Seattle Children’s
Community Benefit Report
2016-2017
Our Mission
We provide hope, care and cures to help every child live the most healthy and fulfilling life possible.

Our Vision
Seattle Children’s will be an innovative leader in pediatric health and wellness through our unsurpassed quality, clinical care, relentless spirit of inquiry and compassion for children and their families.

Our founding promise to the community is as valid today as it was over a century ago. We will care for every child in our region, regardless of their family’s ability to pay.

We will:
• Practice the safest, most ethical and effective medical care possible.
• Discover new treatments and cures through breakthrough research.
• Promote healthy communities while reducing health disparities.
• Empower our team to reach their highest potential in a respectful work environment.
• Educate and inspire the next generation of faculty, staff and leaders.
• Build on a culture of philanthropy for patient care and research.

Letter from Our Chief Executive Officer
Health starts long before illness — in our homes, schools and jobs — but one hospital can’t do it alone. Partnerships are a key component of our success at Seattle Children’s. We are partners with patients and families in their healing. We are partners with the community in researching and creating safe and healthy environments. And we are partners with other healthcare organizations in finding new ways to prevent, cure and treat pediatric disease.

Our spirit of partnership is embedded in our community benefits that help us meet some of the greatest health needs of children and families in our region. In collaboration with community organizations, public health departments, researchers, donors and others, we have worked to:
• Improve coordination of care for children with chronic conditions.
• Enhance access to mental and behavioral health.
• Decrease incidence of suicide and increase violence prevention activities.
• Improve access to healthy eating and active living efforts, including fighting food insecurity.

This report highlights our community benefit efforts during the past year. From searching for the cause of SIDS, to giving teens tools to respond to disturbing social media posts, our team has worked hand-in-hand with others to help every child thrive and meet their fullest potential. We feel so strongly about community health that it is now a part of our five-year strategic planning effort as an organization.

I am proud of what we have accomplished and excited about what we will achieve in the years ahead.

Sincerely,

Jeff Sperring, MD
Chief Executive Officer
What is community benefit?

A community benefit is a program or service that meets at least one of these objectives:

• Improves access to healthcare.
• Enhances the health of the community.
• Advances medical or health knowledge.
• Relieves or reduces the burden of government or other community efforts.

Community benefits are classified as uncompensated care, research, health professions education and community health improvement. Community benefit is also the basis of the tax-exemption of nonprofit hospitals.

Learn more about how we contribute to the community at www.seattlechildrens.org/communitybenefit

Total 2016 Investment in the Community: $192,518,000*

- Research
  $29,684,000
- Community Programs and Services
  $11,520,000
- Health Professions Education
  $24,631,000
- Uncompensated Care & Medicaid Shortfall
  $126,683,000

* Does not include grants and contributions Seattle Children’s received that support community benefit programs.
Community Programs and Services

Our mission is not bounded by the walls of our hospital and clinics. Seattle Children’s staff and providers work to keep families safe and healthy where they live. We collaborate with community leaders, organizations, policy makers and families to support changes that improve child health. We identify and address the social determinants of health and speak up for those who aren’t always heard.

“...there are legal solutions to health barriers, but they’re not always obvious to the untrained eye,” says Dr. Ben Danielson, who co-founded the Washington MLP with Dr. Brian Johnston and Carol Jenkins. “The MLP model helps those of us in healthcare connect the dots so families get the help they need.”

Providing more reliable rides

Children covered by Medicaid qualify for transportation to and from medical appointments. A transportation desk at the outpatient entrance to Seattle Children's Hospital ensures they and their families receive timely and reliable service.

The desk is staffed 10 hours a day. When a patient and/or family is ready to leave the hospital, the person on duty schedules their ride home and — if needed — their next ride to the hospital.

Families waited up to two hours for their ride before the desk opened over five years ago. Now they’re typically on their way in 20 minutes, says Julie Povick, who manages the Medicaid transportation desk. In 2016, the staff helped coordinate an average of 50 rides for families each day.

The long waits occurred because cab drivers wouldn’t show up or would leave without making much effort to let families know they had arrived. Northwest Transport Inc., which offers transportation to individuals with special needs, now provides 80 percent of the rides while the person at the transportation desk makes sure drivers connect with families.

The transportation desk is a collaboration between Seattle Children’s and Hopelink, a nonprofit agency that contracts with the state to coordinate transportation and housing assistance for qualifying Medicare and Medicaid patients in this region.

Lawyers lead families past legal barriers

Many families hit a brick wall when trying to obtain assistance to meet the basic needs of a child with a complex health condition. The Washington Medical-Legal Partnership (MLP) helps families with rights to a service or benefit navigate the legal system to get the assistance they’re entitled to under the law.

Most MLP clients are disadvantaged families who — because of income, language and other barriers — are often unaware of their rights and don’t know where to go for help meeting basic needs. Based at Seattle Children’s with the support of hospital operations, community foundations, and donors, MLP attorneys battle for systemic change; provide free legal services to families; and train healthcare providers to recognize health-harming legal needs, advocate for families, and refer to MLP. In 2016 alone, 1,514 individuals received health care related legal services from the MLP.

Education, food, housing, personal safety, and medical insurance are all social determinants of a child’s future health. If those basic needs go unmet, they create barriers to health that make it difficult for a child to thrive.
2016-2017 Highlights of Community Programs and Services

- 3,652 children and teens received free bike helmets and were individually fit
- 398 children received low cost car or booster seats
- 990 safe firearm storage devices distributed
- 406 children, teens and adults received free or low cost life jackets
- 91,000 youth athletes cared for by athletic trainers across the region
- 850 youth received care at school based health centers run by Seattle Children’s Odessa Brown Children’s Clinic
- 4,671 took part in programs about eating healthy and staying active
- 243 children and families who are homeless received free healthcare at Wellspring Family Services and Country Doctor Community Clinic in partnership with Seattle Children’s
- 1,514 individuals received healthcare-related legal advice from the Washington Medical-Legal Partnership
- 340 hours of pro-bono legal advice given by MLP attorneys
- 1,575 people served through the Journey Program, which provides grief and loss services
- 2,670 rides to and from the airport for patients and families
Research

Research is our investment in finding cures. Seattle Children’s researchers strive to find better ways to prevent, treat and eliminate pediatric disease — work that improves the lives of children and families here and around the world.

Collaborating to conquer SIDS

The cause of Sudden Infant Death Syndrome (SIDS) is a tragic mystery, but Dr. Daniel Rubens continues to narrow the search for a way to keep newborns safe.

Rubens has been investigating a possible link between inner ear dysfunction and SIDS for many years. He is currently working with collaborators in the United Kingdom and Denmark to study the relationship between SIDS and children with hearing abnormalities identified by a standardized newborn hearing test.

Rubens, an anesthesiologist, believes the inner ear plays a key role in relaying vital information to the brain and that inner ear damage prevents some babies from moving or waking up if their breathing becomes compromised.

“Our ultimate goal is to develop a screening tool at birth that would identify infants at high risk for unexpected sudden death,” Rubens says. “This could allow us to monitor them and provide interventions that would potentially reduce the number of SIDS deaths.”

About 2,000 babies born in the United States die each year from SIDS. “We will keep working away to understand the cause of SIDS and we won’t give up until we find it,” Rubens says.

Improving depression outcomes

Depression is one of the most common and highly treatable mental health issues among teens. Although highly treatable, depression affects motivation. The burden of setting up appointments, finding providers and accessing services makes it less likely patients will seek or comply with care.

Dr. Laura Richardson and co-investigators from the University of Washington and Group Health Cooperative created a collaborative care model that centered on assigning teens a depression care manager who worked with patients, families and doctors over the course of a year to develop and follow a treatment plan.

After observing a cohort of teens from nine primary care clinics, Richardson and her co-investigators found that those receiving collaborative care had five times greater odds of going into remission compared to those who were only screened and encouraged to seek care — all at an additional healthcare cost of just $883 per patient compared to standard care.

“Care managers checked in with teens about how they were doing regularly and coordinated care among providers. They also delivered evidence-based treatments like brief psychotherapy and helped to make sure teens were taking their medications. It is clear that having this continuity in care made a difference for these teens and their families,” Richardson said.
2016-2017 Highlights of Research

- **535** studies sponsored by **169** different entities
  - Each study furthers our goal of identifying new approaches for preventing, diagnosing and treating childhood diseases

- **7 interdisciplinary centers dedicated to researching pediatric health**

- **179 national and international providers, ethicists and trainees attended the annual Bioethics Conference**

- **420 participants attended events to learn about research**

- **6,763 students received science education from the Science Adventure Lab**

- **275 student interns hosted by the research institute**

- **175 areas of clinical, translational and community research**

- **344 principal investigators on staff who are leading research studies**

- **We are ranked 5th among pediatric institutions in National Institutes of Health (NIH) funding**

- **We are 1 of 31 fully dedicated pediatric research centers in the world**
Health Professions Education

Healing and teaching go hand in hand at Seattle Children’s. We host the University of Washington’s pediatric residency and fellowship programs and are a training ground for nurses and other providers from a number of schools. Educating the next generation of pediatric health professionals raises the level of care for children everywhere. We also support health professionals already caring for kids in our community through our continuing medical education programs.

This track leads to Alaska

You could say that Seattle Children’s primary care residents are “Made in Alaska.” That’s because residents who choose our primary care track spend four months in Alaska during each of their three years of training. The program will graduate its third class of residents this year.

Residents rotate between the Alaska Native Medical Center in Anchorage, a large private pediatric clinic in Anchorage, a native center in Bethel and a private practice in Fairbanks. By the time they complete their residency, they spend a total of one year in primary care settings.

The Alaska rotations meet several needs, says Dr. Richard Shugerman, a Seattle Children’s emergency medicine physician and pediatric education director for the five-state region we serve. “Pediatricians in Alaska want to work with our residents while many people who go into primary care want to work with underserved populations,” he says.

The Alaska rotation also helps prepare residents to work in the rural areas of our five-state region, where there is a huge need for primary care providers. Ten of the 12 graduates of our primary care track now practice in our region — nine of them in Alaska.

Nurse camp fosters diversity

Seattle Children’s attracts many applicants for vacant nursing positions, but the pool of applicants does not always reflect the diversity of the patients and families we serve. Every year we offer high school students from diverse backgrounds the opportunity to attend a three-day nurse camp to learn about careers in pediatric nursing.

“The nursing profession must attract more students from diverse ethnic backgrounds,” says Leslie Harder, director of nursing professional development. Nurse camp showcases nursing to high school students and encourages them to take essential science courses so they can pursue a nursing career.”

Our 2017 camp has expanded to 40 students from 24. During the camp students job shadow working nurses, learn basic nursing skills, receive CPR training and hear from Seattle Children’s nurses and nursing professors from local universities.

A survey of students in last year’s camp showed most became more excited about nursing after attending the camp. Jessica Havens attended the 2004 camp and now works in the operating room. “The camp gives future nurses the opportunity to fall in love with the job,” she says.

Alaska Track residents and faculty on a wilderness medicine retreat in Hope, Alaska.
### 2016-2017 Highlights of Health Professions Education

- **423** students learned about healthcare professions
- **65** medical, nursing and psychiatry Grand Rounds lectures offered to providers in Washington, Alaska and Montana
- **510** students participated in healthcare job shadows

**More than 4,530**

- Healthcare and mental healthcare professionals attended continuing education conferences

**3,400**

- Healthcare providers and state employees were educated on child abuse and neglect prevention

**Providers in Training**

- **922** physicians in training
- **617** nursing students
- **35** advanced practice provider students
- **129** pharmacy, social work, dentistry and other students
- **541** medical students

Our medical students train at **20** different sites in Alaska, Idaho, Montana, Washington and Wyoming.
Uncompensated Care

A child’s health should not hinge on a family’s finances. Seattle Children’s was founded on the belief and promise that all children should receive the best quality care regardless of ability to pay. At Seattle Children’s we provide hope, care and cures to help every child live the healthiest and most fulfilling life possible. In 2016, we provided $126 million in uncompensated care to children in Washington, Alaska, Montana and Idaho.

A path to wellness

Nicole Smith can’t say enough about the sickle cell team at the Odessa Brown Children’s Clinic (OBCC), where her daughter, Alexa has received care since shortly after her birth 14 years ago.

“I brag about them,” she says. “The fact they are sickle cell experts is reassuring because it’s such a complex disease.”

The cost of managing a chronic disease like sickle cell can be daunting, but our uncompensated care fund fills gaps in a family’s ability to pay. “We never have to worry about compromising patient care,” says Dr. M. A. Bender, who leads the Seattle Children’s/Odessa Brown Children’s Clinic sickle cell program.

Sickle cell results in abnormal red blood cells, causing pain, anemia and organ damage and increases the risk of life threatening infection. The disease is most common among African Americans. Alexa travels 60 miles from her home in Mount Vernon to the OBCC every three months for checkups and follow-up care.

“Our team focuses on education, the most up-to date screening and the best medicines to prevent and treat problems,” Bender says. “If an emergency arises, families can consult our experts 24 hours day.”

Sickle cell exhibits few outward signs, which can make teachers, coaches and others doubt whether symptoms such as fatigue are genuine. “Alexa hasn’t had that problem, but the sickle cell team always says they are glad to come up if we need them to answer questions,” Nicole says. “It means so much that they always have our back.”

Waiting for the call

Lincoln Seay was born with a severe birth defect that caused his heart to develop on the opposite side of his body with only one pumping chamber and malformed valves. His only chance at life was a new heart; Lincoln’s health was rapidly declining and he was immediately put on the transplant list. Lincoln had gone into cardiac arrest multiple times, and his parents and doctors feared he might not make it.

The Seay family uprooted their lives in Anchorage and moved to Seattle to save Lincoln’s life.

“We were worried we’d have to choose between saving our son and bankrupting our family,” said Mindy, Lincoln’s mother. “We had to ask ourselves, ‘can we do this for him?’”

Thanks to the uncompensated care fund at Seattle Children’s, the Seay family was able to say yes. “The transplant cardiologist recommended we look into uncompensated care,” said Mindy. “From there, the whole process was seamless. They allowed us to not worry about the cost so we could focus on our son.” Eighty-nine days after putting Lincoln on the transplant list, they received a call; they had a match. Only 21 days after receiving a life-saving heart transplant, Lincoln was discharged from Seattle Children’s with a new heart and a new lease on life. The Seay family returned to Anchorage where Lincoln is growing up happy and meeting his milestones.
Community Benefit Priorities

Our 2016-2019 Community Health Assessment identifies four urgent health needs for the children, teens and families we serve. Working with our partners in the community, we made significant progress in each of the four priority areas. Here are some of our accomplishments.

Coordinated Care for Chronic Conditions

Managing the health of children with medical complexity requires close collaboration between many different healthcare providers at the hospital and in the community. We help children with chronic physical, developmental, behavioral or emotional conditions reach their full potential by communicating, coordinating and tracking their needs and outcomes as they grow up and move to adult care.

Transforming health care delivery

The Odessa Brown Children’s Clinic (OBCC) houses a wide range of primary care. But it’s not enough to place medical, dental, nutrition and mental health services in one building. OBCC staff and providers work as a team to coordinate patient care, listen to families and address all the factors that determine a child’s health.

“As the social and economic safety net gets more frayed, families come to us with a multitude of issues such as immigration, housing and food insecurity,” says Mark Fadool, who directs mental health services at the clinic. These social complexities are particularly more challenging for children with chronic conditions. Mark continues, “We need to identify those concerns and provide an integrated response if we want to get to the root causes of medical issues.”

A part of Seattle Children’s, the OBCC serves children living in Seattle’s Central District as well as South Seattle and South King County. Clinic social workers and community care coordinators play an ever expanding role in the clinic’s mission. By participating in a child’s medical appointments from infancy on, they help families talk about issues in their daily life that may be affecting a child’s health and connect families with assistance and resources. OBCC’s team also works with schools where these children attend, providing a true medical home with coordinated care.

“We don’t want to wait until a child is an adolescent and a family is in crisis before fully understanding their needs,” Fadool says.

Many services, one roof

As children approach their teens, new physical, emotional and social issues arise. Our adolescent medicine clinics in Seattle, Bellevue and Federal Way provide consultation, diagnosis and treatment for various adolescent health concerns in locations designed specifically for this age group.

The clinics serve patients ages 10-21 seeking specialized help with obesity, eating disorders, reproductive health, transgender care, substance abuse/addiction and biofeedback for chronic headaches and abdominal pain.

Many of those concerns require care from multiple specialists, so instead of working in widely dispersed offices, all clinic providers sit next to each other in a large team room with exam rooms right outside the door.

“It’s like NASA mission control,” says Dr. Yolanda Evans, an adolescent medicine specialist. “Providers can easily consult with one another and develop integrated care plans before they see their patients. Plus, it’s easy for nurses to track down providers if their services are needed by other providers.”

Families welcome the convenience of obtaining a variety of specialty services under the same roof and appreciate the improved communication between providers. “Families don’t have to repeat their stories over and over again,” Evans says. “And patients are very happy that the decor and furnishings were chosen for their age group, not little kids.”
Healthy Eating, Active Living and Food Security

Children need more than great medical care to grow up healthy, happy and strong. Seattle Children’s works together with families and community partners to fight childhood hunger, foster healthier environments, promote nutritious choices and encourage kids to get the recommended amount of physical activity they need to thrive.

Reducing health disparities

Seattle Children's is committed to reducing health disparities. Funded by a grant from the Centers for Disease Control and Prevention and through a partnership with Department of Public Health — Seattle and King County and the Healthy King County Coalition we are distributing $8 million in federal funds (2015-2017), to work with nearly 23 cities, agencies and organizations for projects that create healthier environments and systems where people live, work and play.

Project examples include:

• Introducing evidence-based physical education curriculum and physical activity throughout the school day in the Interagency Academy and the Federal Way and Highline public school systems.

• Creating a youth-led education and awareness campaign in Delridge and White Center to build knowledge and awareness about eating healthy foods. In Kent, youth residents held local cooking contests to promote healthy eating, were involved in launching the first ever community run farmers market, and hold seats on the local food policy council.

• Expanding community leadership in the Food Innovation Network (FIN) in SeaTac and Tukwila. In order to enhance the local food system, FIN supports resource and idea-sharing for emerging food businesses that engages the diverse communities of SeaTac, Tukwila and South King County.

FIN is supported by the grant to work closely with community food advocates to identify common barriers for food entrepreneurs, and to develop leadership skills among food advocates to support access to healthy and affordable food.

The produce prescription program at Odessa Brown Children’s Clinic provides 6 months worth of fresh fruits and vegetables for eligible families.

Take two carrots and call me in the morning

Hunger and poor nutrition contribute greatly to diet-related diseases, but our health care system doesn’t cover food the same way it covers procedures and medications. The Produce Prescription Program offers a remedy for low-income patients to prevent, treat and manage diet-related diseases.

This program enables providers at Odessa Brown Children’s Clinic (OBCC), a community clinic of Seattle Children’s, to prescribe fruits and vegetables to eligible patient families and provide vouchers to redeem at Safeway locations or at local farmers markets through the city of Seattle. Via this program, health care providers support and encourage fruit and vegetable consumption amongst their patients: from July to December of 2016 alone, 105 families have enrolled and each receive 6 months of weekly prescriptions. The program is part of a partnership operated by the State Department of Health, and partially funded through a four-year federal Food Insecurity Nutrition Incentive (FINI) grant.

Food hardship is a real and growing problem that affects communities of color disproportionately. Besides being undernourished, studies show that people living in food insecure households skip, delay or reduce medications so they can afford to buy food. “Maintaining a healthy diet is one of the key actions a person can take to improve physical and mental health,” says Dr. Ben Danielson, medical director at the OBCC. “I am thrilled I can now prescribe better nutrition.”
Suicide and Violence Prevention

A child or teen is killed by gunfire every eight days in Washington. An average of two youth die by suicide each week — one third through the use of a firearm. Seattle Children’s works to promote firearm safety and address the underlying causes of youth violence and suicide.

Firearm Safety

Seattle Children’s has a long history of protecting children from injury by promoting and increasing awareness and access to safety measures like car seats, bike helmets and life jackets. We provide low-cost life jackets and free bike helmets and car seat checks to children and families every year.

We also promote safe firearm storage. In response to every firearm-related incident and act of gun violence that has affected children and teens in Washington and around the country, Seattle Children’s launched the Protect our Kids from Firearm Tragedies Initiative in 2014. Working in partnership with public health departments, Safe Kids, local hospitals and others, this initiative distributed nearly 1,000 free lock boxes and trigger locks in conjunction with education about safe firearm storage across Washington state in 2016.

Easy access to firearms in a home is a risk factor for firearm-related death and injury among children and teens. At least one firearm is present in nearly 40% of Washington homes and more than half of those homes report having an unlocked firearm. By providing the tools and education to safely store firearms in the home, we hope to reduce this risk factor and help prevent firearm-related incidents or firearm violence.

“It’s hard to believe there was a time we used to put children in cars without car seats or seatbelts,” says Cindy Gazecki, co-founder of the Seattle Children’s Firearm Tragedy Prevention Coalition and senior vice president at Children’s. “My hope is that people will look back in the not-too-distant future and say it’s hard to believe there was a time when we didn’t lock up our firearms.”

Responding to alarming posts

Young people who see disturbing social media posts from angry or despondent peers often want to help the person writing the posts, but they don’t know how. Dr. Megan Moreno with the Division of Adolescent Medicine at Seattle Children’s and researcher at the Center for Child Health Behavior and Development collaborated with Dr. Stephanie Craig Rushing with the Northwest Portland Area Indian Health Board (NPAIHB) to better understand how to empower young people to respond to posts that could foreshadow a tragedy.

Homicide is the second leading cause of death for young people ages 15 to 24 while suicide is the third leading cause for youth between the ages of 10 and 24, according to the Centers for Disease Control. The statistics are higher across the board for Native American Youth, many of whom live in communities that lack access to mental health and counseling services.

After Moreno and Rushing formed focus groups to learn how native youth respond to troubling content, the NPAIHB used its social media channel, We R Native, to present tips to youth on how to react. In the future, proactive text messages could be delivered to a young person’s phone reminding them to reach out if a post troubles them and suggesting steps they might take.
Mental and Behavioral Health

Our mental and behavioral health experts diagnose, treat and prevent problems with emotions and behavior that can affect a child’s safety, development and wellbeing. They work to understand the causes of problems like depression and addiction and find more effective ways to help children and families overcome them. By increasing access to mental health services and expanding the community’s capacity to assist families, we help more children get the mental health care they need.

Telehealth expands access to care

Half of all lifetime cases of mental and behavioral health disorders begin by age 14, but a decade or more can pass before most children and adolescents are appropriately diagnosed. The long delay in access to expert mental and behavioral health services can hinder education, employment, and quality of life of young people, and lead to further health complications.

The lack of access to specialty services especially affects young people living in rural areas and small towns. The Department of Child Psychiatry and Behavioral Medicine at Seattle Children’s Hospital is improving access to evidence-based mental health services by offering both direct care to young people and collaborative outpatient mental and behavioral health services with their primary care providers through videoconferencing. Videoconferencing uses computers with video and audio capability to deliver diagnostic and treatment services comparable to services delivered in person. This service delivery is often called telemental health or telebehavioral health and is now covered by many insurance companies across the country.

For 15 years, our mental and behavioral health specialists have provided consultations and ongoing direct care services to more than 6,000 young people in outpatient clinics and at community mental health centers in Washington (including Olympia, Tri-Cities, Wenatchee, Moses Lake, Longview and Bellingham, as well as Okanogan County and Stevens County) and Alaska (southeast, southcentral and southwest Alaska). Rapid access telephone consultations are also available at no cost to all primary care providers in Washington and Wyoming through state Medicaid partnerships. Connecting with mental and behavioral health specialists in real time gives pediatricians the support and resources to diagnose and treat depression, eating disorders, attention deficit hyperactivity disorder and other issues that might go undiagnosed and untreated because of lack of access to specialized care. The Department of Child Psychiatry and Behavioral Medicine at Seattle Children’s is recognized as a national leader in distant care using telehealth technologies.
Counseling kids with hearing loss

Challenges for deaf and hard-of-hearing children go beyond language. Their struggle to communicate with their families and understand the world around them can contribute to mental health issues.

These children and their families find the therapy and support they need at Seattle Children's, where a team of four psychiatry and behavioral medicine providers deliver specialized outpatient care.

The four therapists are fluent in sign language and are trained in child development and in working with deaf/hard-of-hearing children and their families. Two are deaf themselves and one speaks fluent Spanish. Communicating with patients directly and fluently in their primary language and/or communication mode enables patients to give and receive information immediately without going through an interpreter.

Besides facing unique challenges, this group of children is prone to mental health issues that also affect hearing children like ADHD, anxiety, depression or autism. “People who do not specialize in the deaf and hard-of-hearing population might assume a hard-of-hearing child is fine, but these kids need somebody who understands their perspective and their experiences to help them navigate the things that happen in their lives. Our team here supports these children to do well in their own communities,” says therapist Susan Sidman.

Elizabeth Hernandez (left) learned ASL to communicate with her daughter, Yajaira. Yajaira (middle) 18, has been seeing therapist Julia Petersen (right) from time to time since she was 8 years old.
Visit our Discovery Portal

Seattle Children’s Research Institute’s Discovery Portal is a free visitor center where our community can learn about the work underway to develop lifesaving cures, accelerate clinical advances and address health issues affecting children and families around the world. We regularly welcome tour groups, donors, student visitors and members of the public who are interested in learning more about the inspirational research happening at Seattle Children’s.

The Discovery Portal is a self-guided experience and is accessible for anyone. We are open Monday through Friday, 8 a.m. until 4:30 p.m. in the lobby of the Jack R. MacDonald Building, 1900 Ninth Avenue, Seattle, WA.

Visit www.seattlechildrens.org/discoveryportal to learn more and to plan your visit.

The 2016-2019 Seattle Children’s Community Health Assessment is available for download

More than 100 pages of important and useful information for hospitals and clinics, public health and local organizations interested in improving the health and safety of children and families in King County and Washington state. Use it for your reports, grant making proposals, and school projects. The assessment compiles epidemiologic data on health outcomes as well as demographic, behavioral and environmental data, includes primary data, such as key informant interviews, community listening sessions and a community assets assessment.

Visit: http://www.seattlechildrens.org/about/community-benefit/community-health-assessment/