Does your child need a pediatric trauma center?

Yes! Find out how UCSF Benioff Children’s Hospital Oakland’s Level I pediatric trauma center increases survival rates by 25 percent.

AVOIDING DIABETES BURNOUT
Learn strategies for alleviating the stress of managing your child’s diabetes.
UCSF Benioff Children's Hospital Walnut Creek Campus is Contra Costa County's only pediatric outpatient medical center just for kids. Our Walnut Creek location houses the latest technology and services for pediatric care. All care is provided by physicians who are members of Children's attending physician staff.

UCSF BENIOFF CHILDREN'S HOSPITAL WALNUT CREEK CAMPUS
2401 Shadelands Dr.
Walnut Creek, CA 94598
(Cross street is Lennon Ln.)

www.childrenshospitaloakland.org
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CHILDREN'S
HANDPRINTS

The medical information contained in this newsletter should not be substituted for advice from your child’s pediatrician.

If you do not wish to receive future issues of this publication, please email to comm@mail.cho.org your name and address as they appear on the mailing panel.

If you’d like to write to the editor of Children’s HandPrints, please send an email to editor@mail.cho.org.

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SCORE FORE KIDS 2014
MON., SEPT. 15, 2014
Claremont Country Club, Oakland, Calif.

To reserve your foursome or become a sponsor, contact Angela Rundles at arundles@rundlesandassociates.com, or call 925-370-7496.

www.scoreforekids.com

The 9th Annual San Francisco Bay Open Water Swim
SWIM TO FIGHT CANCER
SUN., SEPT. 21, 2014

Money raised at the 9th Annual San Francisco Bay Open Water Swim stays in our community, supporting Bay Area pediatric cancer research and treatment.

www.swimacrossamerica.org/sf
Dear Friend and Neighbor,

Children’s Hospital & Research Center Oakland and UCSF Benioff Children’s Hospital affiliated on January 1, 2014. Now, thanks to a generous $100 million gift from Lynne and Marc Benioff, we will strengthen the existing talent and programs in basic and clinical research and patient care offered by these two premier institutions. This funding will enable us to attract world-renowned researchers and clinicians to accelerate the development of innovative solutions for children’s health care throughout the Bay Area, as well as nationally and globally.

Our new name is UCSF Benioff Children’s Hospital Oakland. The name change reflects our affiliation with UCSF, and also the deep commitment of Marc and Lynne Benioff to strengthen Oakland’s thriving medical and research community and ensure that doctors on both sides of the Bay have world-class facilities to care for children. The current UCSF Benioff Children’s Hospital is named UCSF Benioff Children’s Hospital San Francisco. Together, the hospitals are named the UCSF Benioff Children’s Hospitals.

In recognition of the long legacy and expertise that Children’s Oakland brings to the relationship, Children’s Oakland’s “paper dolls” logo were adopted by UCSF Benioff Children’s Hospital San Francisco as part of the new logo for both institutions. Retaining Children’s Oakland’s culture and identity is important in this relationship, therefore adding the symbol to the UCSF Benioff Children’s Hospital San Francisco was a natural solution. This identity carries with it 100 years of commitment to children’s health.

When the doors open at Mission Bay in February 2015, we will become one of the top 10 largest children’s health care providers in the country. We are proud of our work to prevent illness and heal young patients, families, and communities around the globe, and we are truly looking forward to all that we will be able to accomplish together as UCSF Benioff Children’s Hospitals.

Bertram Lubin, MD
UCSF Benioff Children’s Hospital Oakland
President & Chief Executive Officer

A WORD FROM
DR. LUBIN
PRESIDENT & CEO

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Bertram Lubin, MD
UCSF Benioff Children’s Hospital Oakland
President & Chief Executive Officer
Recently, a family came to UCSF Benioff Children’s Hospital Oakland’s Primary Care Clinic for treatment for their child’s asthma. The family is composed of three children and the parents. They live in a one-bedroom apartment. The walls in the kitchen and bathroom are covered in mold. The 3-year-old girl is overweight and not yet talking. The 4-year-old boy has asthma, coughs nightly, and has been to the emergency department five times in one year. The 13-year-old brother is failing school. There is not enough food, and the family is getting evicted. I could go on.

Children’s Primary Care Clinic is a Federally Qualified Health Center (FQHC). Ninety-eight percent of our patients are on Medi-Cal, which means that they live below the federal poverty level. The poor, largely composed of communities of color, suffer the heaviest burden of chronic disease. Where a child lives, eats, plays, prays, and goes to school not only charts their future, it also leaves a lasting imprint on a child’s physiology. The toxic stress associated with poverty and childhood adversity changes biological functioning and brain architecture. Toxic stress is the extreme, frequent, and extended activation of the body’s stress response. Examples of adverse childhood experiences that lead to toxic stress include physical or verbal abuse, domestic violence, and exposure to caregiver drug abuse, as well as “social determinants” of health such as lack of food, instable housing, community violence, and physical inactivity. Toxic stress then can lead to chronic diseases such as obesity, asthma, and heart disease. By taking a social determinants approach to medicine—one that enables us to examine the social and environment factors that impact health—we can treat the health inequities that underlie illness and improve children’s health outcomes.

In 2012, we started an innovative program to routinely screen for and address social determinants of health. This new program is called the Family Information and Navigation Desk (FIND). When a family comes for a clinic visit, they are screened for information about their basic social needs like food insecurity, housing issues, health insurance, child care, exposure to thirdhand tobacco smoke, and access to physical activity and green space. Families’ needs are triaged through a tiered approach. Families are connected via a “warm hand-off” to existing community resources such as homeless shelters, food banks, health insurance, YMCAs, East Bay Regional Parks, the East Bay Community Law Center, and other community programs. Families with complex needs are immediately referred to the appropriate intervening organizations.

This screening is conducted by a culturally responsive volunteer Navigator. Navigators are recruited from the local community. They can be college students, caregivers, retired teachers, or social workers. Anyone can apply to be a Navigator because everyone brings a unique experience to this work. Cultural responsiveness refers to the ability to learn from and relate respectfully to people from your own and other cultures. It is essential for Navigators to have this perspective so as to promote true partnerships. Jointly, with Highland Hospital, San Francisco General Hospital, UCSF, and Stanford, we recruit and train Navigators that span the Bay Area. Since Fall 2013, we have trained more than 200 Navigators.

With the assistance of the FIND Navigator, we were able to refer the 3-year-old girl to a bilingual community behavioral development program. A home case manager went to the family’s home to speak with the parents about asthma. The 13-year-old boy received free passes to the local YMCA Family Night and after-school tutoring programs. The parents connected with our Medical Legal Partnership to mediate the eviction and the mold problem that triggered the 4-year-old boy’s asthma. The family also explored Crab Cove on the Alameda Shorline thanks to the “Nature Shuttle” provided by East Bay Regional Parks.

FIND allows me to be a better pediatrician by helping me to practice a “social determinant of health” approach to medicine. The lessons I have learned from FIND are profound and humbling. Families overwhelmingly want to talk about their unmet social needs. When families have this conversation with a Navigator, it nurtures a safe space for the health care team and families to explore difficult topics. Navigators are advocates who enable the health care system to function more effectively and efficiently. Children’s is firmly committed to culturally-responsive evidence-based best practices. Through FIND, we can improve the quality of health care, and positively impact population health. We must start to treat poverty as a disease, and health disparities as a vital sign.

For me, the ultimate winners are our children.

Dayna Long, MD, and Kelley Meade, MD, are co-directors of FIND at UCSF Benioff Oakland. For more information about FIND, please email Dr. Long at dlong@mail.cho.org.
I want to assure you that all of our recommendations are rooted around the principles of evidence-based medicine. The American College of Sports Medicine has released a position paper that mirrors the recommendations appearing in the HandPrints article. One of the key statements from this paper, which is based on a thorough review of the literature, is that “consumption of beverages containing electrolytes and carbohydrates can help sustain fluid-electrolyte balance and exercise performance.”

There are multiple sports that produce an even greater loss of electrolytes and fluid balance than running; many of the sports that our athletes in the area play surpass the physiologic demands of running.

The vast majority of well-designed sports drinks that are available contain a mix of carbohydrates and electrolytes that are necessary for optimal fluid and electrolyte replacement. Although water can provide fluid replacement, it can be extremely detrimental to electrolyte replacement—particularly sodium balance.

As a former athlete and coach at the collegiate level (track and field), I can attest to the need for athletes to have appropriate electrolyte and fluid balances not only for that day, but also for appropriate muscle recovery that water cannot provide itself.

I do agree that children who are not engaged in sporting activity should not drink sports drinks, but there is now an abundance of literature that demonstrates that the physiological needs of athletes of all levels are met much better by the electrolyte and fluid replacement provided by sports drinks rather than water.

-Nirav Pandya, MD, Pediatric Orthopaedic Surgery
Director, Sports Medicine Center for Young Athletes
WHAT DOES SICKLE CELL DISEASE MEAN TO YOU?
To celebrate Sickle Cell Awareness Month in September, EVERYONE is invited to answer this question by expressing it through art in any medium.

2013 First Place Winners: The Best Taped Leg (wood sculpture); Invisible (cardboard 3D piece); Untitled (poster art)

4TH ANNUAL
“What Sickle Cell Means To Me” Art Contest

Art Contest Rules and Regulations
• Entries will be judged on originality and creativity.
• Entries may not contain any profanity or nudity.
• Contest is open to everyone (sickle cell patients and non-patients) ages 5 and up (Categories: age 5-12; 13-21; 21+).
• 1st place: $300, 2nd place: $150, 3rd place: $50 (in each category).
• Select artwork will be displayed at the John “Larry” Valley 104 Heroes Blood Drive on Sept. 20, 2014.*
• All decisions of the judges are final.
• All entries are due by Friday, Aug. 29, 2014, 5 p.m.
• Winners will be contacted by Friday, Sept. 12, 2014.
• Each entry must be labeled with contestant’s full name, phone number, email, and a brief description of artwork submitted.
• If requested when artwork is submitted, artwork will be returned to the artist following the culmination of contest events.

Submit digital entries to: Fred at fmcfadden@bloodcenters.org.

Please submit entries to either:
Fred McFadden
Blood Centers of the Pacific
270 Masonic Ave.
San Francisco, CA 94118
June Wallace
California Transplant Donor Network
1000 Broadway, Suite 600
Oakland, CA 94607

More info: Call Fred McFadden at 415-354-1381.
*Artwork may be used in print materials and displayed at the discretion of Blood Centers of the Pacific.

DO YOU DRINK 2 OR MORE CANS OF SODA EVERY DAY?
You may qualify for a dietary research study.

The Cholesterol Research Center (CRC) is looking for teen boys ages 13-18 for an 8-week research study on the effects of replacing soda with reduced-fat milk on cardiovascular disease risk factors.

To be eligible, participants must:
• Be male, 13-18 years old
• Currently drink at least 24 oz. (2 cans) of soda or other sugary drinks per day
We will determine final eligibility at the clinic visit.

If you qualify and complete our study, you will receive:
• Up to $370
• Education on healthy lifestyle practices

To see if you are eligible:
• Go to sams.studysites.net
• Or go to CRCstudy.org
• Or call 1-866-513-1118. Refer to the “SAMS Study”

The Cholesterol Research Center is part of Children’s Hospital Oakland Research Institute.
**PUZZLE #9:** Tom was asked how old he was. He replied “In two years, I will be twice as old as I was five years ago.” How old is he?

**ANSWER:**
If Tom’s age is $X$ years,

- $X + 2 = 2(X - 5)$
- $X + 2 = 2X - 10$
- $X = 12$

**PUZZLE #10:** Jake weighs half as much as Joe, and John weighs three times as much as Jake. Together, they weigh 720 pounds. How much does each man weigh?

**ANSWERS:**
- **JACK WEIGHS:**
- **JOE WEIGHS:**
- **JOHN WEIGHS:**

Submit your answer, and if it’s correct, you’ll win a prize. Send in a photo of you holding the solution, and you might be in the next issue! Be sure to fill out the photo consent form on the right and send it in with your photo!

Send your answer by August 15, 2014, to:
CHILDREN’S HOSPITAL OAKLAND COMMUNICATIONS DEPT.
747 52ND ST., OAKLAND, CA 94609

NAME ___________________________________________ AGE ______
ADDRESS ____________________________________________
CITY _________________________________________________
STATE ________________________ZIP __________________________

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**CONSENT FOR PHOTOGRAPH, PUBLISH, USE, AND/OR SHARE INFORMATION**

I hereby give my consent to UCSF Benioff Children’s Hospital Oakland and its organizations, including its fundraising foundation, (“Children’s”), to do any or all of the following with respect to me/my child:

**Child’s name________________________________________**

- I agree that pictures may be used in and/or shared with Children’s publication, HandPrints.
- The information to be released or used includes pictures or recordings of me/my child.

I understand:
- Pictures/Information published online before the expiration date may remain online after the expiration date but will not be used in a new way without my consent.
- I may cancel this consent up until a reasonable time before the Picture/Information is used, but I must do so in writing and submit to: UCSF Benioff Children’s Hospital Oakland, Marketing Communications, 747 52nd Street, Oakland, CA 94609.
- My cancellation will be effective when received by Children’s, except where use or sharing has already occurred in accordance with this consent.
- I will not receive any financial compensation for agreeing to this consent.
- I have a right to receive a copy of this consent.

Please make a copy of this form for your records.

This consent expires 3 years from today. Date __________________

Parent/Guardian signature ____________________________________
Parent/Guardian printed name ________________________________
Relationship to child _________________________________________
Phone ____________________________________________________
Email _____________________________________________________
Address ___________________________________________________
City ________________________ State ______ Zip ____________
Children’s Research Institute’s Summer Student Program Increases Access and Diversity in Science Education

Children’s Hospital Oakland Research Institute (CHORI) welcomed more than 30 high school and college students to the 2014 Summer Research Program that launched this summer on June 16. The program will culminate with an all-day Summer Student Research Symposium on August 15.

The program pairs students with one or two CHORI research investigators who serve as mentors, guiding students through the design and testing of their research. In addition, students participate in weekly seminars and research discussions. At the end of the nine-week program, students present their research findings to their peers and CHORI faculty, with a panel of scientists evaluating the research. Students may invite family members or friends to the symposium as well.

“The CHORI Summer Research Program is designed primarily for students who otherwise would not have access to such a high-quality program in scientific and clinical research,” says CHORI Student Services & Visiting Scientist Coordinator Deborah Ellen, the principal program coordinator.

“Because the program is funded by a wide range of organizations and individuals, we can reach out to students from populations that are underrepresented in scientific research,” she explains. “One of our main objectives is to increase the diversity of students going into research and medicine. For example, more than 70 percent of our students have been women, who traditionally have been underrepresented in science and medicine. Our high school program mostly targets students from the Bay Area, especially the East Bay. Our college undergraduate program also includes students from other parts of California, and our post-bachelor degree program has had students from as far away as New York.”

Students are supported with stipends for their research work by CHORI and organizations such as the Doris Duke Charitable Foundation’s Clinical Research Experiences for High School Students Initiative, the Elizabeth Nash Foundation’s support for research in cystic fibrosis, the California Institute for Regenerative Medicine (stem cell research), and private donors. The program also has received funding in previous years from the National Institutes of Health (NIH).

“The Summer Research Program is one of the ‘hidden jewels’ of CHORI,” says Senior Systems Analyst Phillip Bollinger, a program coordinator who also provides information technology (IT) support for students.

“It has been a pleasure and an honor to be a part of this program for the past 10 years,” he says. “I originally wanted to be a teacher, and I love working with the students, helping them create PowerPoint and poster presentations for the symposium and evaluating their presentations in practice sessions. Many students have gone on to medical school or work in medicine and science labs both here at CHORI and elsewhere. It is great to see them succeed in their careers. I always love hearing back from them with updates on what they’re doing, and I encourage them to come back and give presentations to current students in the program.”

For more information, go to www.chori.org and click on “Summer Research Program”

Every CHORI Summer Student Research Symposium concludes with presentations of students’ laboratory and clinical research projects.

CHORI Helps Young Woman Fulfill Her Dreams—and Her Father’s

Anita Chanana, now age 20, went through a “traditional” grade school program—until she started taking night classes in math at Contra Costa College in San Pablo when she was only in 4th grade.

“My dad recognized my ability in math, and he thought the college classes would help me get ahead,” she recalls. “He always said, ‘You can lose everything you own, but you can’t lose your education,’ and he is the number one reason I have gotten to where I am today. He actually used to sit with me during my first few courses at community college because I was still pretty young and timid around adults.”

Anita took community college classes in addition to her regular classes through middle school and high school at Vista High School in San Pablo. After completing her high school requirements at age 13, she became a full-time student at Contra Costa College. She was 16 when she transferred to the University of California at Berkeley, entering as a junior in August 2010.

That summer between colleges, Anita participated in the CHORI Summer Student Program, conducting laboratory and clinical research alongside Children’s Hospital Oakland doctors and CHORI scientists.
“I learned about the CHORI program at Contra Costa College’s Center for Science Excellence and decided to apply,” she says. “It was one of the best things I’ve ever done. I found my mentors at CHORI.”

Anita’s mentors at CHORI are Senior Scientist and dermatologist Ervin Epstein, MD, and Jean Tang, MD, PhD. Anita was assigned to their lab during the 2010 summer program to work on research into prevention and treatment of basal cell skin cancer, particularly in patients with basal cell nevus syndrome (BCNS), a rare genetic condition that causes hundreds to thousands of skin cancers. BCNS is not considered life-threatening, but it may require multiple surgeries to remove basal cell tumors. The researchers were conducting a trial of an oral medication, taken once daily, to reduce the need for surgical treatments. Patients in the study showed a dramatic reduction both in the growth of existing tumors and in the development of new tumors. (For information about this trial, visit www.childrenshospitaloakland.org/main/news/175.aspx.)

The CHORI summer program allowed Anita to see the inner workings of medical research from a new perspective. “While working on clinical trials for patients with BCNS, I learned the importance of comprehensive care,” she says. “One of our patients had so many tumors on his face that he developed depression as a result of children being frightened by his appearance. The oral medication our patients receive often causes adverse effects such as hair loss, muscle cramps, weight loss and loss of the sense of taste. But this patient, like others in the trial, preferred to deal with the side effects because they were easier to bear than the impact of the disease. I embraced the level of compassion I felt during this difficult decision-making process and the remarkable trust that developed between the patient and researcher.”

During her two years at UC Berkeley, Anita continued her CHORI research projects and completed a senior honors thesis, graduating with a bachelor’s degree in 2012 at the age of 18. She then was hired as a full-time research assistant at CHORI to continue research on the basal cell skin cancer medication, to see if it is as effective and produces fewer side effects with less frequent dosing. She now is looking forward to entering medical school this fall at Stanford, UCLA, or UCSF. “Since I was in 1st grade, I knew I wanted to pursue a career in medicine,” she says. “My mother was diagnosed with cancer that year. Fortunately, they caught it early and she has been cancer-free since then. Her illness and her concern impressed me, though, and the care her doctor provided made me want to be a doctor, too. My science courses in school—especially physiology—affirmed my desire. It was my lab work at CHORI and the interactions with patients, though, that definitely confirmed my reasons for wanting to be a doctor. I feel lucky to have been placed in this lab, with exposure to both lab work and clinical experience with patients.”

“Dr. Epstein and Dr. Tang have been major role models of what I aspire to be as a physician,” she adds. “I have seen them balance research, family, and mentorship with being amazing and compassionate physicians. Their minds are on another level when it comes to asking questions about important topics and in identifying approaches to answer those questions. Their bedside manner and interaction with patients is remarkable and inspirational. Assisting during patient visits showed me the incredible impact medicine and research can have on a patient’s quality of life. If I can be half the clinician and researcher they are, I’ll be doing well.”

Unfortunately, Anita lost another source of inspiration in 2013 when her father died suddenly. “My dad was the reason I had the drive to pursue great opportunities like the one at CHORI,” she says. “His love and support also gave me the resilience to continue my medical school interviews during the most difficult period in my life after he passed away. He would have wanted me to complete our dreams.”
Children’s Receives Award for Mental Health Services

On May 8—National Children’s Mental Health Day—the Alameda County Mental Health Board presented its Community Service Award for 2014 for excellence in Child and Adolescent Mental Health Care to UCSF Benioff Children’s Hospital Oakland. The award was given in recognition of Children’s exemplary work, performance, and commitment to making a difference in the lives of children, adolescents, and their families who have been affected by mental health disorders. Children’s Hospital’s Division of Mental Health and Child Development treats approximately 2,500 patients each year, making it one of the largest mental health programs of any children’s hospital in the nation.

“The key reasons Children’s received this award are for our continuous efforts to eliminate disparities in the delivery of mental health care and for our ability to instill hope and resiliency in children and families,” says Children’s Practice Administrator Jesse Tamplen, MHA, LCSW.

“Nationwide, an estimated 4 million children and adolescents suffer a serious mental health condition,” he explains. “In California, the number is estimated at 725,000. About 50 percent of people with mental health conditions are diagnosed before age 14, and 75 percent are diagnosed before age 24, which makes improving mental health care a serious pediatric health issue.”

Tamplen notes that, nationally, only 20 percent of children with mental disorders are identified and receiving mental health services.

“Lack of treatment for mental health conditions can lead to failure in school, to behaviors that can place young people into the juvenile justice system, and—all too often—to suicide, which is the third leading cause of death among teens,” Tamplen says.

“Early identification and treatment of mental health conditions can minimize these impacts and prevent the loss of critical developmental years that are difficult to recover, thus helping kids and their families avoid years of unnecessary suffering.”

Children’s offers a wide array of mental health services for patients from birth to age 21. For example, the Early Intervention Services program helps parents build healthy, positive relationships with children. Children between ages 3 and 18 can receive developmental and behavioral services to evaluate, diagnose, and treat various conditions. In addition, the Center for the Vulnerable Child provides individual and family services to children experiencing poverty, family disruption, homelessness, foster care placement, drug exposure, abuse, neglect, community

Alameda County Mental Health Board recognizes Children's excellence in Child and Adolescent services

Pictured above are just a fraction of the UCSF Benioff Children’s Hospital Oakland Mental Health and Child Development staff that treats over 2,500 patients each year.
violence, or other emotional, developmental, or social problems. The Center for Child Protection offers medical and mental health services to children impacted by abuse and violence.

“Children’s Emergency Department (ED) is designated by the county as the only treatment destination point for kids age 12 and under who are experiencing serious mental health emergencies,” Tamplen adds. “Our ED treats the majority of cases requiring medical stabilization and clearance for adolescents age 12 to 18 who require inpatient mental health services.”

Another factor in Children’s recent award is the mental health services offered at its two school-based health centers, Chappell Hayes Health Center at McClymonds High School and Youth Uprising/Castlemont Health Center at Castlemont High School. The centers also provide adolescent medicine services.

“My predecessor, the late Dr. Su Park, supported the growth of mental health services at the schools, and we are continuing her work,” says Clinical Director of Mental Health Services at School Based Health Centers, Saun-Toy Trotter, MFT. “In both East Oakland and West Oakland, there are high rates of poverty and violence. As a result, many students experience mental health conditions such as depression, anxiety, and mood disorders. Traumatic grief is a primary source of concern. We provide culturally responsive adolescent and family counseling that is ‘trauma informed’—recognizing that many clients have experienced individual, community, and historical traumatic events—to help them establish safe, supportive relationships for healing and transformation.”

In the past year, the two school centers have provided mental health services to 267 teens, with approximately 2,500 patient visits.

“Our model is to deliver mental health services where they are needed, thereby expanding teens’ access to care,” Trotter notes. “Due to our efforts, the stigma and discrimination against seeking help for mental health conditions has been significantly reduced.”

Tamplen adds: “At Children’s, we are committed to providing the entire spectrum of integrated physical and mental health care. We treat the whole child.”

SPARK (Successful Preschool Adjustment and Readiness for Kindergarten) is an innovative preschool intervention program for children between 3 and 5 years old whose families are homeless or at risk of homelessness. SPARK is a program of the Center for the Vulnerable Child. SPARK clinicians work with children who exhibit behavior that gets in the way of developing friendships and participating in classroom activities, academic learning, and play-based experiences. Based on each child’s individual strengths and needs, we assist these children with their adjustment to preschool and their transition to kindergarten.

SPARK services include classroom-based intervention, relationship-based mental health consultation to teachers, small therapeutic groups, and family therapy. We work to promote children’s capacity to self-regulate, to identify and tolerate feelings, and to work towards their full capacity.

Our approach is informed by principles of early childhood mental health, child development, attachment theory, neuroscience, trauma theory, cultural responsiveness, and social justice. We understand that each child, family, and classroom has a cultural context and that our interventions must be informed by each person’s experience and needs.

HOW TO REGISTER
Services are accessed by referral from the child’s preschool. A referral can be made at any time during the year, but early intervention is likely to have a better outcome.

COST
There is no direct cost to the family.

AGES
Children 3 to 5 years old.

LOCATIONS
Designated preschools in Oakland, Alameda, and Hayward.

STAFF
The SPARK team is made up of clinicians with consultation from a developmental specialist when needed. Spanish-speaking clinicians are available upon request.

CONTACT
Rose Messina, LCSW
510-428-3885, ext. 6797
Tips for Avoiding Diabetes Burnout for Parents

Your child will have diabetes their whole life, but this does not mean it has to be their whole life (or yours!). Children’s Child Life Specialists and Endocrinology team created this list to help avoid the diabetes blues.

High and low blood sugars are inevitable and will happen. Managing your child’s diabetes does not mean they will always have in-range blood sugars. We will never be able to perfectly do what a complex pancreas does in people without diabetes, and that is okay. Fulfilling, healthy lives are still possible! We want people with diabetes to be in range as much as they can, because that helps them to feel their best.

Avoid value judgments. Identify numbers as “in-range” and “out-of-range” instead of “good” or “bad.” This nonjudgmental approach helps foster openness and honesty about diabetes. If a child finds they will always be met with a negative reactions from you when they have an out-of-range reading, they will begin to avoid telling you about out-of-range readings. Feeling shameful about BG readings and avoiding conversations about them is helpful neither for diabetes management nor for your relationship with your child.

Educate others. Advocacy is a great way to help your child feel empowered through his or her diabetes. Invite your child to participate in teaching other caregivers, classmates, and friends about his or her diabetes in a way that is meaningful to them.

Find support that works for your family. There are online diabetes groups, kids’ play groups, teen groups, parent coffee meet-ups, research and fundraising groups, special events, day camps, weekend camps, summer camps, sports camps—the list goes on and on. For some families, finding others to connect with that understand family life with diabetes can be an incredible form of connection and support. You can help normalize your child’s experiences by allowing for opportunities to observe peers also checking their blood sugars and taking insulin. Forming connections with others with diabetes can create meaningful and understanding relationships that have the potential to support both diabetes management and emotional well-being.

Create balance. Extracurricular activities, social interactions, school experiences, and everyday life activities are important for you and your child to promote normal growth and development. Diabetes will definitely play a role in each of these but should not prevent activities or control every aspect of a person’s life. Professional athletes, surgeons, racetrack drivers, climbers of Mount Everest, musicians, and all sorts of others have proved over and over again that anything is possible with diabetes. Just Google “famous people with diabetes” to get inspired!
TORTILLA SOUP

1 tablespoon olive oil
Kernels from 2 ears of corn
2 zucchini, chopped
1 teaspoon ground cumin or cajun spice blend
4 cups vegetable stock
2 cups chopped tomatoes, canned or fresh
Salt and pepper to taste
2 ounces tortilla chips or strips of corn tortillas

DIRECTIONS
1. In a medium soup pot, heat the oil. Add corn and zucchini and sauté for 2-3 minutes over high heat. Add the cumin or spice blend and cook an additional minute to toast the spices.
2. Add the remaining ingredients, topping with the tortilla chips just before serving. Simmer the soup for 5-10 minutes and serve.
Variations: Add your favorite vegetables or leftover chicken to make a hearty soup. Add a roasted red or poblano peppers, grated cheese, and cilantro leaves for garnish.
Serves 6.
21 grams carbohydrate per serving.

OVEN FRIED CHICKEN STRIPS

1 cup crushed cornflakes or Panko
¼ cup finely grated Parmesan or cheddar cheese
1 teaspoon paprika
½ teaspoon garlic powder
¼ teaspoon ground thyme
¼ teaspoon salt
3 pounds boneless, skinless strips of chicken
¼ cup buttermilk
1 cup buttermilk
1 cup light mayonnaise
¼ cup finely chopped green onion
¼ teaspoon cayenne pepper
1 small clove of garlic, pressed or minced
½ teaspoon celery seed
Salt and pepper to taste

DIRECTIONS
1. Preheat oven to 400˚F. Spray or brush a large baking sheet with vegetable oil.
2. Combine first 6 ingredients in a plastic bag. Shake to mix well.
3. Dip chicken into buttermilk, place in the bag, and shake to coat.
4. Place chicken on the baking sheet. Bake for 45 minutes or until juices run clear.

Serving suggestion: Serve with salad or vegetables and brown rice. Ranch dressing dip optional. Use leftovers for sandwiches or as part of a snack.
Serves 8.
5 grams carbohydrate per serving.

RANCH DRESSING

1 cup buttermilk
1 cup light mayonnaise
¼ cup finely chopped green onion
¼ teaspoon cayenne pepper
1 small clove of garlic, pressed or minced
½ teaspoon celery seed
Salt and pepper to taste

DIRECTIONS
1. In a small mixing bowl, whisk together the buttermilk, mayonnaise, green onion, cayenne pepper, garlic, and celery seed. Season to taste with salt and pepper.
2. Allow to stand for at least 20 minutes, or make a day ahead for best flavor.
Makes 2 cups.
Serving size: 2 tablespoons.
1 gram carbohydrate per serving.

Some carbohydrate-RICH foods
- Starchy grains: bread, cereal, rice, pasta
- Starchy vegetables: beans, potatoes, corn, green peas, winter squash
- Milk and yogurt
- Fruit: fresh, frozen, canned, and dried
- Desserts and sweets

Some NON-/LOW-carbohydrate foods
- Meats, cheeses, eggs
- Nut butter, nuts, seeds, olives, avocado
- Non-starchy vegetables (crispy, watery)
- Sugar-free beverages: diet, Crystal Light
- Fats: salad dressing, butter, cream cheese
The trauma center at UCSF Benioff Children’s Hospital Oakland has been verified as a Level I Pediatric Trauma Center by the American College of Surgeons (ACS)—the highest level that can be awarded. This achievement recognizes the trauma center’s dedication to providing optimal care for injured patients and brings national recognition to the hospital’s trauma center.

The verification of Level I pediatric trauma service now makes UCSF Benioff Children’s Hospital Oakland one of only 44 ACS Level I Pediatric Trauma Centers in the country and one of only five ACS Level I Pediatric Trauma Centers in California.

“It’s critical that seriously injured children be treated at a trauma center that is geared to their medical needs,” said UCSF Benioff Children’s Hospital Oakland’s President and CEO Bertram Lubin, MD. “The ACS Level I Pediatric Trauma designation reaffirms that children needing trauma services will receive the most appropriate and highest quality trauma care available at our trauma center.”

The ACS verification process is a highly structured and extremely stringent review of all aspects of trauma care, including care provided by the Emergency Department, Surgical Services, Pediatric Intensive Care Unit, Lab, Acute Care, Diagnostic Imaging, Rehabilitation, Injury Prevention, and outreach education.

UCSF Benioff Oakland’s trauma service received the highest accolades when the ACS survey team found that the hospital met all of the criteria for a Level I Pediatric Trauma Center. The review was particularly complimentary of the cohesiveness and teamwork of the hospital’s Trauma Services department. The hospital’s trauma center has been designated by Alameda County as a Level I Pediatric Trauma Center since 1986. ACS Level I Pediatric verification brings prestigious national recognition to the hospital’s trauma center.

On June 4, 1986, Children’s applied to become the official pediatric trauma center for Alameda County. In 1986, there were about 150 designated adult trauma centers in the country and only 12 for pediatrics. Children’s pediatric surgeon James Betts, MD, had organized a pediatric trauma center during his surgical residency at Children’s Hospital of Philadelphia. Because of his experience, he became the driving force for our designation. Getting certificated to be a designated pediatric trauma center usually takes four years; Children’s accomplished it in one year.

(top left) In 2013, Children’s had 448 air transports; (bottom left) 1992, before Children’s built the helipad.
Children and Pain

- A child’s reaction to pain varies from child to child, as in adults.
- Many children have very little experience with intense pain, and do not have a frame of reference.
- Pain is increased by anxiety.
- Children will deny pain in an attempt to avoid an intervention.
- A child has a very rapid metabolism that requires pain medications dosed appropriately for weight, and given more frequently than with adults.

Because children are different from adults, UCSF Benioff Oakland’s emergency room has specialized equipment designed just for them.

Window Safety and Fall Prevention

With the weather heating up, Children’s Trauma Services has these tips for preventing falls.

Each day, about 8,000 children visit emergency departments due to injuries from falls.

Children under 6 years of age are most at risk for falling out of a window. Screens will not keep your child from falling out of a window. Screens keep bugs out, not kids in. Window blind cords are a strangulation hazard.

What you can do to protect your family:
- Move furniture away from windows and window blinds.
- No open space in your window should be greater than 4 inches.
- Install window fall-prevention products such as child-safety window guards, sash stops, or window latches. Open windows from the top, not the bottom, whenever possible.
- Install safety tassels, inner cord stops, or tension devices to safely secure cords. Make sure your blind cords do NOT loop.
- Don’t leave an infant or child alone on a changing table, bed, or chair.
- Install safety gates at the top and bottom of stairways. In these areas, only use gates that screw into the wall (no pressure gates at stairs).
- Do not use a baby walker, as they tip over easily and also allow children to get to dangerous places.

For more information, go to www.preventingchildrensinjuries.org

Get safety tips on your phone

TEXT OUCH TO 30644

Falls are the most common cause of nonfatal injuries for children ages 0 to 19.
In November 2012, as a sophomore on Alameda High School’s junior varsity “Hornets” football team, Vincent Morten was playing right guard for the offense in the next-to-last game of the year. Then, during the 4th quarter of the game, a player on the opposing team fell onto Vincent’s left leg. He collapsed to the ground and had to be carried off the field. After the game, his parents took him to Children’s Hospital & Research Center Oakland (now UCSF Benioff Children’s Hospital Oakland).

“I had been to the ER at Children’s before for other less serious sports injuries, so we went straight there,” Vincent recalls. “They determined I had torn my ACL, and that I would need surgery to repair it.”

The ACL (anterior cruciate ligament) is one of the four main ligaments in the knee, located right in front of the knee under the kneecap. The ACL provides stability and controls the back-and-forth motion of the knee.

After consulting with Nirav Pandya, MD, a pediatric orthopedic surgeon and specialist in the Sports Medicine Program at Children’s, Vincent and his parents set the surgery date for the second week of December so he could recover from surgery over winter break from school. Torn ACLs usually can’t be repaired if the damage is extensive, so Dr. Pandya had to reconstruct Vincent’s ACL, taking tissue from elsewhere to rebuild the damaged area.

“I had to use crutches to get around before the surgery as well as after surgery,” Vincent says. “I had physical therapy sessions at Children’s and checkups with Dr. Pandya for about nine months. I also worked with our school’s athletic trainer both before and after surgery, and before I could play football again last fall.”

Vincent’s football future was looking bright in the fall of 2013. He had advanced to the varsity team and worked his way up to be the starting center on the team. Then midway through a game with conference foe Tenneyson High School (Hayward), he went down again.

“Not a Pleasant Sound”

Vincent’s football future was looking bright in the fall of 2013. He had advanced to the varsity team and worked his way up to be the starting center on the team. Then midway through a game with conference foe Tenneyson High School (Hayward), he went down again.

“Not a Pleasant Sound”

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“I’ll never forget the date, because it was my birthday—October 11,” Vincent recalls. “We were in the ‘red zone,’ and our quarterback scored a touchdown. I was running to congratulate him, and I took a misstep, twisting my knee. It went ‘pop’—which was not a pleasant sound. I couldn’t put any pressure on that leg, and I felt anxious about injuring my knee again. They ended up carrying me off the field again, and I got back on the bus for the ride home.”

The next day, Vincent went to see Dr. Pandya, who ordered an MRI. The MRI results showed a tear in the medial meniscus cartilage in his left knee.

There are two menisci in each knee—one on the inner side, and one on the outer side. They are C-shaped pieces of rubbery, tough cartilage that act as “shock
absorbers” between the thighbone and the shinbone. They also distribute stress evenly throughout the knee and help keep it stable. Meniscal tears are more common on the lateral side of the knee.

“We were originally concerned that Vincent had injured his ACL again, which might have jeopardized his future in football,” says Dr. Pandya. “We had reviewed his MRI showing the meniscus tear, but it still wasn’t clear if the ACL was torn again, which would increase the complexity of the injury. Also, medial meniscus tears are not very common in young athletes like Vincent, so I decided to consult an expert in adult injuries at UCSF’s Sports Medicine Center.”

Two Heads Are Better Than One; Four Hands Are Better Than Two

That expert was Brian Feeley, MD, an orthopedic surgeon who is trained in arthroscopic techniques to treat meniscal tears and other sports-related injuries.

“The meniscus cartilage on the inside of the knee is important for stabilizing people with ACL injuries,” Dr. Feeley notes. “I had worked with Dr. Pandya on some other cases, and because this type of injury happens more commonly in adults, he consulted me.”

Vincent and his father, Hank Morten, met with Dr. Feeley at UCSF to learn what the surgery would entail.

“Dr. Feeley told me about his expertise, and I felt confident in having him collaborate with Dr. Pandya on the surgery,” Vincent says.

Mr. Morten adds, “Dr. Feeley was very personable, and he explained the procedure carefully so we knew what to expect—including the fact that they might need to do additional ACL surgery. He prepared us for the worst, which I felt was extremely important.”

The surgery was performed at UCSF on November 20, with both Dr. Feeley and Dr. Pandya participating.

“There was a large meniscus tear, which we were able to repair using the ‘inside-out’ arthroscopic meniscus repair technique,” says Dr. Feeley. “That procedure, which is considered the gold standard for meniscus repair, involves two small incisions in the front of the knee and another incision on the back of the knee. Fortunately, during the surgery, we could see that Vincent’s ACL was intact—which is a testament to Dr. Pandya’s skill in that previous surgery.”

Dr. Pandya notes, “Dr. Feeley made the meniscus repair look easy, but it really was a very bad tear, so it was important to get it right.”

Both physicians believe their collaboration on Vincent’s case—and other similar cases—is in the patient’s best interest.

“Dr. Pandya and I each bring different skills to the operating table,” says Dr.
Feeley. “I get to work with one of the experts in the field of pediatric sports medicine. Conversely, he can learn more about adult sports medicine for his older patients from me. Now that Children’s Oakland is affiliated with UCSF Benioff Children’s Hospital, it will benefit kids throughout San Francisco and the East Bay.”

Dr. Pandya responds, “Dr. Feeley and I have collaborated before. He’s had some adult patients whose problems date back to childhood injuries or conditions that really began to manifest in adulthood, and I can help him with those. I’m excited that we are able to consult, collaborate, and conduct research together. This collaboration will be great for our patients, with an expanded network of doctors and therapists. We share a lot in terms of philosophy of patient care, and it will be very exciting moving forward.”

Heading Toward the Goal Line

Vincent’s meniscus surgery was performed as an outpatient procedure, and he was able to go home later that day. He spent another six weeks on crutches but started physical therapy at Children’s not long after the surgery.

Vincent says, “The first step was to regain my range of motion and to start walking again. Then we added more strengthening exercises. By early April, I was allowed to start doing ‘cutting’ moves that are common in football again. I still need to work on endurance and cardiovascular exercises, but I expect to participate in summer workouts and be ready to play football again next fall.”

Is that goal a realistic one? Vincent thinks so.

“I’m hoping to be the starting center on offense again this fall,” he says. “I also want to play on both sides of the ball, playing linebacker or defensive end on defense. I really do hope to play in college, too. I want to major in engineering, so I’m looking at Cal Poly, UC Davis, and maybe the University of Washington. It’s important to me that my parents and coaches are really supportive. They have been by my side through all of this, and they know I’m dedicated to football and willing to work hard.”

A parent leader for the Alameda High School football team and an avid supporter of the sports activities that Vincent and his older sister enjoy, Mr. Morten is convinced his son will return to the game he loves. “The doctors and physical therapists are taking all the necessary time and precautions to allow Vincent’s knee to heal properly, especially after the second injury,” he notes. “Vincent already has been working hard, building up to take part in regular practices. He will be ready for the first game in the fall.”

Dr. Pandya thinks Vincent will play football again, too.

“Vincent is progressing very well with his physical therapy, and his chances for a full recovery are good,” says Dr. Pandya. “I’ve seen him play—watching my patients participate in sports is one of the most rewarding parts of my job. I believe he’ll be ready to play again in the fall.”

At one point, Vincent’s mother, Anna Padrones, might have wanted to stop him from playing football. “I was at the game when Vincent suffered the first knee injury, and I was a mess,” she admits. “I was hesitant to have him play if it weren’t for the doctors at Children’s and UCSF. Their care has given him the potential to play again. Dr. Pandya is great. He is very hands-on, and he communicates well with both the patient and the parents. I would recommend him for any student athlete who is injured.”

“I enjoy football, but when it’s your son who is injured, you are naturally concerned,” she adds. “Still, if Vincent chooses to continue to play football this fall and in college or beyond, I’ll be there 100 percent to support him.”

From all indications, Vincent is going to hold his mom to that promise.
Sports Nutritionist for Young Athletes

APPOINTMENTS NOW AVAILABLE

OFFERED BY UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND CLINICAL NUTRITION DEPARTMENT AND SPORTS MEDICINE CENTER FOR YOUNG ATHLETES

Children's highly specialized Sports Nutritionist offers young athletes the most current and comprehensive nutrition therapy and education available.

SERVICES: A registered dietitian will create an individualized sports nutrition plan that supports the athlete’s training, performance, and recovery, all while promoting health and wellness.

WHO: Young athletes, in or off season

WHEN: First Friday afternoon of every month

WHERE: UCSF Benioff Children’s Hospital Oakland, Outpatient Center, 744 52nd St., 5th floor, Oakland

APPOINTMENTS:
1. PPO: Self-referrals are accepted. Please call Children’s Clinical Nutrition department at 510-428-3772 to make an appointment.

DON’T GET SIDELINED BY A PREVENTABLE INJURY

A motion analysis evaluation by UCSF Benioff Oakland’s Sports Medicine team can help prevent injuries

Using the latest technology in sports science, we can identify your biomechanical tendencies that may cause injuries:
• Identify weaknesses BEFORE injury occurs
• Identify potential biomechanical risk factors
• Use this data to help you train smarter

FOR: Athletes ages 9-25
WHAT: Children’s Sports Medicine Team uses advanced computer technology to measure movement, muscle activity, and force production to create a clear picture of an athlete’s challenges and needs.
COST: Starting at $300
LOCATION: UCSF Benioff Children’s Hospital, Walnut Creek Campus, Motion Analysis & Sports Performance Lab, 2401 Shadelands Dr., Ste. 170, Walnut Creek

Call for an appointment: 925-979-3420

All athletes should learn how to use food and fluids for a winning game!
5th Annual Notes & Words A Roaring Success!

More than 2,000 guests joined us on May 3 for the fifth annual Notes & Words at the historic Paramount Theatre. Each year, the size and success of this benefit event has increased, and we are truly grateful to the generous sponsors, enthusiastic attendees, and talented artists who together helped us raise over $625,000 for UCSF Benioff Children’s Hospital Oakland.

The all-star lineup included comedian Jim Gaffigan, Pulitzer Prize-winning author Jane Smiley, best-selling author Kelly Corrigan, Bay Area funk band Midtown Social, Oakland School for the Arts’ amazing Vocal Rush ensemble, and concluded with our surprise headliner, Matt Nathanson. Guests also enjoyed live spoken word performances by former Children’s patients.

We look forward to celebrating with you again next year at the 6th annual Notes & Words at the Paramount on April 25, 2015!

(1) Celebrated authors Jane Smiley, Kelly Corrigan, and Jim Gaffigan entertained the crowd with their laugh-out-loud humor and emotionally charged narratives; (2) Popular KFOG artist Matt Nathanson charmed audiences as the night’s surprise headline performer; (3) The dynamic duo of the Bob and Lenny Show welcomed guests with their jazzy tunes; (4) Superstars from Vocal Rush bring their soulful presence to the stage; (5) Children’s President & CEO, Bertram Lubin, MD, with the talented spoken word youth performers and members of Midtown Social; and (6) Vintage vignettes adorned the VIP reception and after-party, sponsored by Airbnb.
Walmart and Sam’s Club Locations Rally for Local Kids

Walmart and Sam’s Club share a basic belief: that every child deserves the chance to live better. That’s why, since 1987, they have partnered with Children’s Miracle Network Hospitals (CMNH) to raise funds for UCSF Benioff Children’s Hospital Oakland. In 2013, the company helped raise more than $54 million, or an average of $100 per minute. During those 60 seconds, 62 North American kids entered a Children’s Miracle Network Hospital for an injury or illness, with 11 alone entering an emergency room for lifesaving treatment.

“Donations from Walmart and Sam’s Club customers and members are vital to providing what every child deserves—the opportunity to live better by receiving the best in localized care,” said John Lauck, president and CEO of CMNH. “We are so appreciative of the give-back spirit and unwavering encouragement that associates bring to our fundraising campaign, and continue to be humbled by the generosity displayed every day at store registers.”

UCSF Benioff Children’s Hospital Oakland is one of the 170 Children’s Miracle Network hospitals in North America that benefitted from the company’s recent miracle balloon campaign. Each dollar raised by company associates, customers, and members benefits the lifesaving care at Children’s.

Philanthropy Runs Deep in the Douglas Family

“UCSF Benioff Children’s Hospital Oakland is an unbelievable resource for our community,” says longtime supporter David Douglas. For more than 10 years, David and his brother Steven have partnered with UCSF Benioff Oakland to help us provide world-class care to young patients in the Bay Area and beyond. Owners of Oakland-based Douglas Parking, Steven, and David both have ties to the hospital that run deep—as grateful parents, local employers, and corporate partners.

As young boys, Steven and David spent time at UCSF Benioff Oakland visiting their sister, who was hospitalized for a serious leg injury. Since then, they have come to appreciate the hospital from the vantage point of grateful parents seeking specialized care for their kids. While plenty has changed since their early encounters with Children’s, what has remained constant is a belief that every child deserves quality health care. Having grown up in a family known for civic engagement and philanthropy, this moral grounding speaks directly to the Douglases.

“Our parents have always been incredibly generous to causes that are important to them,” shares Steven. “For my brother and me, supporting Children’s is the right thing to do. This hospital is a real jewel in Oakland, and we understand that community support is key to ensuring that it continues to thrive.”

Douglas Parking is a founding member of UCSF Benioff Oakland’s Corporate Advisory Committee and annually supports the hospital through corporate giving and in-kind services. Steven and David have also recently launched a workplace giving campaign to encourage their employees and customers to participate in their fundraising efforts.

Not surprisingly, giving back to the community is something that the next Douglas generation has already embraced. Steven’s son has started collecting baseball equipment to send to kids in Latin American countries. David’s daughter volunteered at the hospital’s 2013 radiothon as her bat mitzvah project.

To learn more about our Corporate Advisory Committee and other giving opportunities, please contact Betsy Biern at bbiern@mail.cho.org or 510-428-3361.
Children’s Hospital Oakland
747 52nd St.
Oakland, CA 94609-1809

Those with highest risk of ACL injury are:
• Soccer players
• Basketball players
• Football players
• Snow skiers

Sponsored by UCSF Benioff Children’s Hospital Oakland and Kaiser Permanente Southern Alameda County

This free community health fair offers you an opportunity to:
• Talk to sports medicine professionals and elite players
• Learn how to improve your athletic performance while reducing your risk of knee injury
• Find out how best to fuel and hydrate for peak performance
• Test your abilities
• Win raffle prizes

UCSF Benioff Oakland & Kaiser Permanente present
I Knee’d to Know!
COMMUNITY HEALTH FAIR
SAT., SEPT. 27, 2014 • 10 AM–1 PM
BURRELL FIELDS, SAN LEANDRO

Learn how to take care of your knees for competitive and recreational sports