

Seattle Children's

# Community Benefit Report 2010



Seattle Children's  
HOSPITAL • RESEARCH • FOUNDATION

[www.seattlechildrens.org](http://www.seattlechildrens.org)

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## Our Mission

We believe all children have unique needs and should grow up without illness or injury. With the support of the community and through our spirit of inquiry, we will prevent, treat and eliminate pediatric disease.

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## Our Vision

We will be the best children's hospital.

- We will provide patients and their families excellent care with compassion and respect.
- We will provide superior, accessible, cost-effective service.
- We will attract and retain the best talent at all levels of the organization.
- We will be one of the top five pediatric research institutions.
- We will be the nation's premier pediatric educators.
- We will achieve worldwide prominence by integrating patient care, research, education and advocacy.



## Letter from our Chief Executive Officer

Making children and families safer and healthier is our passion, our duty and our privilege.

I am proud to share with you our 2010 community report, which showcases some of the ways Seattle Children's responds to community health needs. These pages highlight programs and services that reach families where they live and move us closer to fulfilling our mission of preventing, treating and eliminating pediatric disease.

In 2010 we launched a new community needs assessment process to gain a better view of the health needs and resources in the communities we serve. In partnership with families and community-based organizations, we are using what we learn to collaboratively address the most urgent needs.

Our investment in the community totaled more than \$201 million in 2010, including \$102 million for uncompensated care. Our uncompensated care program — made possible by a generous community — gives families in our region access to the best pediatric healthcare when they need it, regardless of their ability to pay.

Partners and friends like you inspire us; your generous support makes our work in the community possible and helps build a healthy future for our children. Thank you.

Sincerely,

Tom Hansen, MD  
CEO, Seattle Children's

### COVER

**Left:** One of the initiatives of our Research Institute, the Science Adventure Lab brings science and healthcare education to children, and inspires them to become the next generation of scientists.

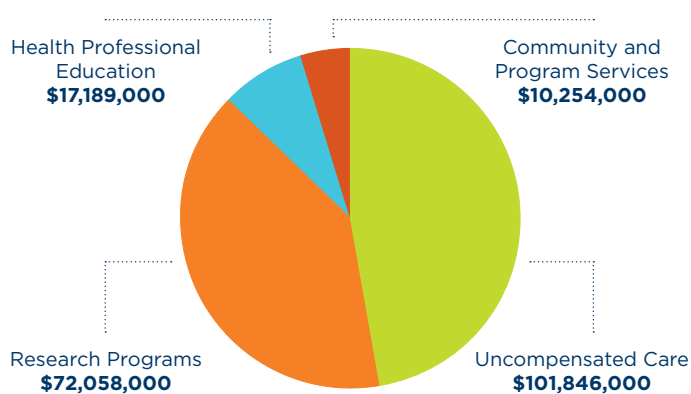
**Top Right:** In partnership with Kohl's department stores, we provided free bike helmets at Fiesta de Salud in Yakima, Wash.

**Bottom Right:** As the site of one of the most desired pediatric residencies in the country, we prepare young doctors to provide superior care for children.



## Total 2010 Value to the Community: \$201,347,000

By investing in patient care and research, educating health professionals, and responding to community needs with programs and services that reach families where they live, Children's remains committed to our mission to prevent, treat and eliminate pediatric disease.



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# Uncompensated Care

When a hospital bill exceeds a family's ability to pay, Children's financial assistance program provides relief for families.

When a child is sick or injured or has a chronic condition requiring ongoing treatment, the only care a family wants is the best possible care. That's what Seattle Children's promises to provide — regardless of insurance coverage or financial circumstances — to every child and teen in Washington, Alaska, Montana and Idaho who needs us. It's our founding promise, and one we continue to honor, no matter the economic climate. In 2010, Children's provided \$101.8 million in uncompensated care — a 6% increase over last year and a stunning 144% increase since 2006.

In 2010 approximately 46% of Children's patients were covered by Medicaid, the government program that provides medical coverage at no cost to low-income families. However, the program reimbursed Children's for just 73% of the real cost of treatment, down from 83% in 2006. Our uncompensated care program made up the shortfall — a total of \$93.3 million. Another \$8.5 million went to families with no ability to pay for their children's care.

## Speaking Out for Children and Families

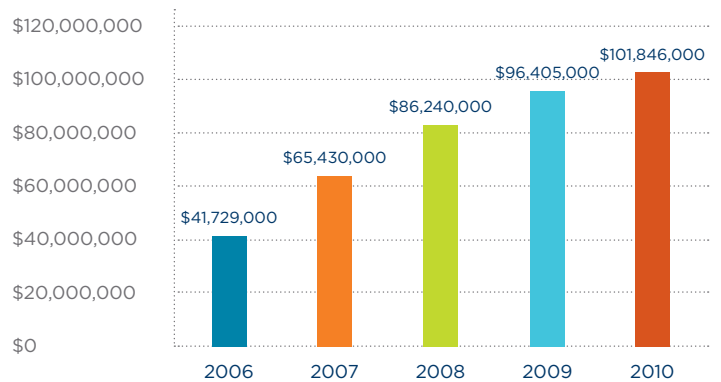
Seattle Children's is a powerful advocate for children and families, working strategically with partners from around the region and across the nation to expand access to the healthcare children need to grow and thrive. Thanks to these efforts, approximately 97% of Washington children are privately insured or covered by Apple Health for Kids, the federal-state partnership that provides free or low-cost health insurance to kids who qualify for Medicaid and other public insurance programs. Apple Health for Kids, a lifeline for many Washington families, has been hailed as a national model.

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# \$102 million

in uncompensated care was provided by Seattle Children's in 2010.

## Seattle Children's Uncompensated Care Trend



## Joining Forces for Children's Health

Seattle Children's is a founding member and active partner in the Health Coalition for Children and Youth, which promotes laws and policies that help young people get the healthcare and preventive services they need. The coalition successfully championed Washington state's 2007 Cover All Kids law, which expanded access to health coverage for children and launched Apple Health for Kids. The coalition's 43 member organizations include community clinics, hospitals, dental and healthcare provider groups, insurers and faith-based organizations.

"This strategic alliance between advocates, insurance companies, hospitals and provider groups is extremely rare," says Hugh Ewart, Children's director for state and federal government affairs. "It is a pretty spectacular model for the rest of the nation."

## Committed to Care Close to Home

Seattle Children's uncompensated care program provides financial assistance to families who need it, whether they visit the hospital's main Seattle campus, a regional clinic or an outreach clinic. Last year, 30% of all outpatient visits to Children's took place at Children's specialty clinics at Odessa Brown Children's Clinic, a primary care clinic in Seattle's Central District, or at our outreach clinics in Alaska. (Read more and find a map of our outreach clinics on page 21.)



Rebekah shares a moment with her orthopedic surgeon, Dr. Klane White, at a family event organized by the Biochemical Genetics Clinic team and held at Woodland Park Zoo.

## Supporting Families of Kids with Rare Genetic Disorders

There is no cure for mucopolysaccharidoses (MPS), the rare genetic disease that affects 3-year-old Rebekah. But she and her mother, Dawn, get regular doses of hope and care from the Biochemical Genetics Clinic at Seattle Children's, the medical home for hundreds of children with rare disorders like MPS.

These children face a gauntlet of physical, emotional and school-related difficulties every day. As families guide their children through these challenges, they often face another: the crushing financial burden of providing needed medical care. Even families who have good private insurance are faced with lifetime benefit limits and overwhelming out-of-pocket costs. Through its financial assistance program, Children's helps lift that burden.

"Figuring out finances really consumed my life," says Michele McGehee, whose son, David, was a long-time patient at Children's until he passed away last year. "I literally had to make decisions about what tests to have because we were running out of money through our insurance. We even faced losing our house. But Children's financial assistance program really took care of us."

Assistance from Children's helps ease the financial challenges of caring for a child with a chronic illness, so parents like Dawn and Michele can focus on their top priority — creating the most fulfilling life possible for their children.

“ I literally had to make decisions about what tests to have because we were running out of money ... But Children's financial assistance program really took care of us.”

— Michele McGehee, David's mom

# Research

Research plays an integral role in Children's mission to prevent, treat and eliminate childhood disease. Seattle Children's Research Institute is the largest pediatric research enterprise west of the Mississippi, based on the funding received from the National Institutes of Health (NIH). Since 2006, when Children's created the Research Institute and acquired its first facilities, annual extramural funding has grown from \$25 million to nearly \$67.1 million in fiscal year 2010. Grants from the NIH increased from \$11.1 million in 2005 to more than \$52.6 million in 2010. Seattle Children's Research Institute is one of the top five pediatric research centers in the nation for awards from the NIH.

## Discovery Central

Seattle Children's Research Institute comprises nine interdisciplinary centers and four initiatives:

The **Center for Child Health, Behavior and Development** addresses major issues that affect the health of children everywhere.

The **Center for Childhood Cancer** translates new scientific knowledge and technologies into effective treatments for childhood cancer.

The **Center for Childhood Infections and Prematurity Research** uses basic biology to develop strategies for the diagnosis, treatment and prevention of infectious diseases and conditions.

The **Center for Clinical and Translational Research** takes discoveries made in the laboratory and translates them into therapies for use in the healthcare setting and in daily life.

The **Center for Developmental Therapeutics** identifies and develops safer and more effective drugs and treatments for children.

The **Center for Genetics and Development** improves diagnosis and treatment options, and searches for cures, for a broad range of diseases and conditions.

The **Center for Immunity and Immunotherapies** solves some of the immune system's most complex problems.

The **Center for Integrative Brain Research** seeks a better understanding of pediatric neurological, neurodevelopmental and neuropsychiatric disorders.

The **Center for Tissue and Cell Sciences** studies the body's response at the molecular, cellular, tissue and whole-organ levels to develop innovative therapeutic interventions that will ultimately help the body repair itself.



Researchers at the Center for Clinical and Translational Research, including Dr. Ron Gibson, create a bridge between lab discoveries and treatments that will potentially prevent and cure childhood illnesses.

## Initiatives

The **Treuman Katz Center for Pediatric Bioethics** improves the lives of children and their families by enhancing ethical deliberation in pediatric healthcare and research.

The **Northwest Genome Engineering Consortium** brings together researchers at Seattle Children's Research Institute, Fred Hutchinson Cancer Research Center and the University of Washington to develop new methods to repair genes.

The **Science Adventure Lab** is a mobile science lab that brings innovative science education experiences to children across Washington state.

The **Global Alliance to Prevent Prematurity and Stillbirth** is a collaborative, global effort to increase awareness and accelerate research and interventions to improve maternal, newborn and child health outcomes.



Drs. Sunny Juul (right) and Christine Gleason investigate ways to improve treatment options to protect the brains of critically ill newborns.

## Identifying the Best Treatments

### Protecting the brains of critically ill newborns

Seattle Children's neonatologists are learning how to protect the brains of premature and critically ill newborns just before and just after birth — a crucial period for brain development. Dr. Sandra (Sunny) Juul is investigating whether using erythropoietin (also known as EPO) — a hormone that boosts oxygen-carrying red blood cells — in combination with hypothermia therapy works better than hypothermia alone for treating brain injury due to oxygen deprivation. Juul and Dr. Christine Gleason are also studying the long-term effects on brain development of medications used to alleviate pain and stress in the neonatal intensive care unit (NICU). As Juul and Gleason work to understand those effects, Children's NICU is using more and more alternatives to sedatives and painkillers. One example: giving a tube-fed infant a tiny taste of mother's milk to trigger the release of natural pain-relieving endorphins.

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**\$72 million**  
invested in research.



According to a study led by Seattle Children's staff, youth are more likely to wear life jackets if an adult in the boat is wearing one.

## Preventing illnesses and injuries

### Tallying life jacket use on Washington waterways

Life jackets, also known as personal flotation devices, save lives. Each year, an average of 25 children and teens die from drowning in our state. Seattle Children's Dr. Linda Quan and staff, in partnership with Washington State Parks Boating Program and Harborview Injury Prevention and Research Center, trained volunteers from across the state to observe life jacket use among 5,306 children and adults on boats at 33 sites on Washington waters. Both children and teens were significantly more likely to wear a life jacket if at least one adult in the boat was wearing one. The data from this study will inform education and media strategies, guide local and state laws on life jacket use and help Washington State Parks Boating Program monitor the progress of efforts to improve recreational boating safety.

## Linking Cause and Effect

### Looking more deeply at flat head syndrome

Since the start of a successful national campaign designed to reduce Sudden Infant Death Syndrome more than 25 years ago, babies have increasingly spent time on their backs in strollers, car seats and cribs. The same period has seen a dramatic rise in the diagnosis of positional plagiocephaly, or flat head syndrome. A study led by Dr. Matthew Speltz suggests that 6-month-old babies with flattened areas on the backs of their heads might face an increased risk of cognitive and motor delays.

"Many parents and physicians have dismissed plagiocephaly as a cosmetic issue or one that babies will grow out of as they develop, but our study indicates that we should look deeper," says Speltz. He and his team plan future studies to see whether the association between plagiocephaly and developmental delays persists as babies mature.



Dr. Matthew Speltz is studying the relationship between flat head syndrome and cognitive and motor delays in babies.

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# 67% of children

up to age 17 were observed wearing a life jacket. However, if at least one adult was wearing one, the figure rose to 87%.



Dr. Tom Hansen (third from left to right) and his team developed the Hansen Ventilator, a simple and affordable device that could save thousands of babies each year.

### Helping babies breathe more easily

Every year, 1 million premature infants around the globe die from respiratory illness; Seattle Children's CEO Tom Hansen has spent his career finding ways to save them. Hansen still trades his suit coat for a lab coat once a week to work at Seattle Children's Research Institute. In 2010 the team he leads designed a simple, low-cost ventilator that could save many of these tiny babies. The Hansen Ventilator would cost less than \$1,500 to produce. It would also be easy to assemble, use and repair, making it more practical for use in developing nations than high-tech ventilators, which typically cost \$30,000 to \$50,000.

"If we can even make a 10% difference in [mortality], it would mean 500,000 lives saved each year," Hansen says. "I could live with that."

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Standard ventilators cost \$30,000 to \$50,000. The Hansen Ventilator would cost less than

# \$1,500



## People Making a Difference: Halle Showalter Salas



Research and family liaison Halle Showalter Salas helps families ask the right questions about possible treatments.

### Research and family liaison brings family-centered care to the research arena.

Lin Gale was overwhelmed when her son was diagnosed with osteosarcoma, a type of bone cancer. Not only did her family face a life-changing crisis, they also faced a steep learning curve. Researchers at Children’s were involved in several studies that her son could join as part of his treatment, and all had potential benefits and risks.

“We have a lot of faith in doctors and researchers, but we wanted to make the most informed decisions possible,” says Gale. “Our son’s life was at stake.”

Gale’s family asked Halle Showalter Salas to be in the room when they learned about the options. Salas, a research and family liaison at Children’s, helped the family ask the right questions and get thorough answers.

“With Halle’s support, our son felt confident that we were all making the most informed decisions possible about his treatment.”

— Lin Gale

“Halle came through for us as we were making some extremely tough decisions,” says Gale. “With her support, our son felt confident that we were all making the most informed decisions possible about his treatment.”

In her role, Salas partners with families and research teams to support communication so families like Gale’s get the information they need to make informed decisions.

“Some families may be reluctant to ask questions because they might see doctors or researchers as authority figures,” says Dr. Jim Hendricks, president of Seattle Children’s Research Institute. “There are additional barriers for families who have limited experience with research, especially families who are from other countries or who have limited English proficiency.”

Salas facilitates conversations between these families and researchers. Her goal, says Hendricks, is not to promote research but to build family understanding.

Research is fundamental to Seattle Children’s mission to prevent, treat and eliminate pediatric disease. By demystifying the research process for families and helping researchers communicate clearly, Salas helps Children’s uphold the highest possible ethical standards when conducting research that advances pediatric medical care and treatments.



Dr. Mollie Greves Grow and other researchers at Children's are looking at childhood obesity not just as a family problem but also as a societal problem.

## Combating Childhood Obesity

### Children's is approaching the problem from many angles.

The percentage of overweight children in the United States has more than tripled in the last 30 years, with 33% of kids now considered overweight or obese. It is a double-edged epidemic, threatening the health of these children today and increasing their risk for weight-related health problems in adulthood.

At Seattle Children's, clinicians, researchers, educators and others are immersed in a comprehensive obesity program focused on prevention and early intervention. Groups from across disciplines meet regularly to map strategies, share results and review progress in Clinical care, Advocacy, Research and Education (CARE).

Obesity researchers at Seattle Children's Research Institute are focused on three areas of study:

- Evaluating the effectiveness of obesity treatments
- Exploring environmental impacts on obesity, eating and physical activity
- Understanding the risks and consequences of childhood obesity

Their studies are yielding data that clinicians, advocates, educators and others can immediately put into action.

For instance, researchers at Children's, the University of Washington and Group Health Research Institute correlated medical records for 8,000 children with

census data to identify specific socioeconomic factors that increase children's risk of obesity. Study leader Dr. H. Mollie Greves Grow and her collaborators are using the results in their work with overweight children and their families in programs at the YMCA of Greater Seattle, Children's and Group Health.

Another study, led by Dr. Pooja S. Tandon, found that when calorie information is included on fast food menus, parents choose meals for their children with about 20% fewer calories. These findings reinforce efforts to advocate for nutritional labeling policies that help parents make healthier choices for their children.

For more on Children's efforts to prevent childhood obesity, see page 17 [obesity summit].



Calorie information on fast food menus help parents make healthier meal choices.

# Health Professional Education

Seattle Children's is a classroom and laboratory for health professionals-in-training at the University of Washington and other graduate institutions. But that's just the tip of our education activities. We teach families to be partners in their children's healthcare, offer Continuing Medical Education programs to doctors who care for children in the community, and partner with schools to help young people learn about their own health and plan for careers in healthcare. Children's investment in education today will yield dividends for generations of children in our region and beyond.

## Training the Next Generation

### Educating resident physicians, fellows and medical students

As the only pediatric residency program in Washington, Wyoming, Alaska, Montana and Idaho, the University of Washington (UW) School of Medicine Pediatric Residency Program prepares young physicians to provide outstanding medical care for children in the Northwest. One of the most desired pediatric residencies in the nation, the UW/Seattle Children's residency received almost 1,100 applicants for their 32 positions this year. In 2010, 732 residents from training programs throughout the Northwest rotated at Children's. Many residents continue their education at Children's, which offers fellowships in more than 30 specialty areas, including adolescent medicine, cardiology, clinical bioethics, critical care medicine, hematology/oncology and surgery. In 2010, 27 physicians completed pediatric residency and 43 completed sub-specialty fellowships at Children's. In addition, Children's was a training site for 1,026 medical students. By training top-notch pediatricians, Children's raises the level of care for children everywhere and especially in our community; more than half of our graduates choose to stay in the Pacific Northwest to practice as primary care and sub-specialty pediatricians.

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# \$17.2 million

invested in training in 2010.



Dr. Luz Gonzalez reconnects with cancer survivor Keaton Wrenn — a boy she treated when she was a resident at Seattle Children's. Gonzalez now practices in the Pacific Northwest.

### Feeding young doctors' passion for healthcare

In 2010 the Pathways program gave 16 Children's medical residents structured time away from clinical rotations in their second and third year, helping them renew their passion for what first drew them to medicine. First-year residents can apply for one of three pathways: global health, integrative research, or community pediatrics and advocacy. The program encourages residents to develop projects that feed their souls and that may well help them determine the trajectory of their careers.

"Most of our residents come into the program with lots of life experience and a highly developed social consciousness," explains Dr. Brian Johnston, who directs the Pathways program. "It's easy to lose that broad vision of health and healthcare when you spend three years narrowly focused on clinical training."

## Learning by doing

More than a dozen interns — from high school students to graduate students — spent the summer of 2010 working to make a difference at Seattle Children's. The hospital's academic roots are clearly evident in its support of educational opportunities like the internship program, which pairs students with health professionals in departments across the organization to learn new skills in a supportive, real-world environment. Children's also partnered with the Seattle Youth Employment Program (SYEP) to place an additional 14 students, ages 14 to 21, in departments throughout the hospital. SYEP helps youth from low-income families earn money, develop leadership skills and explore the world. "In my mind, internships are a great win-win for both the student and Children's," says Elizabeth "Tizzy" Bennett, intern mentor and director of Guest Services and Advocacy. "The student gains valuable skills and experience and we are able to accomplish more by having them here."

## Reaching out to students

Kids don't encounter a broad range of healthcare professionals in the remote community of Neah Bay, Wash., home to the Makah Nation. But a blossoming relationship with Seattle Children's gives Neah Bay's students opportunities to learn about healthcare careers and meet people who do those jobs. Neah Bay High School students first came to Children's in 2008 for an interactive tour; each year since, the school has participated in ePals, a program run by the hospital's Center for Diversity and Health Equity, which pairs youth in underserved communities with Children's staff members for structured email exchanges. The program challenges students to use technology, helps them develop writing skills and exposes them to many of the careers required to run a hospital. Each session ends with a face-to-face meeting at Children's for students and mentors. In 2010 the hospital's mobile Science Adventure Lab visited students at Neah Bay Middle School for hands-on learning with a message: *you, too, can be a scientist.*

## Opening laboratory doors

A group of 45 American Indian students (7<sup>th</sup> through 10<sup>th</sup> graders) — participants in the Native Youth Enrichment Program — visited Seattle Children's Research Institute for a hands-on research experience. The program, run by the University of Washington Indigenous Wellness Research Institute, introduces native students to careers in science, technology, engineering and math — fields in which American Indians are traditionally underrepresented. Staff from Children's Science Education Outreach Department led the students through a chemistry experiment to quantify the amount of sugar in various beverages, gave tours and answered the students' questions about research careers.



Dr. Robert Hilt directs the Partnership Access Line, a free child mental health consultation line for doctors in Washington state.

## Educating Health Providers

### Helping pediatricians manage mental health

Seattle Children's Partnership Access Line (PAL) is a telephone-based child mental health consultation program that gives pediatricians across Washington state immediate access to Children's psychiatrists and social workers for advice about mental health diagnoses. PAL helps physicians in the community manage the mental health needs of their patients.

The program is operated by the Washington Department of Social and Health Services (DSHS), funded by the state and directed by Children's psychiatrist Dr. Robert Hilt. The service has performed more than 2,000 consultations since its inception in 2008. In 2010 the line received 814 consultations. The PAL toll-free number is 866-599-7257.

### Modeling best practices

Seattle Children's opens its doors to adults who work in healthcare fields or are interested in careers in medicine, offering opportunities to shadow experts and observe specific departments or aspects of operation. In 2010, 250 people visited Children's as observers. They came from nearby and around the world, including a couple from Vietnam who wanted to see our music and art therapy programs in action. A woman planning to start an orphanage in Africa came to Children's to learn how to engage staff in the work of an organization.

## People Making a Difference: Dr. Doug Jackson



Dr. Doug Jackson leads programs that make health and healthcare more equitable.

Dr. Doug Jackson, chief of Seattle Children's Center for Diversity and Health Equity, knows that *quality* and *equality* are deeply linked when it comes to health and healthcare. Jackson and his staff track the many ways that ethnic, cultural and language differences affect patient safety and outcomes. His team works to make children safer and healthier — at Children's and everywhere — by integrating research, education, advocacy and service to eliminate pediatric healthcare disparities.

A dental anesthesiologist with a doctorate in neuropharmacology, Jackson brings a scientist's problem-solving skills to his work and envisions a future in which healthcare workplaces are reflections of the communities they serve.

Education — for today's healthcare workforce and tomorrow's — is a key to that future.

The center offers language classes and cultural education seminars to Children's staff members, helping them connect

“Paying attention to a family's culture, language and belief system is part of family-centered care.”

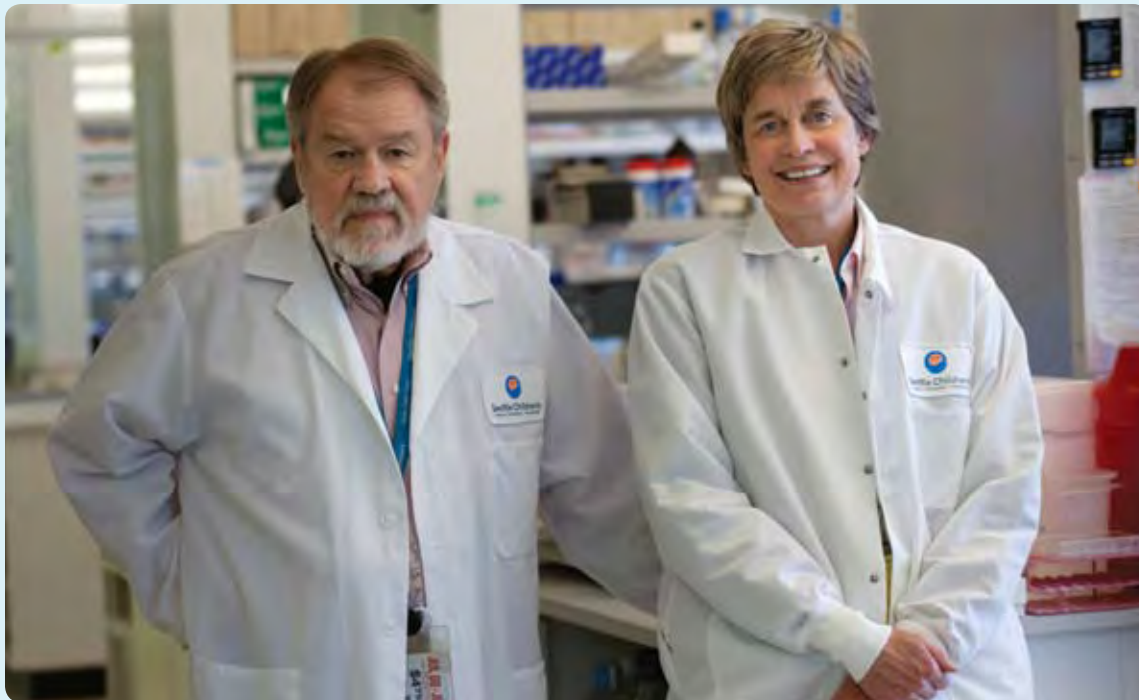
— Dr. Doug Jackson

not only with patients and families from diverse backgrounds, but also with their colleagues at work. The aim is to make cultural inclusion part of Children's healing environment, says Jackson.

The center also works to prime a rich, diverse “pipeline” of future health professionals. By bringing elementary through college students to Children's for a variety of educational programs, we're introducing them to career opportunities they may have never considered. In 2010, more than 100 students from racial and ethnic groups that have been historically underrepresented in the health professions took part in these programs and learned through the inspirational lenses of Children's staff. (Read about the center's ePals program on page 11.)

In the long run, says Jackson, such programs will help tip the health equity balance. In the short run, they change the perspectives and aspirations of the students. “Many of these kids are the first in their families with the opportunity to go to college,” he notes. The experiences help students see their own promise for the future and offer them connections to mentors who can help them reach their goals, he adds.

The staff and faculty who participate in these programs learn too. “Working with youth who come from a completely different background than one's own is a real eye-opener,” says Jackson. “It helps us recognize some of our own biases and work to eliminate them.”



“Researchers need the support of mentors to succeed,” says Dr. Bonnie Ramsey, pictured with her mentor Dr. Arnie Smith.

## Fostering the Future of Science

**By mentoring researchers, Seattle Children’s helps young scientists for the long haul.**

When Dr. Bonnie Ramsey joined the Seattle Children’s staff in 1980, cystic fibrosis (CF) patients often did not survive into adulthood. Now many of them are living into their 40s, thanks in part to the many years of effort invested by Ramsey and her mentor, Dr. Arnie Smith.

Ramsey, who worked closely with Smith to develop the first inhaled antibiotic for CF patients, understands the life-changing potential of working with a more experienced researcher. As the director of the Center for Clinical and Translational Research (CCTR), Ramsey is creating opportunities for other young researchers to develop meaningful collaborations with experienced colleagues through the Mentored Scholars Program.

Translational research, explains Ramsey, is focused on turning laboratory research breakthroughs into treatments that help patients. It takes researchers many years of unrelenting effort to achieve breakthroughs; the CCTR fosters collaboration and provides critical research services to support them along the way.

“It’s absolutely critical to develop the next generation of scientists,” says Ramsey. “It’s a very long, arduous process to get funding through the National Institutes of Health, and researchers need the support of mentors to succeed.”

In addition to linking junior and senior faculty members, the Mentored Scholars Program provides the younger scientists with protected lab time and support services to develop research projects. The goal is to give the younger researchers the tools they need to successfully secure independent research funding.

The Mentored Scholars Program is one way Children’s facilitates the work of scientists racing to find cures for diseases.

“ [Mentoring] is absolutely critical to develop the next generation of scientists.”

— Dr. Bonnie Ramsey

# Community Programs and Services

Children's is a trusted community partner, dedicated to nurturing healthy children, healthy families and healthy communities throughout the Pacific Northwest. Caring for our region's children and families means going out into the community to find and address the root causes of issues that affect children's health. It's our job to give a voice to families who sometimes are not heard, to make it easier for parents to keep their children healthy and safe, to advocate for the care of children with chronic conditions close to home and to be a good neighbor.

## Providing a Healing Environment

### Getting closer to families

Seattle Children's Bellevue Clinic and Surgery Center was built for families, bringing expanded pediatric services, outpatient surgery, and an after-hours urgent care center to the eastern shore of Lake Washington.



The Bellevue Clinic and Surgery Center brings compassionate, high-tech, high-touch care to children on the east side — regardless of a family's financial circumstances or their ability to pay.

The colorful, inviting interior art — inspired by the mutually beneficial relationship of patients and their caregivers — helps create a comfortable, engaging and positive setting in which to give and receive care.



The sustainable, green strategies integrated into the building's design are expected to save Seattle Children's \$117,000 per year in energy costs. Every dollar saved goes directly into patient care.



OBCC providers and staff serve a continuously evolving community and, along with partners, bring innovative outreach programs to families.

### Earning the trust of a neighborhood

For 40 years, Odessa Brown Children's Clinic (OBCC) has helped keep children in central and southeast Seattle healthy and their families and community strong. OBCC provides medical, dental and mental healthcare for babies, children and teens, with services and programs that continuously evolve to meet the needs of families in one of Seattle's most diverse communities. OBCC received the 2010 Race Conference Racial Justice Award for its work to eliminate economic and racial inequities in healthcare.

Every year OBCC hosts 30,000 patient visits, each one "an opportunity to spend time with a family and to find out how we can support them," says Dr. Ben Danielson, the clinic's medical director. Outreach is an important facet of OBCC services. The clinic partners with schools, community organizations, medical groups and government agencies to reach kids and families. OBCC, in partnership with the American Academy of Pediatric Dentistry and Head Start programs, provides oral health services to approximately 700 local Head Start preschool students. In addition, OBCC outreach to American Indian/Alaskan Native children serves nearly more than 4,700 preschool children in Washington, Alaska, Montana and Idaho.

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# 30,000

patient visits to OBCC are logged each year.

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# \$10.3 million

invested in community programs and services in 2010.

### Stepping in with legal help

Many families face complex legal issues — such as housing security, access to public assistance, immigration status and educational inclusion — that can affect the health of a child. Our Medical-Legal Partnership for Children (MLPC) provides legal services to families of patients, trains healthcare providers to be advocates for families, and supports public policy changes that improve children's health. MLPC is a partnership between Children's, Harborview Medical Center, the Northwest Justice Project and the law firm of Davis Wright Tremaine LLP. It is the first partnership of its kind in the Pacific Northwest, although this program model has been implemented in over 30 states and 160 hospitals and clinics.

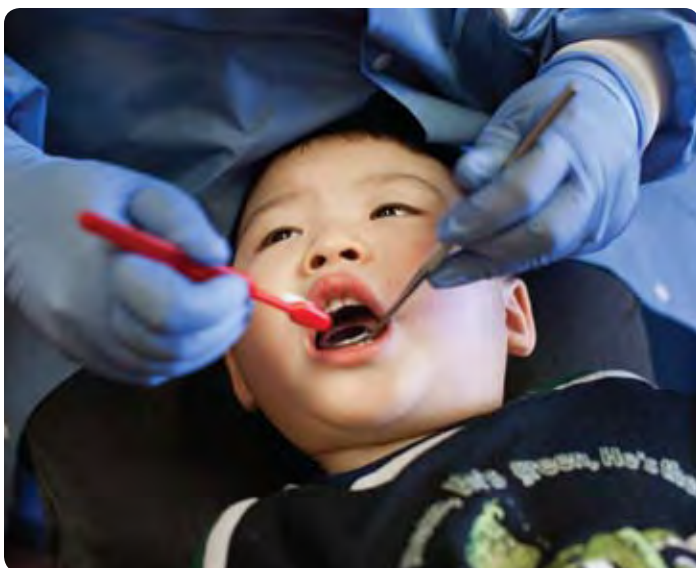
In one case, the program helped a family whose child had severe asthma and struggled to breathe in their mold-infested apartment. For months their landlord ignored the parents' pleas to fix the problem or allow them to switch apartments. After the MLPC lawyer informed the landlord of his legal responsibilities, the family moved into a mold-free apartment within a week.

In 2010, MLPC provided similar direct legal services to 78 families and consulted privately with 67 healthcare providers. It also conducted 19 sessions that trained 260 clinical staff how to help families access services and programs for meeting their basic needs.

### Addressing Public Health Issues

#### Keeping kids with food allergies safe

More than two million children in the United States are affected by food allergies, and the incidence has doubled in the last 10 years. Until there is a cure, education about managing food allergies and preventing severe reactions helps keep children safe. Children's, in partnership with the Food Allergy Initiative Northwest, established the Food Allergy Community Health Education Program to create tools for schools, camps and other organizations to manage food allergies and assure safety. In the past two years the program has conducted more than 160 food allergy and safety seminars at schools and community centers, training more than 3,500 teachers, parents, playground supervisors, bus drivers and others. Half the participants reported that the seminar was their introduction to managing food allergies, and 96% reported that the seminar gave them the tools they need to help keep children safe.



Seattle Children's and its partners work from different angles to prevent tooth decay.

### **Curbing tooth decay epidemic through prevention**

Nearly 60% of elementary school children in Washington suffer from preventable dental decay, and more than one in five have cavities in seven or more teeth. Seattle Children's works to lower the barriers to preventive dental care for all children in the state. The Dental Clinic at Odessa Brown Children's Clinic is a training site for the state's Access to Baby and Child Dentistry (ABCD) program, which works to increase the number of dental offices prepared and willing to care for low-income patients under age 6. The SmileMobile (a three-chair mobile dental office that Children's operates in partnership with Washington Dental Service and Washington Dental Service Foundation) served nearly 2,000 children across the state in 2010. The Center for Pediatric Dentistry (a partnership of Children's and the University of Washington School of Dentistry) engaged 171 community volunteers to help inform more than 22,000 families about the importance of early childhood oral health through various initiatives.

## **Reaching Out to Underserved Communities**

### **Fighting kidney disease**

African-Americans, who make up just 12% of the U.S. population, account for 32% of people who experience kidney failure. A healthy, low-sodium diet helps prevent high blood pressure, a major cause of kidney disease among African-Americans. In 2010 the Seattle Children's Health and Safety Van supported by Kohl's traveled to the Northwest Kidney Center's eighth annual Kidney Health Fest for African American Families. It brought physicians, medical assistants, nurses and a dietician to talk with young people and their parents about preventing kidney disease through nutrition. The experts offered free blood pressure and blood glucose screening for 23 teens and distributed information on healthy eating and low sodium foods to 323 people at the event.

### **Boosting car safety for kids**

Car seats help keep babies and children safe. In Washington, 45% of children and teens who die in motor vehicle crashes are unrestrained by a child safety seat or seat belt. Children who live in low-income neighborhoods face an increased risk of injury or death from motor vehicle accidents because their families often lack access to affordable safety devices.

In 2010, Seattle Children's — in partnership with State Farm Insurance, Kohl's department stores, Schuck's (now O'Reilly) Auto Parts and PEMCO Insurance — helped fill this need by distributing 480 free and low-cost booster seats and car seats and teaching parents how to use them correctly. Children's is an active advocate for car seat use, co-sponsoring a Latino booster seat campaign, holding regular car seat checks at the hospital that are free and open to the public, providing classes for new parents, partnering with community organizations on child passenger safety and providing information and updates for the Washington State Booster Seat Coalition's website, [boosterseat.org](http://boosterseat.org).



Volunteers and staff fitted free bike helmets at State Farm Safety Day, one of the 25 events visited by the Seattle Children's Health and Safety Van in 2010.

### **Staying safe on two wheels**

Bicycle injuries are the second leading cause of injury hospitalization for Washington children ages 5 to 14, and head injury is the most common cause of death and serious disability from bicycle crashes. Bicycle helmets reduce the risk of head injury by nearly 85%. Seattle Children's, in partnership with Kohl's department stores, fitted and distributed 2,550 bicycle helmets in 2010.

The Seattle Children's Health and Safety Van supported by Kohl's visited 24 health fairs and community events in 2010, distributing helmets and safety information to children and families in places like Yakima, the Muckleshoot Indian Reservation, Seattle's Rainier Valley and Central District, and at Hopelink, a community service agency in Bellevue. Children's also held fittings and distributed helmets to American Indian families at the Seattle Indian Health Board Halloween Fair, and to low-income refugee and immigrant families at south Seattle's Denise Louie Education Center.

### **Leading the first-ever statewide childhood obesity summit**

Childhood obesity is one of our nation's leading health threats; it puts children at risk for chronic diseases not typically seen until adulthood, including heart disease and diabetes. Children's and the American Heart Association hosted the first-ever Washington State Childhood Obesity Summit, bringing together the many organizations working to reverse this trend, which threatens to make this generation the first to live shorter lives than their parents. Some 142 participants — advocates, public health officials and policy makers — came to the summit at Children's. They shared best practices in obesity education and prevention and laid the groundwork for shaping legislation to improve access to healthy foods and activities. For more on Children's obesity prevention and early intervention activities, see page 9.

## Being a Good Neighbor

### Improving transportation around us

Seattle Children's is mindful of the vital link between the built environment and health as we begin a major expansion to meet our region's growing need for pediatric specialty care. The work of researchers like Dr. Brian Saelens highlights how land use, transportation systems, and urban design can influence health outcomes such as obesity, asthma and injury. As part of our expansion, Children's is investing \$4 million in transportation improvements in northeast Seattle. Our Livable Streets Initiative will alleviate traffic impacts and help make streets healthier for everyone. The initiative kicked off in 2010 with a celebratory community workshop where citizens presented ideas to make neighborhood streets safer and greener. Children's will move ahead with the best ideas in partnership with Seattle's Department of Transportation, designing improvements in 2011 and completing them in 2012.

### Harnessing pedal power

The Puget Sound region is one of the most bicycle-friendly areas of the country, and Seattle Children's is a regional leader in developing solutions to the challenges commuters face. We nurture a thriving bicycle-commuting culture to help relieve area traffic, reduce the carbon footprint of our workforce and promote employee health. CEO Dr. Tom Hansen is among the more than 10% of Children's 3,000 employees who bike to work regularly. The hospital offers employees free annual bike tune-ups, two-hour bicycle commuting classes, and a bike-sharing program for employees who need local transportation during the workday.

### Recycling, renewing and reusing

We are committed to reducing the hospital's impact on the environment. Our recycling program diverts more than 460 tons of waste from landfills each year. When we removed our kitchen garbage disposals three years ago, Children's relieved pressure on the city's sewer system and kicked off a composting program that generates six tons of compost material every month. Sustainable practices are also an important feature of site preparation for the hospital's expansion; more than 95% of materials removed from the former housing units on the construction site — including ductwork, rebar and the concrete foundations — will be reused. Some trees removed from the site will be moved, and others will be sent to a local sustainable furniture company to reclaim the wood for future use.

## Educating Community Members

### Reaching out to grieving parents

Each year, Seattle Children's Journey Program helps more than 200 families cope with the unbearable feelings of loss that follow the death of a child. The program is one of only a few in the nation with a mental health — rather than a spiritual — focus. It is also unusual because grieving fathers participate at the same rate as grieving mothers. Many of the program's volunteer support-group leaders are parents who once were participants in the program.

"The work we do is free and available to any family in the region for as long as they need support," says Jackie Kite, a stress and trauma expert who has managed the program for 18 years.

The program is available to every family who loses a child, whether or not the child was a patient at Children's.



Tami and Bruce Echigoshima joined the Journey program after they lost their twin sons nine years ago. When their 5-year-old daughter Lauren visits the hospital, she finds her brothers' names engraved on the memorial wall — a place where families come to remember those who have died.



Coach Kelvin Goliday and player Clinton Parrilla benefit from Children's athletic training program at Cleveland High School.

### **Preventing traumatic brain injury on the playing field**

Emergency departments in the United States treat about 135,000 sports- and recreation-related traumatic brain injuries each year, including concussions. At Children's, there were 422 clinic visits of patients with concussions last year. If a young athlete returns to play before the brain heals from a concussion, an additional blow can cause potentially catastrophic damage. Seattle Children's teaches coaches, parents, athletic trainers, school nurses and student athletes how to recognize and prevent concussions.

Children's, in partnership with UW Medicine and Harborview Medical Center, runs the Seattle Concussion Program to evaluate, treat and provide medical clearance for student athletes to return to their sports. In 2010 the program served nearly 3,500 students. The program helps athletes and schools comply with Washington's 2009 Zackery Lystedt Law, which requires student athletes who show signs of a concussion to get written approval from a licensed healthcare provider before returning to play. In 2010, Children's worked with both Safe Kids Seattle and Safe Kids Washington on training 25 coaches through Seattle Youth Soccer Association.

### **Partnering to save young athletes**

When a young athlete dies on the playing field, the cause is usually an undetected heart condition. Seattle Children's works with the Nick of Time Foundation to reduce sudden cardiac death in athletes through early detection and medical intervention. Volunteer physicians and cardiac technicians from Children's conduct free cardiovascular screening of student athletes at Seattle-area high schools. The screenings, which are mandatory for football players, take place every two months during the school year. Of the 400 tests administered by the program, four found abnormalities and two uncovered potentially fatal problems.

## People Making a Difference: Dr. Ed Marcuse



Dr. Ed Marcuse has always been a strong advocate of getting vaccines to children — from working as a pediatrician at OBCC early on in his career to leading local, statewide and national vaccine policy initiatives.

When the recent budget crisis threatened to destroy the program that buys vaccine for all kids in Washington, Dr. Ed Marcuse was among the child health advocates who fought hard to save it.

Marcuse joined forces with the Washington chapter of the American Academy of Pediatrics (AAP), healthcare insurers, public health officials and legislators to create a bold, innovative solution — the Washington Vaccine Association, a new public-private partnership, lifts the state's financial burden and keeps free vaccine flowing to healthcare providers.

“Vaccines are available to all children in Washington,” says Marcuse. “And that’s pretty close to a miracle.”

If so, it’s just the latest miracle Marcuse has orchestrated to get vaccines to children during his distinguished career. He first raised his voice to protect children from preventable diseases and safeguard public health as a young pediatrician at Odessa Brown Children’s Clinic in the 1970s. Since then he has led many local, statewide and national vaccine policy initiatives, including chairing the Department of Health and Human Service’s National Vaccine Advisory Committee and editing the AAP Red Book on infectious disease, which sets vaccine standards for the nation’s physicians.

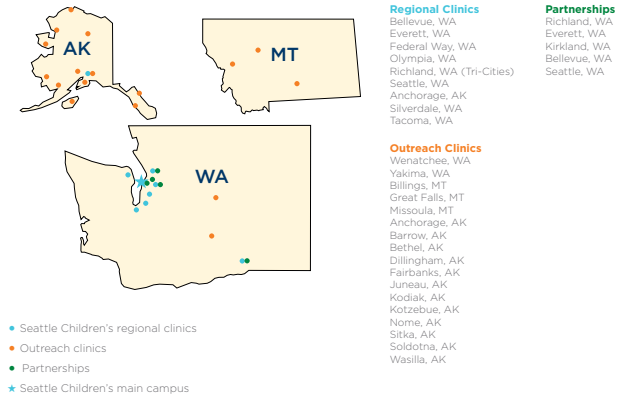
Marcuse has witnessed a revolution in scientists’ understanding of the immune system and a surge in new vaccines to protect children against once-common devastating diseases. However, the success of vaccines has given rise to a new threat: today many parents, more concerned about harm from vaccines than from the now-rare diseases they prevent, are delaying or refusing immunizations for their children. Marcuse is on the leading edge of reframing the issue for this new generation — fostering dialogue, listening and learning about families’ concerns, and generating new messages and clinical tools for doctors to help parents make informed decisions about immunization.

“Vaccines are available to all children in Washington. And that’s pretty close to a miracle.”

— Dr. Ed Marcuse



#### Seattle Children's Regional and Outreach Clinics and Healthcare Partnerships



Dr. Stanley Stamm spearheaded what is now a multilayered regional clinical outreach program that serves families where they live. It includes seven regional clinics, a primary care clinic, clinical partnerships and outreach visits from doctors and nurses to locations in Washington, Alaska and Montana.

## Making Specialty Care More Accessible

### Children's brings expert care close to home.

Dr. Stanley Stamm missed making house calls. So in 1964 — two years after the cardiologist started working at Children's — he began motoring to the Olympic Peninsula town of Port Angeles, Wash., to visit patients who needed heart care. Within a few years, Stamm and his team were traveling to pediatric clinics in Bellingham and Yakima, and to the Indian Health Services in Toppenish, Wash. Before long, they started flying to Alaska.

By the time Stamm retired in 2010, his traveling band of specialists had developed into a sophisticated regional outreach program serving children and families in smaller and rural communities throughout the Pacific Northwest and Alaska. Today, outreach to smaller communities takes multiple forms:

- More than 40 pediatric specialists work together at the Heart Center in Seattle and regional sites in Washington, Alaska and Montana to treat every childhood heart issue.
- Doctors and nurses from Children's travel to partner hospitals and health centers in small and rural communities in Washington, Alaska and Montana for regular patient visits.

- Children's Telemedicine Program uses videoconferencing and a secure network to share medical records and images in real time, allowing specialists in Seattle to collaborate with partners at small hospitals and medical centers anywhere.
- Children's is working with Alaska's two largest hospitals to develop a residency program there that will help mitigate that state's severe shortage of pediatric subspecialists.

Pediatric subspecialists are often concentrated in urban areas, but children whose lives depend on them live everywhere. Through its outreach programs, Children's gives families in small communities access to the best care closer to home.



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