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

Seattle Children’s has a long history of going beyond our hospital’s walls to work with communities to create safer, healthier places to live.

Three years ago we created a plan for our community benefit efforts that is designed to address some of the most urgent health needs of the children and families we serve in our region.

Together with community organizations, public health departments, families, donors and others, we have worked to:

• Increase access to quality healthcare for all children and teens.
• Improve coordination of care for children with chronic conditions.
• Improve health equity and access in South King County.
• Prevent and treat obesity.
• Enhance access to mental and behavioral health.

Partnering with other organizations and individuals in the community is vital to ensuring we can care for every child who needs us. The work highlighted in this report would not be possible without such partners. From opening a new South Clinic in Federal Way to improving the transition of teen cancer survivors to adult survivorship care, our team has invested mightily alongside many to meet the needs of our patients, families and communities.

I am proud and excited about the steps we have taken, and recognize there is still much to do to assure the well being of all children.

We are committed to continue our mission to bring hope, care and cures to improve the health and well-being of children in our region and across the world.

Sincerely,

Jeff Sperring, MD
CEO
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 in the categories of uncompensated care, research, health professions education and community health improvement. Community benefit is also the basis of the tax-exemption of nonprofit hospitals. These reports document the ways in which hospitals go above and beyond their core functions to support the health needs of the community.

Total 2015 Investment in the Community: $175,349,000*

- Research $30,341,000
- Community Programs and Services $8,668,000
- Health Professions Education $24,522,000
- Uncompensated Care & Medicaid Shortfall $111,818,000

* Does not include grants and contributions that support community benefit programs.

Learn more about how we contribute to the community at www.seattlechildrens.org/communitybenefit, where you will also find our 2013-2016 Community Benefit Implementation Plan.
Community Programs and Services

Keeping children and families safe and healthy means helping people where they live. Seattle Children’s works in the community and with the community to tackle the underlying causes of injury and illness, speak up for underserved families, and support policy changes that improve child health.

Clearing the air about pot

A haze of misinformation and risky behavior hovers over legalized marijuana use in Washington. A recent University of Washington survey found that only 57% of parents knew the legal age for marijuana use is 21 while the Poison Center reports an increase in calls involving teens who have consumed too much pot.

Three Seattle Children’s physicians were featured in a public service campaign to educate parents about the law and stress the importance of talking to children about the risks of marijuana use. Pictures of Dr. Leslie Walker, Dr. Glen Tamura and Dr. Nathalia Jimenez appeared on billboards that urged parents to “Talk With Your Kids.”

The campaign was launched by a group of organizations including Prevention Works in Seattle (WINS), a community coalition involving Seattle Children’s and other partners who work together to fight adolescent drug and alcohol abuse.

“Parents are the number one influence on their children — even teens,” says Walker. “It’s important that they know the law and how to help children develop the social and emotional skills needed to avoid drug use.”

Keeping kids safe in the water

Drowning is an especially worrisome risk for children and teens in places like Washington where there is so much opportunity to spend time in and around open water. An average of 25 children and teens drown in this state every year — most of them while swimming, playing in or near water, or boating.

Seattle Children’s has worked for many years to understand the risk factors and develop programs to prevent drowning. We co-lead the Washington State Drowning Prevention Network and worked with the state Department of Health and numerous other community partners to form a statewide policy strategy plan to reduce open water drowning.

Funded by a grant from the Centers for Disease Control, the plan has been the catalyst for identifying policies and systems that improve water safety including a stronger boating under the influence law, guidelines for designated swimming areas, programs to loan life jackets at more than 180 sites statewide and public single gender swim sessions to address cultural barriers.
2015 Highlights of Community Programs and Services

- 4,472 students received free health screenings in partnership with the Nick of Time Foundation.
- 4,144 children and teens received free bike helmets and were individually fit.
- 557 children received low cost car or booster seats.
- 1,134 safe gun storage devices distributed.
- 628 youth received care at Odessa Brown Children’s Clinic run school-based health centers.
- 243 children, teens and adults received free or low cost life jackets.
- 162 children and families who are homeless received free healthcare at Wellspring Family Services and Country Doctor Community Clinic.
- 738 took part in programs about eating healthy and staying active.
- 1,921 individuals received healthcare-related legal advice from the Washington Medical-Legal Partnership.
- 1,297 people served through the Journey Program, which provides grief and loss services.
- 1,307 rides to and from the airport for patients and families.
Research

We improve the lives of children in our region and around the world through our research. By identifying problems, discovering solutions and translating them into new cures and treatments, we provide hope to children and families everywhere.

Advancing pediatric treatments

Drug companies develop relatively few therapies specifically for children because the number of children affected by most childhood diseases is too small to produce a sufficient return on investment. The high cost of pediatric clinical trials can be another barrier. The consent process and ethical considerations are more complex and therapies must be tested at each of the various stages of childhood development.

Our new Office of Science-Industry Partnerships collaborates with the private sector to overcome those challenges and advance new pediatric therapies so providers aren’t forced to prescribe adult medications that may not be appropriate for developing bodies. “Our message to industry is let us help you fund your research and bring therapies that benefit children to market,” says Dr. Elizabeth Aylward, who leads the partnership office. In addition to therapeutics, the Office of Science-Industry Partnerships also focuses on diagnostics, vaccines and medical devices to advance pediatric treatments.

Searching for suicide warnings

Social media opens a new window into people’s state of mind — especially adolescents and young adults who often post thoughts and feelings they otherwise might not share. Dr. Molly Adrian is working on a way to look through that window for signs that an adolescent or young adult is a suicide risk.

Adrian is exploring whether a voluntary system that identifies suicide risk among military veterans can do the same for young people. The system mines Facebook posts and other social media communication (e.g. Twitter and Instagram) and then compares key words and phrases of veterans who died by suicide with veterans who died from other causes. In the case of Adrian’s work, this work seeks to use predictive analytics to identify young people at risk for suicide.

The system tracks and scores each patient’s risk level. When the score reaches a dangerous level, the system sends an e-mail or text message to a mental health provider or family member. “Suicide risk rises and falls, but it’s really hard to tell when it’s rising, even when you’re regularly seeing a patient,” Adrian says. “This system might be able to help kids before it’s too late.”

Helping Families Navigate Social Media: Our researchers are studying how adolescents’ Facebook posts can be used to identify suicide risk, problem drinking or drug use — and members of our research team have recently published a book to help parents and children understand social media, avoid cyberbullying and safely navigate the online jungle.

College cyberbullying tied to depression

College may seem like a time for leaving adolescent troubles behind, but that’s not necessarily true for cyberbullying.

A study led by Dr. Ellen Selkie and Dr. Megan Moreno found that one in four female students reported being cyberbullied while in college. The study also found that college girls who reported being cyberbullied were three times more likely to meet clinical criteria for depression. If the cyberbullying involved unwanted sexual advances, the odds of depression doubled. Those who acted as bullies also were more likely to report depression and alcohol abuse.

The study is unique because it explores cyberbullying in college students rather than young adolescents, the primary target of previous cyberbullying research. The findings are important because college students are among the most frequent users of digital technology and because females — the specific focus of the study — are more likely to be involved in cyberbullying and become distressed by it.

“Depression and alcohol abuse are already major concerns for college students, so it’s critical to be aware that cyberbullying is a potential trigger for those health risks in young women,” Selkie says.
2015 Highlights of Research

531 studies sponsored by 197 different entities
Each study furthers our goal of identifying new approaches for preventing, diagnosing and treating childhood diseases

6,436 students received science education from the Science Adventure Lab

185 national and international providers, ethicists and trainees attended the annual Bioethics Conference

409 participants attended science cafes to learn about research

175 areas of research

312 principal investigators on staff who are leading research studies

8 interdisciplinary centers dedicated to researching pediatric health
We are ranked 5th among pediatric institutions in National Institutes of Health (NIH) funding

72 student interns hosted by the research institute

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

Training the next generation of pediatric doctors, nurses and other healthcare professionals is essential to our mission and raises the level of care for children everywhere. We are home to the University of Washington’s pediatric residency and fellowship programs and are a training ground for nurses and other providers. We also offer continuing education and outreach to healthcare professionals already caring for kids in the community.

Sharing expertise in Africa

Children born with cleft lip and palate struggle to survive and thrive without proper care and treatment. In Africa, families travel long distances to reach hospitals, wait in long lines to get care and face public rejection. After repairing a cleft, doctors there typically don’t coordinate with other specialists to treat ongoing problems such as difficulty eating, talking and breathing.

Dr. Michael Cunningham and Dr. Richard Hopper founded the Partners in African Cleft Training (PACT) program to teach doctors in Ghana, Ethiopia and Nigeria the surgical techniques and coordinated care approach that the Craniofacial Center at Seattle Children’s uses to help kids with cleft. Their alliance with the cleft clinic at the Komfo Anokye Teaching Hospital in Kumasi, Ghana, has made a lasting impact because the people they train pass on what they learn to others.

“With this approach, the number of patients who benefit from improved care reaches the thousands,” Hopper says. “The key to PACT’s success is translating what we do here into something that works in a part of the world with a very different culture and resources.”

Teens get taste of research

More than two dozen teens got a sense of what a research or healthcare career might be like at the summer scholars day camp at Seattle Children’s Research Institute. Organized by the Social Media Adolescent Health Research Team (SMAHRT), the week-long program enabled teens to design and answer their own research questions, such as “can you be addicted to the Internet” and “how does Instagram affect your well-being.” They presented their findings on the last day of camp.

In 2015, the program’s inaugural year, nearly 50 teens applied for 25 spots in the program. Most were from the Kent and Highline school districts and many were from families with limited incomes. They received free transportation and a $100 stipend to offset the potential loss of income from not working that week.

“We realized there was a gap in the community for some kids who aren’t necessarily able to have educational summer experiences,” says Dr. Megan Moreno, who leads the SMAHRT team. “We wanted to offer them a chance to see how exciting research can be and provide a window to the many opportunities that exist in the research and healthcare fields.”
2015 Highlights of Health Professions Education

**Providers in Training**
- **877** physicians in training
- **641** nursing students
- **138** pharmacy, social work, dentistry and other students
- **818** medical students

Our residents train at **9** different sites across Washington, Alaska and Idaho

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

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

Seattle Children’s founding promise is that every child should have access to the best medical care available regardless of their family’s ability to pay. In 2015, we provided $111.8 million in uncompensated care to children in Washington, Alaska, Montana and Idaho.

Dear Seattle Children’s: Thank you

A family’s first concern when a child enters the hospital is with healing their child’s illness or injury. But another concern awaits many families — how to pay the medical bills that will soon arrive in their mailbox.

Every year a number of patient families find an envelope from Seattle Children’s in their mailbox that doesn’t bring a bill but instead delivers what can feel like a miracle: a letter stating their hospital bill has been paid through our Uncompensated Care Fund. Below are excerpts from the steady stream of responses we receive from grateful families.

“Your support will make such a difference to us. I felt so buried in medical bills. When I look at the remaining stack now, I feel as if I can breathe a little easier.”

“We just received a letter from Seattle Children’s saying the remainder balance will be paid by Seattle Children’s. I kid you not, I lost it when I read the letter. I just hugged my husband and could not stop crying. You really have NO idea what this means to me and my family.”

Bridging the gap

Children’s uncompensated care program helps families focus on healing, not cost, regardless of their insurance coverage or financial circumstances. Our program bridges the growing gap between Medicaid reimbursements and the real cost of treatment. Medicaid is the government program that provides medical coverage at no or low cost to low-income families. Even with Medicaid expansion and the advent of the Affordable Care Act, nearly half of our patients received coverage through Medicaid and the Children’s Health Insurance Program (which is known as Apple Health for Kids in Washington state). While these programs provide comprehensive medical coverage, they only cover 70% of the actual cost of the care provided. Our uncompensated care program made up for the shortfall of $102.2 million in 2015. Another $9.6 million covered the cost of care for children whose families in our region were unable to pay for care.

Saving more than a nickel

Reiko Heyamoto was struggling to breathe and her parents, Scott and Erin, were scared “out of their minds.” They saw the toddler swallow something but weren’t sure what. After an ambulance rushed her to Evergreen Hospital, X-rays revealed a coin lodged in her throat.

When Reiko Heyamoto (left) came down with a case of “nickel in the throat,” Seattle Children’s came to the rescue both clinically and financially. (Also pictured: Reiko’s parents, Erin and Scott Heyamoto.)

Reiko was transferred to Seattle Children’s for the delicate procedure needed to safely remove the nickel. An hour after the operation, she was smiling and eating potato chips. Later the family learned Seattle Children’s would help foot Reiko’s medical bill.

“As a middle-class family living paycheck to paycheck, we knew the cost of the ‘nickel’ would be a little more than five cents,” wrote the family in a thank you letter to Seattle Children’s. “We are extremely grateful for you in helping our family with the costs.”

Speaking up for child health

Seattle Children’s is an active member of the Health Coalition for Children and Youth, a statewide group of more than 45 organizations that work together to promote public policies to improve child health. Hugh Ewart, Seattle Children’s director of state and federal government relations, chairs the coalition.

During the last state legislative session, the coalition helped pass legislation to improve the state’s child mental health system. It sets up a workgroup to study gaps in the system and make recommendations to the governor and legislature to improve it. Ongoing efforts include transforming the state’s Medicaid program by working within the state’s nine regional Accountable Communities of Health and making its voice heard on changes affecting child health.
Community Benefit Priorities

Our 2013-2016 Community Health Assessment identifies five 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 five priority areas. Here are some of our accomplishments.

Access to High Quality Healthcare

Our founders made a promise to provide the best care possible for every child who needs us. We work every day to keep that promise. We connect eligible families with public insurance programs such as Medicaid, monitor insurance networks to make sure coverage is adequate to meet children’s needs and maintain a financial assistance program for families earning up to 400% of the poverty level.

Linking cancer survival and insurance

Cancer causes more deaths among young people ages 15 to 39 than any other disease. While cancer survival continues to improve for children and older adults, outcomes lag for teens and young adults.

Findings from a study led by Dr. Abby Rosenberg could help reduce this disparity. The study showed that teens and young adults were at much greater risk to have advanced stage cancer and to die from cancer if they had no or limited healthcare insurance (defined as either no coverage at all or Medicaid coverage) compared to those who had private healthcare insurance.

Teens and young adults are historically the least insured age group in the country. The study reinforces the need for healthcare providers to urge this age group to get insurance and to establish a consistent medical home to obtain preventative care, Rosenberg says.

A finding that the risk of death was highest for those with lower stage cancer at the time of their diagnosis suggests young cancer survivors may also need better access to follow-up care after treatment and more education about their ongoing medical needs, Rosenberg says.

Survival rates for teens and young adults with cancer are higher when they are treated at children’s hospitals. Milton was treated for acute lymphoblastic leukemia and is now in remission.
**Coordinated Care for Chronic Conditions**

Caring for children with medical complexity requires that many different healthcare providers — at the hospital and in the community — work closely and consistently together. We help these children reach their full potential by effectively communicating, coordinating and tracking their needs and outcomes as they grow up and transition to adult care.

**Improving care, reducing costs**

Improving outcomes and reducing the total cost of care for children with special needs is a national healthcare goal. Seattle Children’s is showing the way with the Pediatric Partners in Care (PPIC) program.

Launched with a $5.56 million federal grant, PPIC strives to keep children out of the hospital, reduce the use of emergency services for non-emergent care, and prevent unplanned inpatient returns. As a part of our work in this area, Seattle Children’s is coordinating with others involved to provide the best health care; for us that means working with the patient and family first and then coordinating with health plans, schools, community and home or other health care providers to help manage the care our patients receive. It also means training and consultation for the primary care providers who are caring for these children.

The three-year pilot program involves 4,200 children who are on Supplemental Security Income (SSI) from King and Snohomish counties. Also working along side us are four Medicaid managed care organizations who are collaborating to develop a framework for sustainable funding of these interventions.

“The PPIC program represents a huge leap forward for the special needs children we serve,” says Dr. Sandy Melzer, executive vice president for networks and population health. “These children and their families already have so many challenges. It is our responsibility to look for ways to improve their lives while also supporting national goals to reduce costs of care.”

**Finding the Way**

Seattle Children’s Center for Diversity and Health Equity strives to empower children and families at risk for health inequities, improving health outcomes for all children. The Center works both inside and outside Seattle Children’s to ensure our patients and all families in our region get the highest quality care — no matter what their race, ethnicity, language, literacy, age, gender, gender identity, sexual orientation, religion, disability or finances. One cornerstone of this work is to ensure safe and effective care for all our patients and one way in which the Center does that is through its patient navigation program. Patient navigators are bilingual individuals who combine the role of case manager and patient advocate. Patient navigators help families understand their child’s health needs and teach families how to navigate within the healthcare system by helping them learn how to: advocate for their child and ask questions, schedule appointments, request interpreter services, solicit financial assistance and arrange transportation. Patient navigators build trust with families in their own language, assure families understand care, and help providers understand families’ unique needs and strengths. Our patient navigators speak Spanish, Somali, Arabic, Mandarin and Cantonese and serve as a touchstone for families for whom language and cultural issues are impacting care, and whose children have medically complex needs.
Health Equity and Access in South King County

A family’s ZIP code shouldn’t factor into a child’s health and well-being. We work with families and community groups to understand the area’s diverse strengths and challenges, promote healthy choices and provide culturally relevant services.

Families welcome South Clinic access

Families in south King and north Pierce counties can now receive specialty care from our pediatric providers close to home thanks to the opening of Seattle Children’s South Clinic in Federal Way, Washington.

“When you’re already dealing with a sick child, traveling from Tacoma or Federal Way to Seattle Children’s main campus can be a challenge,” says Cynthia Gordon, whose son has cerebral palsy and receives occupational and physical therapy at the new clinic. “The need in this area is just tremendous.”

More than 15 specialty clinics ranging from cardiology to orthopedics to gastroenterology are housed in the 32,000-square-foot building, which also features an urgent care clinic, imaging center, laboratory and infusion center. In addition to a staff of 30, numerous providers rotate to the South Clinic from our main campus.

A Commitment to Equity

Odessa Brown Children’s Clinic (OBCC) is a community clinic of Seattle Children’s located in Seattle’s Central District. Children from birth through age 21 receive coordinated, family-centered care from a team of specially trained pediatric care providers. OBCC provides medical, dental, mental health and nutrition services to all families, regardless of their ability to pay. Since 1970, OBCC has been dedicated to providing quality pediatric care, family advocacy, health collaboration, mentoring and education in a culturally relevant context.

OBCC looks at the whole picture — medical and nonmedical — to help kids from low-income and ethnically diverse families thrive. The majority of the clinic’s patients live in low-income areas of south Seattle and south King County where kids have two to five times the risk of asthma, mental health and behavior concerns, dental disease and obesity. About 80% are on Medicaid. Almost 20% speak another language (primarily Spanish) at home. Nearly 10% are immigrants from East Africa.

In addition to a focus on managing asthma, sickle cell, obesity and ADHD, OBCC offers a Fit 4 You program that encourages patients and families to eat healthy and stay active through cooking and nutrition classes and swimming lessons. Through a partnership with Reach Out and Read, OBCC gives free books to children during well-child visits. OBCC also extends care outside its walls, running health clinics in three local schools and a daycare, using legal aid to assist families in need, making house calls to help families secure basic needs and organizing community dental screenings for toddlers.

Odessa Brown Children’s Clinic had 23,751 clinic visits in 2015.

Physical Therapy is one of the 15 specialty clinics housed at the South Clinic.

The South Clinic occupies a former electronics superstore that underwent more than a year of renovation to become a state-of-the-art medical facility located next to a transit center to make getting to the clinic easier. “Seattle Children’s South Clinic has a lot in common with the look and feel of our Bellevue Clinic and Surgery Center,” says Todd Johnson, vice president of facilities. “It’s beautiful, welcoming, versatile and efficient.”
Obesity

We work in clinics and the community to help children, teens and families make healthy changes to prevent and reduce obesity. Through education, advocacy and research, we promote healthy eating and active living to improve quality of life for children and teens.

Study finds kids need a play raise

Preschoolers may seem like squirming bundles of energy, yet a study led by Dr. Pooja Tandon suggests many may not be getting enough opportunities for physical activity.

Tandon found that preschoolers at 10 Seattle child-care centers spent only 30 minutes outside playing and were offered less than one hour of active play opportunities each day. National guidelines for children in this age group call for at least one hour of unstructured free play each day.

Overall, the study found that preschoolers spent 73% of their time in sedentary activity, 13% of their time in light activity and 14% of their time on moderate to vigorous physical activity — findings that both surprised and concerned researchers.

“Children need daily opportunities for physical activity not only for optimal weight status, but because physical activity promotes numerous aspects of their health, development, learning and overall well-being” Tandon says.
Mental and Behavioral Health

Our mental and behavioral health experts treat children with addiction, depression and other problems that affect their development, safety and well-being. By increasing access to our mental health services and expanding the community’s capacity to assist families, we help more children get the mental healthcare they need.

Help at a moment’s notice

Primary care providers are at the front line of mental and behavioral healthcare. When patients show symptoms of mental health issues, providers throughout Washington and Wyoming can call our Partnership Access Line (PAL) to consult with child psychiatrists from Seattle Children’s and the University of Washington School of Medicine.

PAL provides an immediate response during business hours to any mental health issue that arises with a child or teen. The consultations help providers diagnose conditions, prescribe treatment, make referrals and guide families to resources in their home community. PAL also distributes child mental healthcare guides with rating scales, medication guidelines and other useful information.

Our new PAL Plus pilot program will support primary care providers in the Tri-Cities with a mental and behavioral health specialist who will meet families at provider clinics to coordinate care for children with anxiety and depression. The goal is to address care with the primary care providers (PCPs) as they identify children with anxiety and depression. The behavioral health specialist will collaborate locally with the PCPs to screen children, provide onsite therapy, and share information with a PAL child psychiatrist and psychologist.

Caring for more kids

Our new Psychiatry and Behavioral Medicine Unit (PBMU) doubles our previous capacity so we can better meet the community’s pressing need for greater mental health services. Designed with input from patients and families, the new unit has 41 single-patient rooms plus a family reception area, a classroom, a comfort room, a dining area, an exercise/recreation area and a designated space for the Autism Spectrum Disorders Program.

Since rolling out in 2008, PAL specialists — like Dr. Bob Hilt — have fielded more than 9,500 calls from pediatric primary care providers throughout Washington and Wyoming.

Children with complex mental health issues may need to stay in the hospital at times. When this happens, we have a Psychiatry and Behavioral Medicine Unit where we treat children from ages 3 to 18.
Classes and Community

Our commitment to the well-being of children goes beyond our walls. Seattle Children’s offers:

• Classes on puberty, babysitting, CPR and more.
• Free or low-cost safety gear, like bike helmets and life jackets.
• Parenting events and resources.

For a list of our classes and events visit:

www.seattlechildrens.org/classes

Are you #StrongAgainstCancer?

Join the team ending childhood cancer at www.strongagainstcancer.org or at www.facebook.com/strongagainstcancer