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

Caring for the children and families in our region means working with and within communities to create safer and healthier places to live. We demonstrate this spirit of outreach in our many partnerships with people and organizations who work with us to meet some of the most urgent health needs in our region.

Together with families, community-based organizations and providers, donors, public health departments and others, Seattle Children’s seeks to:
• Enhance access to mental and behavioral health.
• Improve coordination of care for children with chronic conditions.
• Expand access to healthy eating and active living, including fighting food insecurity.
• Decrease incidents of suicide and increase violence prevention activities.

I’m pleased to share the highlights of Seattle Children’s community benefit activities over the past year. As you turn the pages of this report, you will read about our partnership with Highline Public Schools to inspire careers in biomedical research and healthcare; a network that unites people from all perspectives to promote firearm safety; a mom’s enduring gratitude for our uncompensated care program; and much more.

Although our work is far from done, with the support of our many partners we will continue our relentless efforts to create a healthier community.

Sincerely,

Jeff Sperring, MD
Chief Executive Officer

COVER

Top: Dr. David Suskind teaches Flora Martinez how to use a stethoscope. More about Dr. Suskind’s research can be found on page 4.

Bottom Left: Charlotte Ahn, 2 (bottom left) with her twin sister Beatrice and family, is thriving after heart surgery at Seattle Children’s.

Bottom Right: Gavin Leahy, Braylen Lyons, and Rowan Sim are fitted for lifejackets before swimming. Low-cost life-jacket sales and life jacket loaner programs are a part of Seattle Children’s drowning prevention initiatives.
Total 2017 Investment in the Community: $245,893,000*

- Research
  - $44,090,000
- Health Professions Education
  - $24,802,000
- Community Programs and Services
  - $12,396,000
- Uncompensated Care
  & Medicaid Shortfall
  - $164,605,000

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

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

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Community Programs and Services

A hospital cannot fulfill its mission working entirely within its walls. Seattle Children’s staff and providers reach beyond our campus every day to create safer and healthier communities. In collaboration with others, we strive to prevent underlying causes of illness and injury, provide a voice for families who are not always heard, and promote public policies that improve child health.

Putting research into schools

High school students at the Puget Sound Skills Center (PSSC) in the Highline School District are experiencing first-hand the research done at Seattle Children’s Research Institute.

Dr. Amanda Jones, director of our Science Education Department, collaborated with a science, technology, engineering and math (STEM) specialist at the school district to create the Biomedical Research and Global Health program — part of a plan to build a pipeline of science education programs that spans elementary school through college.

Dr. Noelle Machniki, a member of the institute’s Science Education Department, teaches the year-long program, held in the PSSC’s new Health Sciences Building. The PSSC draws students from 22 high schools in the Highline, Federal Way, Tukwila and Tahoma school districts. The 19 students enrolled in the program meet in a lab with state-of-the-art equipment rarely seen outside a professional facility.

The curriculum is based on the cutting-edge research done at the Institute. By building a strong foundation in biological and laboratory sciences and addressing emerging technologies, the program prepares students for many career opportunities in biomedical research and healthcare.

“A career in research or health sciences can seem intimidating because the pathway isn’t always clear,” Machniki says. “My hope is that students see science as a viable career option and have the confidence to pursue a higher degree in STEM or apply for an entry level lab position.”

Gender Clinic meets growing need

A recent study shows the number of people who identify as transgender is growing — now about one in every 200 people in the U.S.

The new Gender Clinic at Seattle Children’s is one of a growing number of pediatric clinics around the country that provide gender-affirming treatment for young people whose gender identity is different from their sex assigned at birth. The clinic received 550 referrals in its first year of opening.

Few pediatric providers are prepared to meet all of the complex needs of transgender youth. Led by Dr. David Inwards-Breland, the Gender Clinic brings together providers with expertise in adolescent medicine, endocrinology and behavioral medicine who work closely to coordinate care and follow consistent guidelines. Services include readiness discussion, pubertal blockers and cross-sex hormones. Requests for surgery are referred to external providers.

Transgender youth experience higher rates of anxiety, depression, substance abuse and suicide than their peers. Research shows that delays in obtaining gender-affirming treatment are linked to further psychiatric problems down the road. “That’s why the Gender Clinic is such an important step forward,” says Inwards-Breland. “By medically affirming their gender identity, we can make a difference for these kids.”
2017-2018 Highlights of Community Programs and Services

850 youth received care at school based health centers run by Seattle Children’s Odessa Brown Children’s Clinic

3,518 children and teens received free bike helmets and were individually fit

426 children received low cost car or booster seats

1,285 safe firearm storage devices distributed

214 children, teens and adults received free or low-cost life jackets

91,000 youth athletes cared for by athletic trainers across the region

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

5,007 took part in programs about eating healthy and staying active

1,772 individuals received healthcare-related legal advice from the Washington Medical-Legal Partnership

340 hours of pro-bono legal advice given by MLP attorneys

2,255 people served through the Journey Program, which provides grief and loss services

1,463 rides to and from the airport for patients and families
Research

Research is an essential part of our mission to prevent, treat and eliminate pediatric disease. We are committed to translating our discoveries into new and better therapies so that all of our patients — and children around the world — benefit from our work.

Diet quells Crohn’s without meds

Inflammatory Bowel Disease (IBD), both Crohn’s and Ulcerative colitis, strikes when the immune system attacks the digestive tract. This can sap a child’s energy, halt growth and spark incessant diarrhea.

Standard treatment for inflammatory bowel disease includes medications that suppress the immune system. But those medications don’t always work and can leave patients vulnerable to infections and other serious conditions.

Dr. David Suskind is leading research on the specific carbohydrate diet (SCD), which has helped some IBD patients achieve remission without medication. “The SCD is a whole foods diet which eliminates grains, most milk products and sweeteners outside of honey. Many of our patients have had success with it, however we are still researching different combinations of foods to improve patients’ outcomes,” Suskind says. “We want to help more children who suffer from IBD lead healthy, active lives and potentially find answers which will lead to a cure.”

Suskind is conducting a study which examines the effect of different versions of the SCD in patients with IBD. In addition, patients’ gut bacteria are being examined before and after the diet. This could help his team pinpoint which specific bacteria contribute to IBD. “We’re hoping to show exactly how the diet changes the microbiome and quiets down the immune system,” Suskind says. “This research has implications not only for IBD but also many other diseases which are triggered by the fecal microbiome.”

Better diets for refugees through data

Between 2,000 and 3,000 refugees settle in Washington every year — nearly half under the age of 20. Many arrive with at least one form of malnutrition.

Dr. Beth Dawson-Hahn and Dr. Anisa Ibrahim are working to better understand the nutritional risks of child refugees before and after resettlement, how they change as they get used to their new environment and how to teach refugee families about introducing new foods to their infant children, including finding familiar foods and identifying new foods.

Dawson-Hahn co-led a study that analyzed government height and weight data collected from refugees before leaving their home country. “We found that nearly one-half of all refugee children had at least one form of malnutrition, and there was, as we suspected, a double burden of some children being underweight and others being overweight,” she says.

Dr. Beth Dawson-Hahn (left) and Dr. Anisa Ibrahim (right) study refugee children and nutrition.

Data from the study will help healthcare providers and nutrition programs like Women, Infant and Children (WIC) understand the differences and similarities between refugees from different countries — and between children who already live here.

“In a busy clinic, it’s easy for providers to lump all refugees together, not necessarily knowing that Iraqi children might be more likely to be overweight than children from Burma, for example,” Dawson-Hahn says.
2017-2018 Highlights of Research

- We are fully dedicated pediatric research centers in the world.
- We are ranked 5th among pediatric institutions in National Institutes of Health (NIH) funding.
- 7 interdisciplinary centers dedicated to researching pediatric health.

- 269 student interns and 48 postdoctoral fellows hosted by the research institute.
- 484 studies sponsored by 201 different entities.
- Each study furthers our goal of identifying new approaches for preventing, diagnosing and treating childhood diseases.
- 7,599 students received science education from the Science Adventure Lab.
- 180 national and international providers, ethicists and trainees attended the annual Bioethics Conference.
- 175 areas of clinical, translational and community research.
- 336 principal investigators on staff who are leading research studies.
- We are 1 of 31 fully dedicated pediatric research centers in the world.

Seattle Children’s Community Benefit Report 2017-2018
Training doctors and nurses is an investment in the health of future generations. By hosting the University of Washington’s pediatric residency and fellowship programs as well as training providers from other schools, Seattle Children’s ensures continued access to specialized pediatric care. We also provide continuing education to hundreds of healthcare professionals already caring for kids in the community.

Providing specialized experience

The Advanced Practice Provider (APP) Fellowship Program at Seattle Children’s provides specialized training to nurse practitioners and physician assistants who are new to working with pediatric patients in the APP role.

“Nurse practitioners come out of school with a lot of knowledge, but the majority of new hires are new graduates or have no experience in the specialty in which we hired them,” says Ronna Smith, director of the APP Fellowship Program.

During the one-year program, fellows spend 70% of their time providing clinical care alongside an experienced nurse practitioner, 20% of their time observing in a clinical area and 10% of their time attending a weekly lecture series. The goal is to hire the fellows by the end of the program.

Kaitlin Hoban spent six years as a registered nurse at Children’s before becoming a nurse practitioner and joining the first cohort of four AAP fellows.

“The greatest part of the program is that I am expected to be a learner and to ask questions,” Hoban says. “The fellowship is pushing us to be independent while learning as much as we can from as many different services to make us more well-rounded.”

Supporting first-year nurses

Starting a new career is never easy, but when the job involves caring for seriously ill children, it can be especially challenging. That is why Seattle Children’s launched a new Nurse Residency Program for registered nurses hired with less than one year of experience.

“When you’re starting off as a nurse, you need to be in a place where you can say that you don’t know something, admit errors and pull in others for support,” says Tamara Lewis, who was part of the program’s first class of 42 nurses. “Having peers going through the experience with you is also vitally important.”

Nurses attend 21 four-hour classes where they work on different skills, run through case scenarios, learn about policies and procedures, listen to speakers, and participate in simulation training. Nurses also discuss coping skills for dealing with the emotions that can arise from caring for kids with life-threatening conditions.

“Many nurses come in and they’re super excited and terrified at the same time,” says Stephanie Pommer, manager of the program. “It is the right thing to do to help new grads develop their knowledge, build their skills and walk beside them in what can be a really challenging first year on the job.”
2017-2018 Highlights of Health Professions Education

- **834 professionals trained in suicide prevention**
- **65** medical, nursing and psychiatry Grand Rounds lectures given to community providers and offered to a worldwide audience via our video library
- **518 students participated in healthcare job shadows**

### Providers in Training

- **897** physicians in training
- **660** nursing students
- **48** advanced practice provider students
- **132** pharmacy, social work, dentistry and other students
- **718** medical students

### Education Events

- **3,400** healthcare providers and state employees were educated on child abuse and neglect prevention
- **More than 4,300** healthcare professionals participated in continuing education events

Our medical students train at different sites in Alaska, Idaho, Montana, Washington and Wyoming

- **20**
Uncompensated Care

The cost of medical care should never stand between a child and their ability to live the healthiest and most fulfilling life possible. Our financial assistance program honors our founding promise to care for every child who needs us regardless of a family’s ability to pay. In 2017 we provided over $164 million in uncompensated care to children in Washington, Alaska, Montana and Idaho.

Repaying a debt of gratitude

Within the neatly written ledger detailing the cost to save a life, one number stands out to Darcy Siepak — $2,096.34.

That was the amount of the bill from Seattle Children’s that insurance did not cover 42 years ago when Darcy’s daughter, Misti, was born three months premature and then 10 weeks later — only days after going home — needed emergency heart surgery.

Once Misti recovered she was free to go home for good. But after months in the hospital and a major surgery, Darcy, who also had a toddler, was worried the family would have to sell their house to pay the medical bills.

The stress disappeared when Children’s said they would cover what she owed. “The entire time we were in the hospital, everyone made us feel like all we needed to concentrate on was Misti,” Darcy recalls. “And after all we’d been through, it was such a relief to know we could stay in our home.”

Not long ago Darcy came across the ledger with Misti’s doctor bills and payments — including the amount Children’s covered. “I always felt that if someone was good enough to give me a gift, I should give it back if I can,” she says. “When I saw the ledger, I thought now’s the time. I’m going to pay it back.”

Clinic’s one-stop care is a ‘lifesaver’

Marva Harris is the grandmother of two growing boys, but she’s also their guardian and sole provider and works as a middle school security officer.

That’s a lot for one person to have on their plate, but Marva isn’t alone in helping her grandsons grow up strong and healthy. The Odessa Brown Children’s Clinic (OBCC) provides a wide range of medical, dental and mental health care that helps Jonah, 14, and Jeremiah, 4, thrive.
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.

Healthy Eating, Active Living and Food Security
Growing bodies need nutrition and exercise to thrive and develop. We work with families and partners in the community to fight hunger, improve access to nutritious food and increase opportunities for children and families to be physically active.

Helping families ACT! healthy
Children are born imitators. If the rest of the family eats well, they are more likely to eat well. If the rest of the family plays more, they are more likely to do the same. That’s the premise behind Actively Changing Together (ACT!), a nutrition and exercise program for obese and overweight children that engages the entire family in activities that fight obesity by helping families share a healthier lifestyle.

Sponsored by Seattle Children’s and the YMCA, the program is offered in 20 locations ranging from Olympia to Marysville to Yakima and has helped hundreds of children and their families since it started in 2004.

Children whose body mass index exceeds the 85th percentile are referred to ACT! by their healthcare providers. They and their families attend 12-weekly sessions and get free YMCA memberships to use between sessions during that time.

Led by a nutritionist and a physical activity coach, the 90-minute sessions — offered in the fall and winter — teach children and families how to read food labels and prepare healthy/low-cost snacks while introducing them to a wide range of activities from swimming to weightlifting to karate.

Athletic trainers keep kids safely in the game
Sports are a fun and healthy way for children to stay active, but there is always the risk of injury. Young athletes from 39 local schools count on a team of 48 licensed athletic trainers from Seattle Children’s to prevent, treat and recover from sports injuries.

The athletic trainers work on campus. In addition to dealing with injuries, they advise athletes, coaches and parents about nutrition, conditioning, and other strategies to improve both performance and safety.

“People on the sidelines, who might only see us giving water to athletes, would be surprised to know how we spend our time,” says Tara Peerenboom, who is the athletic trainer at Hazen High School in Renton. “We are in the athletic training room before, after and during each game and practice. We’re not just medical providers. Our athletes trust us, and we’re there for them during difficult times.”

The athletic trainers put the health of children first, but strive to minimize time lost to injury. “If a lot of my athletes are not able to participate in their sport, then I’m not doing a very good job,” Peerenboom says. “Our goal is to keep kids healthy and on the field.”
Coordinated Care for Children and Teens with Chronic Conditions

Connecting children with the care they need requires coordination among providers inside the hospital and between the hospital and the community — especially if a child has a complex chronic condition. Seattle Children’s strives to identify children with medical complexity, coordinate their care across all services and support their transition to adult care to help them reach their full potential.

Center connects teens to care

Our Odessa Brown Children’s Clinic (OBCC) operates a free Teen Health Center at Garfield High School. Open during school hours, the center provides students from Garfield and Nova High School with coordinated medical, nutritional, and mental health services while promoting how to live healthier lifestyles through education and counseling.

A team of Seattle Children’s providers works at the center. A nurse practitioner provides care five days a week while a mental health specialist, a nutritionist, and a psychiatrist see students on various other days.

High school can be full of ups and downs. Sometimes the only thing students want is a few minutes to chill in the Teen Health Center’s welcoming environment. “They appreciate the center a lot,” Benton says. “They always say how grateful they are for having a safe space. They can come here without being judged.”

Transitioning to adult care

When an adolescent with a chronic illness outgrows pediatric care, the next step — the transition to adult care — can feel like a giant leap. “Adult care is a totally different world,” says parent Lisa Petke.

Petke has been a foster parent to Amy, who has multiple disabilities, since Amy was 8. Amy’s transition to adult care was filled with unknowns, Petke recalls. “We were given the names of some adult doctors and that was the whole process,” she remembers. “I don’t even know what questions to ask.”

Families today have access to much more information thanks to a checklist of questions and a guide to helpful resources developed by the task force and posted on the Children’s website.

“It puts key concerns on their radar like ‘how do I teach my teen to manage their own care and what elements of their medical record are critical for new providers to know,’” said Joy Gehner, a senior family advisor at Children’s.

It won’t be too long before Petke experiences the transition to adult care once again, this time with her child, Torin, 15, who is living with the chronic side effects of chemotherapy and radiation to treat brain and spinal tumors.

“With Amy, I didn’t know how to prepare. Now, I’m very aware of what to expect with Torin and not so anxious,” Petke says.
Suicide and Violence Prevention

A child or teen is killed by gunfire every nine 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.

Uniting around firearm safety

Founded in part by Seattle Children’s in 2016, the Washington State Firearm Tragedy Prevention Network meets two times per year providing a forum for individuals and organizations from every perspective to discuss and share solutions to firearm tragedy.

“The big win is bringing everyone together to talk about our shared goals around keeping children and families safe,” says network coordinator Chelsie Gallagher of Seattle Children’s. “We approach firearm tragedy prevention from a safety, learning, sharing and collaborating perspective. The response has been incredible.”

Children’s co-leads the network along with Public Health — Seattle & King County, the Harborview Injury Prevention and Research Center and the Washington Chapter of the American Academy of Pediatrics.

Learning to communicate firearm safety messages effectively is an important focus. “If you are going to message to people who own firearms, you have to approach it from a lens of understanding and cultural acceptance,” Gallagher says.

Identifying evidence-based programs that promote firearm safety is another priority. “One example is the Seattle Children’s community safe firearm storage giveaway where we travel around the state giving out free lock boxes and trigger locks and educating people on how to use them,” Gallagher says. “We’ve evaluated that program and the evidence shows that people are using the devices after attending an event.”

Working to reduce suicide risk

A 2013 survey by the Centers for Disease Control found that more than 13% of teens nationwide seriously considered suicide in the previous 12 months. More than 10% made a plan, 8% attempted suicide, nearly 4% needed medical attention and one in 1,000 died. The survey also showed that 15% of teens had at least one episode of non-suicidal self injury.

In Washington, suicide is the second leading cause of injury death to youth ages 10 to 24. Between 2009 and 2013, an average of two youth died by suicide each week across the state.

Dr. Elizabeth McCauley is examining the effectiveness of two approaches to reducing the risk of self-harm or suicide among youth. One approach focuses on enhancing support and the other on developing coping skills to reduce distress and solve problems. Research has shown that one in five teens will go through a period of major depression — a leading risk factor for self-harm and suicide — by the age of 18. Other risk factors range from anxiety to family strife to substance abuse.

To date, there are no proven interventions to reduce suicide, so study findings hold great promise for increasing useful strategies for working with these high-risk youth.
Mental and Behavioral Health

Physical and mental health go hand in hand in helping children grow and develop to their full potential. Our mental and behavioral health experts work to understand and treat the causes of conditions like depression and addiction while expanding the community’s capacity to serve more families through education, research and care coordination.

PEARL guides ADHD treatment

Many children with attention deficit hyperactivity disorder (ADHD) or related behavior challenges get diagnosis and medicine from their primary care provider. But some have subtle ADHD that is hard to diagnose or that is complicated by other issues.

The Program to Enhance Attention, Regulation and Learning (PEARL) at Seattle Children’s helps those children and their families by providing thorough evaluations that can guide the treatment of learning, attention and behavior problems. The clinic served more than 700 children ages 5 and older in 2017.

Besides expert diagnosis, PEARL offers group treatment programs that teach families skills to manage the many issues that stem from disruptive behavior disorders at home, school and elsewhere. One program serves parents of young children, one serves adolescents and one — new last year — serves parents of adolescents.

“Parents of teens told us they couldn’t find help in the community for addressing the daily stress they and their children face,” said Erin Schoenfelder Gonzalez, director of behavioral treatments for the clinic. “When parents get frustrated, kids feel like everyone is angry with them, and it becomes a negative cycle that can get families in a very stuck place.”

PEARL also gives families access to the latest treatment through research studies. The clinic is currently enrolling patients in a study assessing medications for children with ADHD and impulsive aggression, and will soon enroll for a program that helps families manage ADHD symptoms through exercise.

PAL shrinks anti-psychotic use

A telephone consultation system launched by Seattle Children’s has decreased the prescription of antipsychotics by nearly half for children enrolled in Washington state’s Medicaid program, according to a study led by Dr. Rebecca Barclay.

The 49% reduction in prescriptions between 2006 and 2013 came after the introduction of the Partnership Access Line (PAL). The system, the second of its kind in the country, allows primary care providers to consult on-demand directly with child psychiatrists affiliated with Children’s and the University of Washington School of Medicine, and facilitates second opinion consultations for youth with atypical psychiatric medication regimens.

The use of antipsychotics to treat children had been steadily increasing, which is a concern because side effects like high cholesterol and weight gain can contribute to future health complications. “Antipsychotics are helpful and necessary in many situations, but we want to make sure we’re reserving their use for when absolutely appropriate,” Barclay said.

PAL addresses a statewide shortage of child psychiatrists by giving primary care providers a resource for better meeting mental and behavioral health needs in their communities — including making decisions about when to use medications like antipsychotics. “We have received thousands of calls from providers since PAL was implemented,” said Dr. Robert Hilt, who leads the program.

PAL addresses a statewide shortage of child psychiatrists by giving primary care providers a resource for better meeting mental and behavioral health needs in their communities — including making decisions about when to use medications like antipsychotics. “We have received thousands of calls from providers since PAL was implemented,” said Dr. Robert Hilt, who leads the program.

A PAL Plus pilot program was also introduced in 2017 to provide in-person counseling sessions with local behavioral health providers for children from under-resourced families in Benton and Franklin counties.
“We have received thousands of calls from providers since PAL was implemented.”

— Dr. Robert Hilt

The PAL and PEARL programs help providers, families and children cope with and manage behavioral challenges.
A Combination for Better Health

7 Start the day with breakfast 7 days a week.
5 Eat 5 servings of fruits and vegetables a day.
2 Keep screen time under 2 hours a day.
1 Be active for at least 1 hour a day.
0 Aim for 0 sugar-sweetened drinks.

Sharing a combination for better health

By following five tips represented by the numbers 7-5-2-1-0, all children and their families can take small but powerful steps toward a healthier lifestyle. Seattle Children's works in the community to encourage all children and their families to follow 7-5-2-1-0.

Youth Mental Health First Aid Class Offered

Seattle Children's is excited to partner with King County and Chad's Legacy to offer Youth Mental Health First Aid. This 8-hour class is for adults who regularly interact with adolescents ages 12 to 18. Youth Mental Health First Aid will improve your knowledge of mental health and substance use problems, and will teach you how to connect youth with care when needed.

For more information and to register, visit: http://www.seattlechildrens.org/classes