer support. In 2012, there were two 10-week sessions where eight Healthy Hearts girls participated in running around Lake Merritt—culminating with a 5K run.

YMCA of Downtown Oakland is also an active Healthy Heart partner, and Healthy Hearts has been partnering with the YMCA’s Teen Fit program. In Teen Fit, adolescents are referred to the YMCA by their physician to participate in a summer program where they are linked with a personal trainer. In 2012, 25 teens participated in Teen Fit. In 2012, the Oakland YMCA also added a Kid Fit program that is similar to Teen Fit, but for children 6 to 12; Healthy Hearts referred 10 patients to this program.

Healthy Hearts participates in various other programs and events in the community to help educate others on how to have a more healthy and active lifestyle. Last year, Healthy Hearts participated in 10 health fairs to help educate young people. Among their other activities in 2012, Healthy Hearts also provided cooking classes to approximately 25 patients, gave health presentations, conducted outreach work at health fairs, and organized bike trips with a community organization called Endurance.
**Community Farmer’s Markets and Dover St. Garden**

Children’s collaborates with a local not-for-profit called Phat Beets Produce to promote healthy eating in patients and in the community through farmers’ markets and a youth community garden.

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**Education and Outreach**

The year-round farmer’s market is located in front of Children’s Outpatient Center and is open every Tuesday for patients and the general public, while another, seasonal farmer’s market that specifically serves the Oakland Senior Center is hosted by the Children’s Hospital Oakland Research Institute. Both markets offer fruits and vegetables grown by local farmers. Weekly fruit and vegetable boxes are available on Tuesday for pick-up or delivery for staff of the hospital who would like to support the market and get fresh produce.

The Dover St. Park Youth Garden was developed near Children’s in 2010. The garden is maintained by adolescents who are participating in the Healthy Hearts program. Vegetables produced in the garden are available to patients in the Healthy Hearts program as well as the general North Oakland community.
Kohl’s Injury Prevention Program

The Kohl’s Injury Prevention Program (IPP), administered by Trauma Services at Children’s, aims to reduce the number of unintentional injuries and fatalities in children younger than 14, primarily through education and by providing equipment to promote safety. About 15 percent of deaths in 10- to 24-year-olds are due to unintentional injuries—not including motor vehicle accidents.

**Injury Prevention Coordinator, Trauma Services:** Bonnie Lovette, RN, MS, PNP  📞 (510) 428-3885, ext. 4703  ✉️ blovette@mail.cho.org

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### Education and Outreach

**Home Safety Improvement Program (HSIP)—**The HSIP is a partnership between the Neonatal Follow-Up Program and Trauma Services. The program’s lessons promote “active supervision” among parents and educate them on how to keep their child safe from burns, choking, dog bites, drowning, falls, gun-related injuries, poisonings, and other causes of unintentional injuries. Home-safety assessments are performed by case managers, and patients’ families receive safety devices such as bathtub thermometers, cabinet latches, doorknob covers, outlet protectors, safety gates, smoke alarms, and window guard “super stoppers.”

**The Prevention of Shaken Baby Syndrome Program (PURPLE)—**PURPLE is an evidence-based program designed to prevent abusive head trauma by teaching parents that crying is normal for a newborn and how to reduce their frustration. Each parent receives their own DVD and educational handouts.

**Safe Sleep Environment Crib Program—**This program teaches parents how to prevent SIDS, overlay, and suffocation in their newborn through safe sleep strategies. The educational DVD produced by American Academy of Pediatrics, Consumer Products Safety Commission, and Keeping Babies Safe is a part of the parent education.

**Car Seat, Special Needs Car Seat and Vests, and Helmet Program—**To promote safer transportation of infants, the IPP provides more than 500 families each year with equipment and education about car seat safety. In fact, every baby in Children’s Neonatal Intensive Care Unit must have an appropriate child passenger restraint before being discharged. Furthermore, IPP does car seat checks, bike safety rodeos, and health fairs, distributing car seats and bicycle helmets to families in the local community.

**OUCH—**OUCH is a “social marketing campaign” aimed at providing helpful safety tips to caregivers of young children. The program was launched in 2011 and continued in 2012. Families who subscribe receive two or more text messages each month in English or Spanish related to health and safety. Many agencies and organizations in both Alameda and Contra Costa counties have signed formal memorandum of understandings to endorse this innovative method of education.

The IPP also creates a variety of education materials—including booklets, a calendar, a DVD, and flyers—to promote the prevention of unintentional injuries to children.
Sports Medicine Center for Young Athletes

Sports injuries have received increased attention as a public health issue in recent years. Injuries sustained in athletic events can affect young people for the rest of their lives. The Sports Medicine Center for Young Athletes (SMCYA) provides medical care and rehabilitation of sports-related injuries. In addition, the Center provides prevention-oriented education, outreach, and services for young athletes throughout the East Bay.

**Administrative Office:** 📞 (510) 428-3558  
**Management Coordinator:** Michelle Cappello, MSPT 📞 (510) 428-3885, ext. 5082 📧 mcappello@mail.cho.org

**Education and Outreach**

The SMCYA coordinates on-site athletic trainers to be present at all North Coast Section high school championship events and an athletic trainer for all Oakland Athletic League football games and sports championship games. The trainers work with these young athletes to prevent and treat injuries.

SMCYA staff provides on-site injury prevention services for Tommie Smith Running Club track meets, trains track coaches, and supervises the club’s youth injury prevention system. The Tommie Smith Running Club promotes track and field in 8- to 18-year-olds.

The Center also provides education on sports medicine topics to medical professionals and the general public through annual medical conferences, monthly community lectures, and general seminars. Each year, more than 25 seminars take place across Alameda and Contra Costa counties.
# Health Education for Patients, Families, and the Public

Children’s staff members are often out in the community providing their expertise to the public—such as patients and their families, foster parents, students, and professionals who work with children—on a variety of health-related topics. Below are some examples from 2012.

## Division of Audiology

In 2012, the Audiology department continued the use of a cochlear implant educator, researcher and outreach liaison for the cochlear implant program and the department. The department continued to provide support groups for cochlear implant patients, their families, and families of children considering implantation.

## Center for the Vulnerable Child (CVC)

Various CVC programs educate caregivers and professionals who work with at-risk children.

## Division of Endocrinology and Diabetes

The Division’s annual Family Diabetes Conference teaches families about diabetes and disease management. In 2012, the diabetes team hosted an educational conference for school nurses and other school personnel and maintained an informational table at the Juvenile Diabetes Research Foundation (JDRF) Walk to Cure Diabetes at the Oakland Zoo.

## Health Information on the Web

The public can access information on health topics and Children’s resources through the hospital’s website and its Facebook, Twitter, and YouTube pages.

## Medical Social Services

Staff visited Oakland high schools during National Social Work month (March) to teach teens about medical social work.

## Neurosurgery Department

Brain and spinal cord injury prevention are taught to 1st, 2nd, and 3rd graders and to high school students in the Bay Area through the Neurosurgery department’s ThinkFirst Program.

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## Pediatric HIV/AIDS Program (PHAP)

PHAP staff educate foster parents, social workers, and health outreach workers about HIV/AIDS.

## Primary Care Clinic

Parenting and health education classes on a variety of topics are provided to schools and agencies that serve families.

## Psychiatry and Developmental & Behavioral Pediatrics Departments

Teens, foster parents, teachers, family court judges, and healthcare professionals are taught about psychiatric health topics through classes provided by the staff.

## Pulmonary Medicine Division

- **CPR Training**—Pulmonary patients and families are taught CPR prior to being discharged from the hospital.
- **Cystic Fibrosis (CF) Family Education Days**—CF education (including a Spanish session) is provided in Oakland, San Francisco, and Reno for CF families several times annually.

## School-Based Mental Health Consultation

The School-Based Mental Health Program, a collaboration between Mental Health & Child Development and Adolescent Medicine, is a source of expertise on the intersection of schools and mental health. A training and consultation program has been developed for school professionals and mental health providers who work with schools. The team conducts trainings throughout Alameda County and California.

## Sports Medicine Center for Young Athletes

Staff provide education on injury prevention and other sports medicine issues to the public.
Juvenile Justice Center Clinic

Children’s Division of Adolescent Medicine is contracted to run a comprehensive on-site medical clinic at the Alameda County Juvenile Justice Center (JJC). The JJC is a 360-bed detention facility that houses juvenile offenders from Alameda County and is part of the Alameda County Probation Department.

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Supervising Physician: Barbara Staggers, MD (510) 428-3885 ext. 2742 bstaggers@mail.cho.org

Approximately 3,800 children/youth received healthcare services at the JJC medical clinic in 2012; about three-fourths of these patients are from Oakland. Medical staff at the JJC clinic includes MDs, dentists, NPs, RNs, LVNs, MAs, discharge coordinators, and clerks. Additional contracted staff includes an optometrist, orthopedist, radiology technician, and chiropractor. Other doctors, such as OB-GYNs, work with the program on an on-call basis. Children’s also provides clinical services at Camp Willmont Sweeney, a facility that serves as a transition housing/placement facility for about 6 to 9 months for JJC inmates before release to the community.

Children and youth who need additional specialty care or acute services are brought to Children’s main hospital. Nearly all JJC detainees are released back into their communities after their detention. Children’s aims to ensure these children/youth are healthy, as poor health is one of the main barriers to a successful transition back to school or employment.

Comprehensive Primary Care Services at JJC and Camp Willmont Sweeney

- Intake evaluation and 96-hour physical exam
- Point-of-care testing and blood draws
- Screening and testing for sexually transmitted diseases
- Care for illness and/or injury
- Referrals to ED/hospital/specialists
- Immunizations
- Medication management
- Radiology
- Dental screening and procedures
- Health education
- Chiropractic services
- Optometry: screening, diagnosis, prescribing, and allocation of eyewear on-site
- Nutritional evaluation by a nutritionist
- Assistance with transition for community re-entry
School-Based Health Centers

The Youth Uprising/Castlemont Health Clinic, located next to the Castlemont Community of Small Schools in East Oakland and the Chappell Hayes Health Center, located on the McClymonds Educational Complex campus in West Oakland, is operated by Children’s Divisions of Adolescent Medicine and Mental Health & Child Development in collaboration with the Oakland Unified School District and the Alameda County Health Care Services Agency.

Contact: Sharry Goree  sgoree@mail.cho.org

The school health centers provide a safe and convenient place for students to receive integrated, comprehensive medical and mental health services. Our specially trained teams look at all aspects of an adolescent’s life to help address the many medical and mental health issues they could be facing. The Youth Uprising/Castlemont Health Clinic sees students from Castlemont High School as well as members of the community ages 11–24. The Chappell Hayes Health Clinic sees students from McClymonds High School as well as members of the community ages 11–21. Both sites are integrated into full-service youth and/or family centers that promote youth development and serve as national models for adolescent healthcare.

The School-Based Mental Health Program has been providing comprehensive, integrated mental health services at these two school-based health centers since 2003. Youth Uprising/Castlemont Clinic—which operates a full-time comprehensive team of six therapists and a psychiatrist, as well as comprehensive medical services—is the hub for teachers, parents, and students to coordinate therapy, care, support, and help. The Castlemont site is now the highest-volume school-connected mental health site in Alameda County. The sites’ School-Based Mental Health Program has become a national model for the integration of medical and mental healthcare, and it has been cited for success at addressing underlying social stressors related to mental health. The program has developed a training and consultation program for school professionals and mental health providers who work with schools, and it has contracts to conduct trainings throughout Alameda County and California. In late 2012, Children’s was awarded a competitive federal capital grant to nearly double the size of the Youth Uprising/Castlemont Health Clinic.

Clinical services at the school-based health centers include the full spectrum of comprehensive adolescent healthcare:

- Routine preventative care
- Immunizations
- Nutrition counseling
- Sports physicals
- Reproductive healthcare
- Treatment of sexually transmitted infections
- Physical and sexual assault treatment
- Management of chronic medical conditions
- Mental health services
- Acute Illness management
- Psychosocial support
Primary Care Clinic, Community-Based Programs

Children’s Primary Care Clinic sees more children—about 10,000 each year—than any other primary care provider in the region. It provides for the basic healthcare needs of primarily lower-income children from birth to age 19—including routine preventative care, chronic disease management, and immunizations. In addition, the Primary Care Clinic provides health education, participates in translational research, offers social and mental health services, and plays a key role in training the next generation of pediatricians.

Administrative Office: ☑ (510) 428-3129
Associate Director: Kelley Meade, MD ☑ (510) 428-3885, ext. 2793 ☐ kmeade@mail.cho.org

Specialized Clinics

**Continuity Clinic**—Children who are discharged from the hospital but do not have a primary care provider can continue to receive follow-up and primary care at the Continuity Clinic.

**International Clinic**—The International Clinic delivers the same services as the main Primary Care Clinic but is culturally and linguistically tailored for non-English speakers; interpreters for 31 languages are available. In 2012, there were 370 visits to the International Clinic.

**Encore Medical Clinic and Foster Care Clinic**—The Primary Care Clinic, in collaboration with the Center for the Vulnerable Child, provides a medical home for homeless children at the Encore Medical Clinic and for children in foster care at the Family Outreach and Support Clinic.

**Asthma Clinic**—The weekly Asthma Clinic provides medical care and asthma management education for families who have children with particularly complex cases of asthma. The Asthma Clinic is staffed by a multidisciplinary team, including physicians, nurses, and health educators. The clinic saw more than 600 patients in 2012.

**Research**

The Primary Care Clinic serves as a study site for Children’s Pediatric and Clinical Research Center (PCRC). The clinic participates in clinical and translational research studies that have broad public health importance. Current studies focus on asthma, immunology, and vaccine development. In addition, the clinic participates in formal evaluation studies of public health interventions.

Education and Outreach

**Clinical Effort Against Secondhand Smoke Exposure (CEASE) Program**—The CEASE Program encourages parents who expose their children to tobacco smoke to stop smoking by providing them with on-site counseling at the clinic and referrals to the California Smokers’ Helpline.

**Reach Out and Read**—This program gives away a new donated book to every child aged 6 months to 5 years who makes a well visit to the Primary Care Clinic. Reach Out and Read aims to increase literacy rates in order to help improve poverty status and health outcomes.

**Health Education and Parenting Classes**—Health education and parenting classes are also conducted by primary care physicians and residents at various community locations, including preschools, the El Grupo parent support group, Juvenile Justice Center, Lincoln Child Center, Oakland WIC, Oakland Public Library, and Project Pride.

**Safety Products**—In conjunction with Children’s Trauma Center and the Alameda County Public Health Department, we provide education and new equipment to parents of infants and toddlers to help protect them against injury and accidents in the home.

Policy/Advocacy

**Community and Advocacy Program (CAP)**—Through CAP, pediatric residents are trained in political and patient-based advocacy in order to become more familiar with the community in which they serve.

**Medical-Legal Program**—The Primary Care Clinic has partnered with the East Bay Community Law Center to provide patients with pro bono legal services on cases related to their health issues. This service has been expanded to other departments within the hospital setting.
Child Life Program

For many children, being in a hospital can be a stressful experience. The Child Life Program at Children's is designed to help young patients and their families cope with this anxiety by reducing their psychological trauma while they are in the hospital. Certified child life specialists provide specialized or group therapeutic activities to prepare children for procedures and help them cope with the hospital experience. There are also areas in the hospital designated for playtime and relaxation for children and teens. Thousands of children participated in one or more of the following programs in 2012.

Manager: Mary Kelly, MA, CCLS 📞 (510) 428-3520 📧 mkelly@mail.cho.org

| **Artist in Residence Program** |  |
| Children can receive specialized one-on-one or group sessions with an artist-in-residence. |

| **Art While You Wait Program** |  |
| Art materials are available for patients and their siblings to use while they are awaiting clinic appointments, surgery, or treatment in the Emergency Department. |

| **Child Life Internships** |  |
| Full-time child life internships are available in spring and summer for applicants currently enrolled in, or graduated from, a Child Life Master’s degree program. |

| **Family Resource & Information Center (FRIC)** |  |
| At the Family Resource & Information Center, patients and families can meet other families, use the Internet, and get information about health issues and hospital and community programs. |

| **Hospital School Program** |  |
| Oakland Unified School District–accredited teachers conduct classroom and bedside education sessions for K-12 and provide GED and SAT tutoring Monday through Friday while children are in the hospital and out of school. Reverse field trips are also available—such as visits from the SF Exploratorium, BayKids, and WonderWorks. In 2012, there were five teachers who made over 6,000 contacts with children through this program. |

| **Infant and Toddler Time** |  |
| The Infant and Toddler Time program provides a non-medical setting for parents to interact and play with their young children in the hospital’s playroom. For parents who would like to take a break, Child Life staff and trained volunteers are also present to supervise their children. |

| **Jared Kurtin Music Therapy Program** |  |
| Two board certified music therapists are available to conduct individual, family, or group sessions, using a variety of modalities. |

| **Playroom** |  |
| In the playroom, children can play with age-appropriate games and toys and utilize a variety of art supplies. |

| **Pre-Operative Program** |  |
| Children and their families can learn about their upcoming procedure from a child life specialist, who may use dolls and medical play to simulate medical procedures to reduce a child’s fears. |

| **Procedural Support** |  |
| Families can request a child life specialist to support their child during medical procedures. |

| **Teen Lounge** |  |
| Teens can participate in discussions, art, music, video games, and other activities in the teen lounge. |

| **Child Life at Shadelands** |  |
| A child life specialist is available full time at our Shadelands facility in Walnut Creek. It is the only medical facility in Contra Costa County to offer a child life specialist. |
Other Family Services

An essential part of treatment and care for many children at Children’s is the support services that are provided for young patients’ families to help them adjust to their situation.

**Blood and Marrow Transplantation (BMT) House**

The BMT House provides housing for families who have children receiving a blood and marrow transplant at Children’s and live farther than 20 miles from the hospital.

**Contact:** Cindy Lehmann ☎️ (510) 428-3885, ext. 5214

**Chaplaincy Services**

Families can receive non-denominational support, follow-up care, and grief counseling provided by Sister Bernice Gottelli, PBVM, or by neighborhood clergy. Children’s also maintains a Reflection Room, which provides visitors a secluded and quiet location for spiritual and personal reflection.

**Contact:** Sister Bernice Gotelli, PBVM ☎️ (510) 428-3885, ext. 2676

**Family House**

The Family House provides sliding-scale fee lodging and meals for families who live 100 miles away or further from Children’s. It consists of 16 bedrooms, a playroom, a gym, and a common kitchen, living room, and laundry room on each of the two floors. Family House is also available to families with children in the hospital who are not staying at Family House but wish to take advantage of a free meal or use the shower or laundry facilities.

**Contact:** Rachele Patin Mohamed ☎️ (510) 428-3100

**Financial Services**

All families who are identified as self-payers for their medical care are screened by Financial Services staff to determine whether they are eligible for public health insurance so that they can receive the best care coverage possible. Hundreds of families in 2012 were given help in filing Medi-Cal applications.

**Interpreter Services**

Children’s offers qualified medical interpreters free of charge 24/7 to our patients and parents/legal decision-makers who have limited English proficiency or who are deaf or hard of hearing. In 2012, Children’s provided interpreter services in 56 different languages.

**Contact:** Nancy Stern ☎️ (510) 428-3885, ext. 4542

**Medical Social Services**

Medical Social Services staff members are available to assist families with hospital and community resources. The department also provides psychosocial services such as bereavement counseling and family therapy to help families adjust to the hospital experience. Social workers help avoid delays in inpatient discharges, as they work with families on practical issues to get them ready to leave. Social workers identify family issues that are often valuable knowledge to the physicians, and they also handle Child Protective Services obligations that otherwise would fall on other clinical staff.

**Contact:** Marsha Luster, MSW ☎️ (510) 428-3325

mluster@mail.cho.org
Palliative Care

In 2012, Children’s continued its formal Palliative Care Program, which was initiated the year before. The program is delivered by an interdisciplinary team that includes the child, family caretakers, and healthcare professionals, including doctors, nurses, social workers, chaplains, child life specialists, and other specialists.

Palliative care aims to reduce pain and other distressing symptoms for the child; focuses on the physical, emotional, and spiritual needs of the child and family; begins at the same time as life-prolonging care and/or curative treatment, or is the main focus of care; and supports the family’s goals for the future. The Palliative Care team is available for consults on an inpatient and outpatient basis and can help with advanced care planning and decision making, care coordination, and referrals, as well as extended support through expressive therapies, including art and music therapy.

Children’s received a Proclamation from the Board of Supervisors, County of Alameda, State of California, determining Tuesday, November 15, as “Pediatric Palliative Care Awareness Day.” Children’s holds an annual Pediatric Palliative Care seminar on November 15 to raise awareness.

Contacts: Claire Vesely, RN, Program Coordinator
☎ (510) 428-3768
✉ cvesely@mail.cho.org

or Vivienne Newman, Medical Director
✉ vnewman@mail.cho.org
Professional Education at Children’s

Education is part of Children’s mission, and it maintains an array of professional training programs across several disciplines.

Contact: Jim Wright, MD (Graduate Medical Education) jawright@mail.cho.org
Nancy Shibata, RN, MSN (Nursing Education) nshibata@mail.cho.org

Graduate Medical Education

Residents—Children’s expanded its well-known three-year pediatric residency to 86 residents in 2012, as the recipient of a Primary Care Residency Expansion Grant from the Federal Department of Health and Human Services. There were more than 750 applicants for 30 first-year resident (intern) positions to start in June 2013. As part of their required training, residents spend several months on the Community, Advocacy, and Primary Care (CAP) rotation, where future pediatricians learn how to advocate for the rights, safety, health, and education of children and their families. During their CAP rotation, residents visit more than 20 community sites. They do health education at some of the sites, and a few residents develop grant-funded projects in their second year of training. Residents also evaluate patients’ homes as part of the Alameda County Healthy Homes Project, where they educate families about home safety. Residents enable Children’s to serve a disenfranchised population of at-risk kids and a large percentage of Children’s residents go on to practice in local underserved communities. Forty percent of residents go into fellowship training to become pediatric subspecialists.

An additional 200 residents from 14 non-Children’s programs rotated through Children’s in 2012. Residents in emergency medicine, general surgery, orthopedics, anesthesiology, neurosurgery, radiology, and other areas come to Children’s for the pediatric experience in their specialty.

Specialty Fellows—Children’s had 25 pediatric specialty fellows in 2012 in the areas of critical care medicine, emergency medicine, hematology/oncology, infectious disease, and pulmonology.

Medical Students—Children’s provided month-long training in 12 pediatric specialties for more than 50 medical students in 2012 from medical schools across the country.

Nursing Education

The Nursing Division provides clinical placements for students from 15 schools of nursing. Clinical placements are made in a variety of settings, including inpatient units, preceptorships with advanced practice nurses, administrative nursing preceptorships, and preceptorships in specialty areas such as the Emergency Department, Surgical Services, Ambulatory Services, and the Juvenile Justice Center. In 2012, Children’s provided pediatric nursing training to more than 620 nurses from schools of nursing throughout the U.S.

Children’s offers two nursing scholarships. The Ava Elliot Scholarship provides nursing school tuition support, and the Ava Elliot Excellence in Nursing Award provides tuition support for continuing education for nursing staff.

Children’s also provides regular, ongoing training to certify its own nurses, as well as nurses in the community. Classes provided in 2012 include American Heart Basic Life Support Certification, Pediatric Advanced Life Support Certification, Pediatric Hematology Care, Pediatric Chemotherapy Certification, Pediatric Oncology Care, Pediatric Acute Care Skills Day, Perioperative Skills Day, Neonatology Nursing Update, End-of-Life Nursing Education, and Pediatric Intensive Care Nursing Update.

Contact: Mari Ikeda, Program Coordinator (510) 428-3251 mikeda@mail.cho.org

Professional Interns

Psychology—Children’s had five psychology post-docs, four pre-docs, three practicum students, and two infant development specialist interns working across multiple programs in 2012.

Radiology—The Division of Diagnostic Imaging hosts radiology students from Merritt College.

Chaplaincy—Sister Bernice oversees three chaplaincy interns from the Jesuit School of Theology.
Education for Professionals in the Community

Children's provides continuing medical education (CME) and training to both Children's and community-based medical professionals, in many cases, CME credits are available. In addition to the activities listed below, many departments at Children's educate other professionals through the Physician Lecture Series at various community locations.

<table>
<thead>
<tr>
<th><strong>Grand Rounds (CME)</strong></th>
<th><strong>Early Intervention Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's hosts weekly presentations on health topics of local, national, and international importance. Several prominent speakers are scheduled.</td>
<td>EIS helps train medical and social services professionals in strategies for meeting the mental health needs of children through the Irving B. Harris Early Childhood Mental Health Training Program, the Consultation and Training Team, and Another Road to Safety and Paths to Success. Nearly all early childhood providers in Alameda County were trained by EIS staff.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Monterey Continuing Education Course (CME)</strong></th>
<th><strong>Gastroenterology Division</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2012, this three-day CME conference occurred in beautiful Monterey. The theme was infectious diseases in pediatrics. More than 200 professionals from several states attended the conference.</td>
<td>The division's staff have organized conferences for suppliers of celiac disease products as well as hosted conferences for patients and families. Staff have also organized events, like zoo day for families of patients with mucopolysaccharidosis.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Audiology Division</strong></th>
<th><strong>Hematology Division</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>For many years, Children's Audiology Division has assigned a cochlear implant educator, researcher, and outreach liaison to provide education and support to the deaf/hard-of-hearing specialists who follow children with cochlear implants in local school districts. Additionally, other programs and events are often organized to educate local physicians, speech pathologists, audiologists, and parents of kids who have been diagnosed with CAPD.</td>
<td>Hemoglobinopathy Lab staff gives seminars on sickle cell for the state's sickle cell counselors. Children's is also a participant in The Talking Drums Project, which offers educational events on sickle cell disease to medical providers, among other services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Center for Child Protection</strong></th>
<th><strong>Pediatric and Neonatal Intensive Care Units (PICU and NICU)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The center’s DOVES Project conducts various services and activities—one of which is to provide education on domestic violence topics to pediatric healthcare professionals.</td>
<td>The PICU and NICU sponsors training in the care of sick newborns for medical providers throughout the region and provides remote consultation.</td>
</tr>
</tbody>
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<tr>
<th><strong>Research Seminar Program at CHORI</strong></th>
<th><strong>Pulmonary Medicine Division</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>As part of our commitment to education, CHORI established the Weekly Seminars, a regular opportunity for educational enrichment for CHORI's principal investigators, the scientific community, and the public at large. Seminars are held in CHORI's “Little Theatre,” which has been restored to its original state, circa 1923, providing a historic setting with state-of-the-art digital equipment for national and international leaders in all areas of scientific research to present their newest ideas and explorations.</td>
<td>The Pulmonary Medicine Division provides training for lung diseases for medical providers and professionals who work with children. Since 2000, the division has run an accredited pediatric pulmonary fellowship program to teach pediatricians who desire to enter this field and become board-eligible. It offers lectures to the community, for professionals and for parents regarding care for common issues like asthma. In addition, it offers educational days for families of children with cystic fibrosis and their extended families multiple times annually.</td>
</tr>
</tbody>
</table>
CHAMPS: Community Health & Adolescent Mentoring Program for Success

Formerly known as the FACES for the Future Program, the Community Health & Adolescent Mentoring Program for Success (CHAMPS) at Children's offers several educational programs geared to help high school students of racial and ethnic minorities explore the healthcare and biomedical research professions, such that these professions eventually become more representative of California's own diverse population. The long-term goal of CHAMPS is to improve healthcare access and reduce the health disparities present in our society. The CHAMPS Program partners with local high schools, health academies, universities, medical schools, and residency programs.

Administrative Office: ☏ (510) 428-3681
Co-founder: Barbara Staggers, MD ☏ (510) 428-3885, ext. 2742 ☎ bstaggers@mail.cho.org
Administrative Director: Shanta Ramdeholl, RN ☏ (510) 667-3131 ☎ sramdeholl@mail.cho.org

Clinical Internships & Health Careers Training Program

Each year, approximately 100 high school sophomores from the Oakland and Berkeley Unified School Districts participate in this three-year healthcare and biomedical research internship program. There are four core program components: clinical internships, which let student scholars gain experience working in the healthcare field; academic enrichment, which provides students with SAT and college preparation and career planning; psychosocial services, which offers case management and counseling for students; and youth leadership development. In 2012, 30 scholars graduated from CHAMPS, and 93 percent were accepted to college. Alumni of the program have also returned to support current students through annual alumni panels as well as through providing motivation and college transition support.

Pre-Health Summer Programs

The Pre-Health Summer Programs (Pre-Medical and Pre-Nursing Health Programs), which last for two weeks, allow high school students who are at least 15 years old to learn about the medical and nursing fields through anatomy labs, field trips, and workshops covering clinical skills, medical ethics, and other related topics.

Peer Health Leaders Program

CHAMPS Program and the McClymonds Youth & Family Center have collaborated to create the Peer Health Leaders Program, a peer–health education program that trains students to lead workshops on relevant topics such as pregnancy prevention, violence prevention, and healthy relationships with peers.

Transition Pathways at the Juvenile Justice Center

JJC Transition Pathways provides healthcare and other employment training for youth who are or have been in detention at the Alameda County Juvenile Justice Center in order to lower their risk of recidivism and re-incarceration. Program staff members teach participants life skills and connect them to vocational training, provide field placement, and help them with the employment process.

Youth Health Educators

Students from the three-year Clinical Internships & Health Careers Training Program receive training to become Youth Health Educators. They deliver health lessons to elementary school students, especially on illnesses and conditions that are more prevalent in minority groups, and run the Family Health and Science Festival, a fun and educational event for the general public.

Bridging the Gap

In 2012, the CHAMPS Program continued to collaborate with Samuel Merritt University’s School of Nursing to bring nearly 100 CHAMPS interns to the Health Sciences Simulation Center, allowing an early glimpse into nursing education. CHAMPS interns attend full-day workshops in an effort to build solid pathways to higher education in health careers. Students participated in patient scenarios and made connections with current nursing students and faculty, receiving mentorship and guidance.
CHORI Summer Student Research Program

High school, college, and graduate students who are interested in pursuing careers in biomedical, clinical, and biobehavioral research have an opportunity to participate in CHORI’s award-winning Summer Student Research Program. The nine-week summer program involves placement in a research setting under the guidance of a mentor, as well as numerous enrichment activities. The program culminates in the day-long CHORI Research Symposium, at which students present their research findings to their peers, mentors, friends, and family. About 70 percent of all attendees are students from racial/ethnic groups traditionally underrepresented in the biomedical sciences. Although some students come from other states, most live or attend school in the local community.

The CHORI Summer Student Research Program was founded in 1981 by Children’s current CEO as a way to provide mentored opportunities to students to help them explore and gain experience in research. The program has steadily grown, averaging 46 students per year for the last five years. More than 500 students have gone through the program to date. In 2012, the program celebrated its 30th year: Forty-four students participated, two-thirds of whom performed basic research, and the rest clinical/behavioral research. Typically 5–10 students in each cohort are high school students who are recruited primarily from local schools with whom CHORI has partnered.

Contact: Debra Ellen dellen@chori.org

Stories

One student participated in the program for two summers as a rising junior and senior, and he continued his work in the mentor’s lab during the academic year. His sustained interest and participation recently earned him a first authorship in an article in a peer-reviewed publication. He also presented his research work at numerous national/international conferences, won several competitive awards, will be a co-author in two more papers, and is determined to apply for a MD/PhD program.

Another participant started off as a junior from St. Mary’s College of California. She worked on a basic science project on the use of a cyclodextrin derivative for the treatment of Niemann–Pick type C disease and, in 2012, on a clinical research project on early consequences of damage to the prefrontal cortex. The summer program helped her in preparing applications for the Rhodes and Fulbright scholarships for the year following her graduation. She was selected for the 2012–2013 J. William Fulbright Foreign Scholarship award to Spain, where she worked in a melanoma lab at the Spanish National Cancer Research Center. The summer program helped reinforce her research interest.

These are only a couple of the many success stories of this program.
Advocacy
Advocacy at Children’s spans a range of activities. It includes formal representation by Children’s, as well as advocacy and leadership by its employees working as representatives of Children’s.

Advocacy

Legislative Visits—Children’s enhances its advocacy efforts through personal visits with state and federal legislators. The Children’s manager of government relations and public policy meets regularly with local, state, and federal legislators to discuss issues impacting Children’s and the children we serve. In 2012, Children’s communicated with legislators regarding:
- funding and financing legislation
- the hospital’s role as a safety net in the East Bay community
- the work of hospital-supported and -affiliated programs that serve low-income and minority communities in Alameda and Contra Costa counties.

Community and Advocacy Program (CAP)—CAP is an advocacy curriculum for our medical residents. Second- and third-year residents spend several weeks participating in CAP. The goal of the program is to train the next generation of doctors to advocate for their patients, particularly the underserved. Through CAP, residents learn about programs such as WIC and food stamps, as well as the welfare and legal systems. Residents also spend time on site with many service-oriented organizations throughout the community in order to gain a firsthand understanding of what these entities do and how they function. The residents also travel to Sacramento to educate legislators about issues critical to pediatric health.

Membership in Advocacy Organizations—Members of Children’s administration and the medical staff play an active role in advocating on a local, state, and national level. National-level advocacy is frequently through not-for-profit trade associations and professional organizations such as the California Children’s Hospital Association, the national Children’s Hospital Association, the California Medical Association, and the American Academy of Pediatrics.

The table below shows some of the local and national advocacy organizations in which Children’s and its employees have a leadership role:

- Alameda Alliance for Health, Board of Directors
- Alameda County Asthma Coalition
- Alameda County Behavioral Health Care Services Early Connections Design Team
- Alameda County Child Abuse Council’s Multi-disciplinary Team
- Alameda County Early Childhood Policy Committee
- Alameda County EMS Car Seat Group
- Alameda County Food Bank
- Alameda County Health Workforce Pipeline Coalition
- Alameda County SART Leadership Council
- American Academy of Pediatrics, Board, Calif. Chapter
- American Board of Pediatrics
- Berkeley Health Task Force
- Berkeley Youth Alternatives
- California Adolescent Health Collaborative
- California Children’s Hospital Association
- California Institute for Regenerative Medicine, Board
- California Medical Association
- California Thoracic Society Pediatric Committee
- California Wellness Foundation, Board
- Childhood Injury Prevention Network
- Children’s Regional Integrated Service System
- Coalition of Freestanding Children’s Hospitals
- Ethnic Health Institute
- Family Care Network Leadership Council
- First 5 Alameda County
- Health Careers Connection
- Hepatitis B Free Alameda
- Medical Education Cooperation with Cuba
- National Association of Pediatric Nurse Practitioners
- Oakland Gang Prevention Task Force
- Pediatric Diabetes Coalition of Alameda County
- Safe Passages
- School Lunch Initiative with Berkeley School District
- Sickle Cell Advisory Committee
- Temescal Business Improvement District
Children’s Global Health Initiative

Children’s provides benefits not only to the local community, but also to the global community through its Children’s Global Health Initiative (CGHI). Children in developing countries represent the greatest opportunity for improving health and decreasing mortality. CGHI’s motto is “Treating Locally, Healing Globally.”

**Contact:** Deborah Dean, MD, MPH  ddean@chori.org

Launched in 2008 by executive director Deborah Dean, MD, MPH, as a joint project of Children’s physicians and CHORI scientists, CGHI’s mission is to enable sustainable global health for children and their communities through education, training, clinical care, and translational research.

CGHI enables Children’s to have an even greater global impact by providing clinical services and training, conducting translational research, building clinical and research capacity abroad, fostering international partnerships, conducting foreign exchanges of physicians and scholars between those in the U.S. and those in other countries, hosting conferences, and establishing a clearinghouse of research that addresses global health issues. We work in countries by invitation only to translate and transfer our medical and research expertise by training in-country healthcare workers, providing technology transfer to enhance prevention and treatment, and developing research programs that address the diseases these countries encounter every day. In this collective way, we build sustainable programs that suit the needs of the community. In turn, we learn from our colleagues in other countries.

Examples of health issues CGHI’s researchers and clinicians are working on in other countries include Rift Valley fever, sickle cell disease, behavioral disorders, AIDS, thalassemia, iron deficiency, lead absorption, meningitis, tuberculosis, pneumonia, trachoma, human cytomegalovirus, diabetes, sexually transmitted chlamydia, osteoarthritis, leishmaniasis, glucose intolerance, congenital heart disease, trichiasis, obesity, diabetes, cleft palate, stem cell therapies, prematurity in infants, and folate supplementation.

There are three focused country programs: Ecuador, Uganda, and Vietnam. A number of CGHI’s clinicians have gone on humanitarian missions. In 2010, a team helped launch Holy Innocents Children’s Hospital Uganda, the country’s first-ever pediatric hospital. The team provided 700 pounds of medical supplies and assisted with the neonatal unit, nutrition, mental health, and emergency medicine. In 2012, the team continued to visit Holy Innocents for training in neonatal resuscitation and to set up basic electrical and clinical needs to better serve the children. Our Vietnam program is focused on maternal and child health, introducing the first locally available food supplement to decrease maternal infections, prevent fetal death, reduce incidence of low birth weight, and improve infant health for the first two years of life. In Ecuador, Children’s researchers are studying sexually transmitted diseases to learn how to better prevent these infections through various interventions.

Other CGHI’s clinicians have recently gone to Haiti, China, Nigeria, Lesotho, and Zambia, to name a few.

Below is a map of countries where CGHI’s researchers and clinicians have projects. Details of the specific activities in each country can be found at www.childrensglobalhealth.info.

### Countries and areas with which Children’s works:

**Africa:** Benin, Ethiopia, Kenya, Lesotho, Mali, Nigeria, Senegal, Uganda, Zambia

**Americas:** Argentina, Belize, Canada, Chile, Cuba, Ecuador, Guatemala, Honduras, Mexico, Peru

**Asia:** China, Japan, India, Korea, Laos, Nepal, Palestinian Territories, Turkey, Vietnam

**Europe:** Albania, Austria, Belgium, France, Georgia, Germany, Italy, Netherlands, Portugal, Russia, Spain, Sweden, United Kingdom

**Pacific:** Australia
Community Building and Trauma Care Services

As the Bay Area’s only designated Level 1 pediatric trauma center exclusively for kids, Children’s provides immediate, highly specialized pediatric emergency services, 24 hours a day, seven days a week. Children’s Trauma Center has 24-hour in-house staff and resources that include Emergency Department-attending physicians who are pediatric specialists in emergency medicine, trauma surgery, anesthesiology, neurosurgery, orthopedics, diagnostic imaging, and critical care. Children’s maintains an extensive in-house and outpatient Rehabilitation department for pediatric trauma patients. The Trauma Center also supports an injury prevention program for the hospital and the community. In 2012, about 675 children required Children’s trauma team activation. Children’s loses money on trauma care due to poor reimbursement.

Trauma Care
Volunteerism

Children’s offers a variety of volunteer opportunities for people ages 16 and older. More than 1,000 volunteers generously donate their time at least once per week—a large number of whom are people interested in health and affiliated careers. Volunteers at Children’s truly reflect our community and speak more than 60 languages collectively.

Contact: Susan Martinez ✉ smartinez@chori.org

In 2012, volunteers supported patient care areas such as the Playroom, Teen Lounge, School Program, NICU, Emergency Department, Attack Asthma Clinic, the Reach Out and Read program in Primary Care, Healthy Hearts Program, Palliative Care, Sports Medicine Clinics (Oakland, Walnut Creek), Surgery Centers (Oakland and Walnut Creek), Juvenile Justice Center, Day Hospital, Trauma Services, Katy’s Clinic, Encore Clinic, and summer camps, including Camp CCP and Sickle Cell Summer Camp.

Special programs supported by volunteers in 2012 include BayKids Video, YouthAlive!, Coach Art, Project Sunshine, Art for Life Ceramics, Parent to Parent Support Clinic with Endocrinology, The Talking Drum Project, Threshold Choir (in the NICU and ICU), Artist in Residence assistants, and Healing Notes (music). Volunteers also support holiday programs for sickle cell, thalassemia, hem/onc, and HIV patients.

Among the hospital volunteers are a world-renowned origami artist, knitters in the Family Resource Center, attorneys, musicians, medical-clerical volunteers, family faculty volunteers, research assistants, and volunteers who assist with blood drives.

Project SEARCH is a collaborative effort between Children’s, East Bay Innovations, and the Oakland Unified School District to provide unpaid internship opportunities for young adults with developmental disabilities. About 11 interns joined the year-long internship program at Children’s for the 2012–2013 year. Among participants in previous years, an astounding 88 percent have gone on to obtain paid employment positions, including several who were hired by Children’s. Only 17 percent of graduates from Project SEARCH are working in retail or grocery, compared with 77 percent of individuals placed into employment through traditionally supported employment programs.
Children’s Hospital Oakland Research Institute

Children’s Hospital Oakland Research Institute (CHORI) is the division of Children’s dedicated to translating basic and clinical research into health benefits for children. In 2012, CHORI had more than 400 active studies, including numerous partnerships with private research organizations, corporations, and universities. In addition to conducting research that has saved lives the world over, CHORI and its staff participate in other non-research activities that directly benefit our local community.

Contact: Alex Lucas, PhD (510) 450-7635 alucas@chori.org

Summer Student Research Program and Symposium

High school, college, medical, and graduate students who are pursuing or who are interested in pursuing careers in biomedical, clinical, and biobehavioral research have an opportunity to conduct research with CHORI researchers as part of the institute’s Summer Student Research Program. At the end of the nine-week program, students present their work to their peers at an all-day symposium. Forty-four students participated in the program in 2012, its 31st year.

Postdoctoral Research Fellows

CHORI has a postdoctoral training program in molecular and cell biology with a focus on hematology, immunology, and stem cell biology. The program, which supports three fellows, emphasizes work in the laboratory under the tutelage of an experienced scientist.

Staff and Clinical Scientist and Postdoctoral Fellow Association (SPAC)

SPAC was founded in 2001 to unite all junior PhD- and MD-level scientists working at CHORI. SPAC’s purpose is to support career development for its members and to promote interaction between scientists from different laboratories at CHORI. Any individual with a doctoral degree employed by a principal investigator at CHORI but who is not part of the Scientific Advisory Committee (SAC) is automatically a member of SPAC. This includes all staff scientists, clinical scientists, and postdoctoral fellows.
V. Economic Impact

Our methodology for determining the economic value of the benefit to the community incorporates elements of the reporting requirements for the IRS 990 and California Hospital Association’s community benefit valuation standards. Children’s policy and methods for calculating the economic valuation are available upon request. In short, our community benefit valuation is the total net cost of charity care, undercompensated medical care, professional education, community programs and services, and research after any reimbursement, philanthropic support, or supplemental funding have been subtracted.

The total community benefit we provide has increased this year. Most of this increase is in the Government-Sponsored Healthcare category and is due to the increased cost of care and flat Medi-Cal reimbursement. The category related to physician costs represents the cost to the hospital required to retain subspecialists who provide care to children covered by Medi-Cal. Several of the other categories capture the underfunded overhead for programs that are otherwise funded by grants or contracts. These grants and contracts provide critical staff that the hospital would otherwise have to support, but they do not fully cover all the costs of delivering these services.

<table>
<thead>
<tr>
<th>Economic Value</th>
<th>2012</th>
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<tbody>
<tr>
<td><strong>Charity Care</strong></td>
<td></td>
</tr>
<tr>
<td>(Free care to uninsured and underinsured patients)</td>
<td>$10,800,000</td>
</tr>
<tr>
<td><strong>Government Sponsored Healthcare</strong></td>
<td></td>
</tr>
<tr>
<td>(Unpaid cost of public coverage programs, net of all government funding)</td>
<td>145,947,000</td>
</tr>
<tr>
<td><strong>Subsidy to ensure physician coverage for uninsured/underinsured patients</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>19,599,000</td>
</tr>
<tr>
<td><strong>Health Professional Education</strong></td>
<td></td>
</tr>
<tr>
<td>(Graduate Medical education, Fellows, Nurses)</td>
<td>4,003,000</td>
</tr>
<tr>
<td><strong>Subsidized Health Programs</strong></td>
<td></td>
</tr>
<tr>
<td>Juvenile Justice Clinic</td>
<td>519,000</td>
</tr>
<tr>
<td>Mental Health Services (EPSDT)</td>
<td>2,988,000</td>
</tr>
<tr>
<td>Trauma Services</td>
<td>2,873,000</td>
</tr>
<tr>
<td><strong>Community Health Services</strong></td>
<td></td>
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<tr>
<td>Family House</td>
<td>533,000</td>
</tr>
<tr>
<td>Child Life Services</td>
<td>1,248,000</td>
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<tr>
<td>Family Resource and Information Center</td>
<td>303,000</td>
</tr>
<tr>
<td>Center for Child Protection</td>
<td>978,000</td>
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<tr>
<td>Center for the Vulnerable Child</td>
<td>59,000</td>
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<tr>
<td>CHAMPS</td>
<td>85,000</td>
</tr>
<tr>
<td>HIV Program</td>
<td>181,000</td>
</tr>
<tr>
<td>Hemoglobinopathies Program</td>
<td>296,000</td>
</tr>
<tr>
<td>Injury Prevention Program</td>
<td>370,000</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>150,000</td>
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<tr>
<td>Asthma Programs</td>
<td>57,000</td>
</tr>
<tr>
<td>Early Intervention Services</td>
<td>402,000</td>
</tr>
<tr>
<td><strong>Research</strong> (Includes research costs not covered by external sponsors)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10,920,000</td>
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<tr>
<td><strong>Advocacy for Children’s Health Issues</strong></td>
<td></td>
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<tr>
<td></td>
<td>Included In Operations</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
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<tr>
<td></td>
<td>202,311,000</td>
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<tr>
<td><strong>Less DSH/Supplemental Funding (SB855/SB1255) including Measure A</strong></td>
<td></td>
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<tr>
<td></td>
<td>(26,869,000)</td>
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<tr>
<td><strong>Less Net Hospital Provider Fee</strong></td>
<td></td>
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<tr>
<td></td>
<td>(36,079,000)</td>
</tr>
<tr>
<td><strong>Total Charity Care and Community Benefit</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$139,363,000</td>
</tr>
</tbody>
</table>