2013 Community Benefit Report

Submitted to the State of California May 31, 2014
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I. Welcome

UCSF Benioff Children’s Hospital Oakland (Children’s) is a private, public benefit not-for-profit 501(c)3 medical center. We offer children and their families outstanding medical, surgical, and mental health programs, spanning the healthcare spectrum from primary to quaternary care. While the concept of a hospital providing community benefits has become more prominent in recent years, serving the community has been an essential value at Children’s since it was founded over 100 years ago. The health needs of children and the way healthcare is delivered at Children’s has changed in the past century, but Children’s has never wavered in making the health needs of children its top priority. Our values are one reason why Children’s has such an outstanding group of healthcare providers, offers the largest number of ambulatory services of any pediatric facility in the Bay Area, and is the destination choice for hundreds of thousands of children.

The 2013 Community Benefit Report highlights many of the ways Children’s has fulfilled its commitment to address the health needs in our community and beyond. 2013 was in many ways a momentous year in our history. In the Fall of 2013 we “went live” with a state-of-the-art Electronic Medical Record system for our inpatient services. 2013 also saw tremendous progress on creating an affiliation between Children’s and the University of California San Francisco, which came to fruition at the beginning of 2014. This partnership has created one of if not the leading pediatric institution in the country.

As the only pediatrician serving as CEO of a children’s hospital in the state of California, I am proud of our services to the community and honored to be in this position.

Respectfully,

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

Mission
To protect and advance the health and well-being of children through clinical care, teaching, and research.

Service Area and Scope of Services
UCSF Benioff Children’s Hospital Oakland (Children’s) is a regional pediatric medical center located in Oakland, Alameda County, California. Children’s offers a broad range of inpatient, outpatient, and community-based services, with experts in over 30 distinct pediatric subspecialties. It is designated as a Level 1 pediatric trauma center and a federally qualified health center, and it has a service area that encompasses Northern California and even other states and countries. About 80 percent of patients who visit Children’s live in either Alameda or Contra Costa County. Children’s serves as the pediatric safety net hospital for both of these counties, since neither county’s public hospitals have beds to accommodate children. We have 190 inpatient beds—170 on the main campus and 20 leased beds at Alta Bates Summit Medical Center. Children’s also runs the largest pediatric primary care clinic in Oakland, two comprehensive school-based clinics, and a clinic at the Alameda County Juvenile Justice Center in San Leandro. In addition to the programs and services in Oakland, Children’s operates outpatient pediatric specialty care centers in Brentwood, Larkspur, Pleasanton, and Walnut Creek.

In 2013, a total of 73,229 patients made 10,298 inpatient visits and 238,590 outpatient visits at Children’s facilities, including 45,548 visits to Children’s Emergency Department and 32,391 visits to its primary care clinics. In addition, 56 languages were spoken throughout the year at Children’s.

Governance
On Jan. 1 2014, Children’s and UCSF established a formal affiliation. Under the terms of the affiliation, UCSF has representation on Children’s Board of Directors (BoD), and Children’s retains its identity and status as a private, not-for-profit 501(c)(3) organization with its own, separate license. As of January 1, 2014 the Children’s BoD has 16 directors. The Children’s CEO and the President of the Children’s hospital’s medical staff are voting members of BoD, as are the UCSF Medical Center CEO and the Dean of UCSF School of Medicine. The Regents of the University of California is the sole corporate member of the BoD. This means that The Regents of the University of California is the corporate “parent” of Children’s, which gives the Regents rights concerning certain major decisions at Children’s.
III. Community Benefit Report Overview

Through the Affordable Care Act, all non-profit hospitals must complete and submit an annual Community Benefit Report. Although hospitals bring numerous benefits to their local economies, these reports are intended to document the ways in which the hospital supports the health needs of its community that go above and beyond the core functions of a hospital. Every three years hospitals must also conduct a needs assessment to identify the greatest health needs affecting their respective communities and which should drive their community benefit activities. Children’s conducted a community needs assessment in 2013 which was published on the Children’s website in October 2013. It can be found at www.childrenshospitaloakland.org/main/Community-Benefit-Reports.aspx

Definition of a Community Benefit
Although SB 697 provides some general guidance, there is not one official definition of a “community benefit.” We have followed the following definition: a community benefit is “a planned, managed, organized, and measured approach to meeting documentable community needs intended to improve access to care, health status, and quality of life.” It is generally accepted that a community benefit should meet one or more of these criteria:

- Responds to public health needs
- Responds to the needs of a special or at-risk population
- Improves access to care
- Generates no (or negative) profit margin
- Would likely be discontinued if the decision were made on a purely financial basis
- The following are not considered community benefits: bad debt, programs and activities designed for marketing purposes or fundraising, services that are considered standard-of-care or the “cost of doing business,” in-services for hospital staff, volunteering by employees on their own time, and facility improvements.

Creation of the 2013 Community Benefit Report
This report was spearheaded by the Community Benefit Oversight Group with input from individuals representing programs and departments throughout the medical center. The 2013 Community Benefit Oversight Group includes:

* Adam Davis, MPH, MA  
  Director of Clinical Grants and Program Development

* Bertram Lubin, MD  
  President and Chief Executive Officer

* Barbara Staggers, MD  
  Executive Director, External Affairs and Community Relations; Director, Adolescent Medicine

* Cynthia Chiarappa, MBA  
  Vice President, Strategy

* Terry Oertel  
  Manager, Government Contracting

Dissemination of the Community Benefit Report
The 2013 report has been submitted to the Children’s Board of Directors and made available to hospital staff and the general public via the Children’s website, handouts at public events, and targeted mailings. Also, the report will be provided to community groups, donors, print media, and elected officials in our service area. Children’s maintains public awareness of its community services through social media, traditional media coverage of the hospital, and Children’s HandPrints, a hospital magazine sent out three times a year.

The report was written by Adam Davis, MPH, MA, with assistance from Muniba Ahmad, and designed by Children’s Marketing Communications Department.

Contact Adam Davis at AdDavis@mail.cho.org for questions or more information.
Section IV describes the activities Children’s has undertaken to address its identified health priorities.
Charity Care/Undercompensated Government-Sponsored Healthcare

Undercompensated Government-Sponsored Healthcare

A shortfall is created when Children’s receives payments that are less than the cost of caring for low-income patients covered by government-sponsored health insurance. These unpaid costs count as a community benefit. Counted in this category are unpaid costs related to Medicaid, State Children’s Health Insurance Program (SCHIP), hospital days, and other services not covered by Medicaid or other means-tested government-sponsored programs. Approximately 68 percent of all visits to Children’s in 2013 were for patients who received government-sponsored health insurance. The unpaid costs incurred by Children’s to provide services to these patients in 2013 is listed on page 49. When compared to other children’s hospitals in California that have a similar payer mix, Children’s provided double the unreimbursed costs of total means-tested government-sponsored health insurance.

Charity Care

As part of its commitment to serve the community, Children’s provides free or discounted care, also known as “charity care,” to families who don’t qualify for government-sponsored health insurance and who meet certain eligibility requirements. Our charity care program requires that patients complete an application and provide supporting documentation to verify income. Self-pay patients who present to the Emergency Department are provided a brochure describing our charity care program. We also have a statement on the bill advising parents that they may be eligible for financial assistance. A patient could have a service at any location at Children’s, contact us to request a charity care application, and then qualify for charity. In 2013, Children’s provided a level of charity care that is significantly higher than any other children’s hospital in California (see page 49).
Center for Child Protection

Child abuse and neglect continues to be a pervasive and complex public health problem on both the local and national levels. The Center for Child Protection (CCP), established at Children’s more than 30 years ago, provides comprehensive medical and mental health services to children and adolescents who impacted by child abuse and/or exposure to violence. The Center for Child Protection is home to two of only six child abuse pediatricians in Northern California. As the designated site for forensic medical services in Alameda County, child victims enter the medical system through numerous avenues to access services from the Center for Child Protection physicians. The Center for Child Protection physicians also provide sub-specialty consultation to community physicians on GU-related medical issues. Mental health services include crisis assessment and intervention, trauma-informed psychotherapy services, clinical case management, outreach and educational workshops. CCP program staff work closely with law enforcement, child welfare, and local District Attorney’s office, often providing case consultation, case testimony and expert witness assistance. In 2013, CCP served more than 700 children. No other program provides these services in the East Bay.

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Direct Services

Forensic Examinations—CCP is the designated site in Alameda County for acute forensic medical services for children under 14, and non-acute services for children under 18. Acute forensic examinations are performed by the CCP medical staff when the alleged sexual abuse occurred within 72 hours. Non-acute forensic examinations are performed in the CCP’s out-patient clinic by appointment.

First Responders—CCP physicians are available 24/7 to provide immediate response to sexual assault cases in the emergency department, and CCP’s social worker team serves as first responders to child abuse cases in the Emergency Department until 7 p.m. CCP also provides consultation to families of hospitalized children.

Trauma-Informed Mental Health Services—Therapy is provided to children, adolescents, and their families who have been exposed to trauma, including child abuse and/or witness to violence. Through individual, sibling, group, and/or family therapy, the CCP’s clinical staff works with these clients to minimize difficulties and prevent long-term negative effects. Psychotherapy is provided by CCP at several locations throughout Alameda County.

Domestic Violence Education and Screening (DOVES Project)—The DOVES Project is a pioneering pediatric domestic violence project that provides individual and group psychotherapy to children and their battered caregivers as a strategy in the early prevention of child abuse.

Research

CCP participates in scientific research related to child abuse and neglect. CCP is leading the Alameda County Child Abuse Disclosure Study, which aims to better understand how children in Alameda County are disclosing child sexual abuse. Results of the study will enable more focused prevention and early intervention services to children and families.
Education and Outreach

Camp Creating Confident People (CCP)—Camp CCP combines the traditional experience of summer camp with group psychotherapy and support for children exposed to child abuse trauma and/or violence. In 2013, 40 children participated in Camp CCP.

Parenting After Trauma (PAT)—PAT is a group psychotherapy program targeted to non-offending caregivers caring for children impacted by child abuse and/or violence exposure. The program aims to address adverse childhood experience through psychoeducation on healthy parenting and effective communication skills. In 2013, 54 non-offending caregivers participated in Parenting After Trauma.

Clinical Case Management—Case management is provided to children and adolescents who are seen in the emergency department and/or child abuse management clinic following diagnosis or disclosure of abuse. CCP case managers assist families with navigating the criminal justice system, arranging necessary medical follow-up, and obtaining referrals to community resources.

Education Events—CCP provided more than 60 educational events to a variety of healthcare providers, allied professionals, children, and families on a diverse array of topics pertaining to child abuse and neglect. These educational events were held at local, county, state, and international events.
Center for the Vulnerable Child

The Center for the Vulnerable Child (CVC) provides services to children under 21 who are living in situations that put them at risk for educational, physical, mental, or social health problems. Patients are foster youth or homeless, or they have a history of abuse, neglect, or exposure to drugs. Each year, approximately 3,000 children and families receive medical care, psychotherapy, and/or social services from the CVC. Services are culturally informed and family-friendly, and they usually occur in the caregivers’ home or another location within the community in order to reduce barriers to service delivery. The CVC Advisory Board, composed largely of parents of children who have used CVC services, provides feedback and influences the future of the program.

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Direct Services

Child Assessment and Transitional Services (CATS)—Mental health services and case management through the CATS program are available to children from birth to age 18 who are part of family maintenance services of the foster care system. This program is a collaboration between the CVC, the Alameda County Department of Children and Family Services, and the Alameda County Behavioral Health Care Service.

The Preschool and School-Age Services, Assessment, Guidance and Education Program (PASSAGE)—PASSAGE provides case management, mental healthcare, and advocacy to pregnant and parenting teens and their infants and families. The services are usually home based, or delivered in a community setting.

Services to Enhance Early Development (SEED)—Through SEED, in collaboration with the Department of Child and Family Services and Alameda County Public Health, children ages 0–3 who are in the welfare system, their families, and their caregiving system are provided case management, infant–parent psychotherapy, mental health screening, developmental and mental health assessment, parental support, and other services.

Encore Medical Clinics (EMC)—EMC outreach workers connect children under 19 years of age who are homeless or living in transitional housing with a medical home. Dental care is also available to EMC patients. There were over 500 visits to the EMC in 2013. EMC is a collaboration between CVC and Children’s Primary Care Clinic.

Family Outreach and Support Clinic (FOSC)—FOSC provides primary care for children from birth to 12 years who are currently or have been in foster care. FOSC is a collaboration between CVC and Children’s Primary Care Clinic.

Research

Part of the CVC’s mission is to provide research on the vulnerable populations it serves. The CVC is partially funded by a Health Resources and Services Administration grant that supports ongoing research on primary care and mental health services to families experiencing homelessness and/or foster care. The CVC has a strong history of research on service utilization and implementation for homeless families, relationships between foster care and homelessness, and the utilization of CVC services over time.
Education and Outreach

The CVC sponsors and facilitates parental support groups and educational seminars throughout the year on a variety of topics relevant to foster and adoptive parents. The CVC also provides training to healthcare and other professionals who work with vulnerable children:

- **Psychology Fellowship Program**—Postdoctoral fellows are introduced to clinical work with children in foster care through the CVC’s SEED program. They learn a variety of clinical skills such as conducting psychological assessments and psychotherapies with infants and parents, individuals, groups, and families.

- **Practicum Placements**—Training positions are available to master’s-level mental health clinicians in the CORE and CATS programs. Trainees have rich clinical experiences working with families experiencing trauma, homelessness, and/or foster care. These clinicians also participate in didactic and cultural accountability seminars.

- **SEED Consultation Project**—Through interactive consultation, child welfare workers, police, and public defenders learn about infant mental health and the needs of young children who are in the welfare system.

- **Alameda County Innovations Grant**—The CVC created a curriculum focused on how to train providers to understand the impact of trauma on the African American community and its young children. The curriculum will be used by medical providers and Alameda County Behavioral Health Care Service providers to improve outcomes for African American families.

- **Alameda County Health Care Service Agency School Health Services Mental Health Consultation and Training Institute**—As part of this contract members of the CVC have been providing comprehensive training to school clinics and case managers throughout Alameda County. The training has been focused on mental health consultation with schools serving predominantly minority children who have experienced trauma.
Early Intervention Services

Early Intervention Services (EIS) provides therapeutic intervention, child development services, and family support services for infants and young children (ages 0–6) with emerging developmental, medical, and social–emotional delays. EIS services are family-centered and relationship-based, and are delivered in the home, at school sites, and at other community-based locations. Some groups are also offered at our 3rd Street location. Each year, more than 700 families utilize EIS, and many more agencies and children are reached through training and consultation activities.

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Direct Services

Neonatal Follow-Up Programs

• The Special Start Home Visiting Program—Special Start offers developmental, medical, and psychosocial case management to approximately 225 infants per year who are graduates of a Neonatal Intensive Care Unit and have complex medical conditions and/or social risk factors. For up to three years, participants receive weekly to monthly home visits by a coordinated team of nurses, developmental health specialists, and mental health specialists. Two parent support groups for Spanish-speaking families of children with disabilities are also part of this program; one group is in North County and the other in South County.

• The Neonatal Follow-Up Clinic—This program provides developmental assessment and medical care for CCS-eligible infants who were in the Children’s Neonatal Intensive Care Unit. Services include neurodevelopmental pediatric assessment and case management. Approximately 450 young children are served yearly.

• The Intensive Care Nursery Developmental Support program—Developmental intervention and support, including kangaroo holding and breastfeeding interventions, are provided to parents with newborns in Children’s Neonatal Intensive Care Unit (NICU). The program serves more than 200 neonates and their families each year and is an integral part of the care given in the Children’s Hospital Neonatal Intensive Care Nursery.

Parent–Infant Programs (PIP)

• Local Early Access Program (LEAP)—LEAP is designed for infants up to age 3 who have developmental disabilities and are eligible to receive Part C services through the Regional Center of the East Bay. Program components include a parent–child playgroup, home visits, developmental interventions, and parental support. Groups are offered in English and Spanish. Twenty seven children and their families are in the program at any given time.

• Developmental Playgroups Program—This community-based intervention provides parent–child playgroups to encourage the healthy development of infants and young children who are at risk for developmental delays. All groups incorporate developmentally rich play activities with parent support and education. Groups are located in Oakland and South Hayward, and are delivered in Spanish as they predominantly serve a Latino immigrant community. These programs serve 80 young children and their families each year.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Programs—EPSDT Mental Health Programs are designed for children with social–emotional delays or disturbances:

• CARE Early Childhood Mental Health Program—CARE provides home-based therapeutic interventions for children under age 6 and their families. About 125 children are enrolled.

• Therapeutic Guidance for Infants and Children (TGIF)—The TGIF program provides group and individual early childhood therapeutic interventions to infants, young children, and their parents. The program includes a center-based therapeutic playgroup and parent education and support. TGIF is designed for children who are in the Child Welfare System and whose parents are in the process of reunification.

• FIRST Perinatal Drug Treatment Support Program—The FIRST program provides group and individual early childhood therapeutic intervention to infants and young children and their parents. The program includes a center-based therapeutic playgroup and parent education and support. FIRST is designed for families where drug use or incarceration has impacted the parent–child relationship.

• Fussy Baby Program—The Fussy Baby program provides intervention to parents whose infants have crying, sleeping, or feeding problems that are creating stress in the family. Referrals come from local pediatric providers and community-based agencies.
Research

EIS is building a research program that focuses on the impact of trauma on early attachment, successful early childhood treatment, and other issues related to supporting positive outcomes for young children with medical, developmental, and social-emotional delays.

Consultation and Training

EIS operates a broad range of consultation and training activities that support agencies working with young children throughout the county, state, and nation.

• Irving B. Harris early Childhood Mental Health Training Program—EIS administers the only infant and early childhood mental health training program in Alameda County. The program is designed to expand the knowledge base of providers from a variety of disciplines to expand their expertise and skills in addressing the social-emotional development and mental health needs of young children. Additionally, the Reflective Facilitators in Training (RFIT) program supports a culturally and ethnically diverse group of professionals to increase their capacity for leadership within their agencies. Over 250 professionals have completed the program.

• EIS Consultation and Training Team—EIS provides technical assistance and consultation services to numerous community-based agencies and Early Head Start/Head Start programs each year.

• Consultation to Another Road to Safety and Paths to Success—This program is designed to support community-based agencies that are contracted with Alameda County Social Services Child and Family Services to provide the support that can keep children out of the child welfare system.

• Early Childhood Mental Health Internship Training Program—EIS provides an intensive one-year training program for mental health interns at post-graduate levels who are interested in developing skills and experience on the subject of early childhood mental health.

Policy/Advocacy

EIS advocates are involved in policymaking regarding issues of infant and early childhood mental health and development at the local and national levels. EIS staff members helped to develop the California Training Guidelines and Personnel Competencies for Infant/Family and Early Childhood Mental Health providers. EIS also has several members of the infant development association of California, an organization co-founded by a former EIS director. The administrative and clinical directors of EIS are currently involved in planning and implementing Alameda County–wide policy initiatives and are members of many local collaborative planning activities.
Center for Asthma Education, Management and Research

The Center for Asthma Education, Management, and Research (CAEMR), based in Children’s Primary Care Clinic, offers expertise in the management of asthma in children and adolescents. Oakland leads the state for the rate of asthma admissions among children, and asthma is the most common diagnosis among inpatients admitted at Children’s. Experts believe that many, if not most, asthma hospitalizations are preventable with proper day-to-day asthma management.

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Direct Services

Asthma Clinic—The Asthma Clinic is held weekly, and provides specialized care to children with particularly complex cases of asthma. In addition to asthma treatment, families are taught how to manage the child’s asthma at home to prevent acute episodes and emergencies. The Asthma Clinic is staffed by a multidisciplinary medical team that includes physicians, nurses, and health educators. Approximately 600 patients were seen in 2013.

ATTACK Asthma Clinic—The ATTACK Asthma Clinic is a one-hour, one-time visit available to children seen at Children’s Emergency Department for asthma. Services include a clinical assessment, family education, referrals, and scheduling of follow-up appointments with the child’s regular care provider. The goal is to prevent asthma emergencies from recurring. About 200 children visited the ATTACK Asthma Clinic in 2013.

Inpatient Asthma Education—Clinicians from CAEMR conduct bedside asthma management education for families of children currently hospitalized for asthma with the goal of preventing future hospitalizations. In 2013, the team met with more than 100 families with a child who was hospitalized due to asthma.

Research

CAEMR is involved in several clinical and translational research studies intended to improve the understanding and quality of life among children with asthma. CAEMR is one of only nine pediatric sites across the country participating in the NIH-sponsored Asthma Net, through which a variety of clinical trials are implemented. CAEMR is currently participating in two Asthma Net studies: APRIL-OCELOT is investigating the impact of antibiotics on asthma prevention, and INFANT-AVICA is comparing different treatments for young children with persistent asthma and is also looking at the impact of acetaminophen and ibuprofen on asthma control. Other studies include the Study of African-Americans, Genes and the Environment (SAGE), and Genes, Asthma, and Latino Assessment (GALA). Both explore the relationships between race/ethnicity, genes, the environment, and response to particular asthma therapies.
Education and Outreach

CAEMR provides education for the public and for professionals:

• Camp Breathe Easy, located in a beautiful natural setting outside of Livermore, is a four-day, three-night residential summer camp for underserved children with asthma. About 80 children attended Camp Breathe Easy in 2013.

• CAEMR is an original member of the Alameda County Asthma Coalition, in which it has participated since the coalition was founded in 2002. Annually, CAEMR and the coalition host World Asthma Day at Children’s—an event that incorporates asthma services and education along with games and refreshments for the public.

• CAEMR hosts an AmeriCorps volunteer who provides asthma education and case management for underserved children with asthma for one year. It is the only known AmeriCorps position in the country dedicated to asthma.

• In 2013, CAEMR in collaboration with the American Lung Association of California provided a two-day Asthma Educator Institute training to 75 asthma educators including nurses, respiratory therapists, and health educators. This training was a key component of their overall training to become certified asthma instructors.
**Diabetes Program**

The Diabetes Program is staffed by a team of pediatric endocrinologists, certified diabetes educators, nurses, dieticians, social workers, and administrative staff who care for over 1000 children with diabetes. With all of the significant advances in diabetes research and care and the aim of tighter control of blood sugars, the team of providers delivers the latest in diabetes care, technologies, and education to help optimize management and prevent long-term complications.

### Direct Services

- **Telephone Advice:** An advice line is available to all families and care-givers of children with diabetes and includes urgent care advice, blood sugar review, insulin dose adjustment, and school/after-school program consultation. Endocrinologists are available for emergency consults 24 hours a day.

- **Continuous Glucose Monitoring (CGM) Sensor Clinic:** Provides families and the endocrinologist with detailed information about the child’s glucose levels to help optimize management.

- **Insulliance:** A group of mentors (young adults living with type 1 diabetes) are available to meet with children during the diabetes clinic visits. The mentors offer emotional support, resources, and non-medical advice.

- **Diabetes Camps:** Diabetes team members volunteer to provide medical support for a variety of programs including the Diabetes Youth Families Camp de los Ninos, DASH Camp, and Camp One.

### Research

The division of endocrinology and diabetes is involved with clinical research studies regarding type 1 and type 2 diabetes. The division works collaboratively with Children’s Hospital Oakland Research Institute and other affiliates to provide research opportunities for our patients and the community. The division is a research site for the following:

- **TrialNet Natural History Study of the Development of Type 1 Diabetes: Pathway to Prevention study.** TrialNet offers type 1 diabetes risk screening for the relatives of individuals with type 1 diabetes.

- **Oral Insulin for the Prevention of Diabetes in Relatives at Risk for Type 1 Diabetes Mellitus.** This clinical trial is testing if oral insulin can prevent or delay the onset of type 1 diabetes.

- **Early intervention trials and genetic studies for type 1 and type 2 diabetes.**

- **Development of tools for differential diagnosis of type 1 and type 2 diabetes.**

### Education and Outreach

The Diabetes Program offers a variety of educational opportunities for patients, families, and other healthcare providers.

#### Education for Families

- **Individualized Education:** Educational materials and telephone advice as well as private and group classes (pump classes, carb counting classes and CGM sensor clinics) are provided in English and Spanish. Interpreters are available for all other languages. Education is tailored to the learner’s needs.

- **Insulin Pump Classes:** Diabetes educators review the risks and benefits of pump therapy and demonstrate pump specific features. Classes are offered several times a month.

- **Carbohydrate Counting Classes:** Diabetes educators review basic skills for families and children and reinforce skills for adolescents. Classes are offered several times a month. Advanced classes are offered on an individual basis.

- **School and After School Program Education:** The diabetes team works in collaboration with parents and caregivers, school nurses/school personnel, the American Diabetes Association and DREDF to ensure that children have access to diabetes care while in school or while participating in school-sponsored activities.

- **Adolescent Transition Program:** This is a new program designed to prepare adolescents to transition from pediatric to adult care through education and by establishing yearly diabetes care goals.

- **Other Education:** The diabetes team works collaboratively with CarbDM and DYF on various other education programs. Diabetes team members also provide information tables at JDRF’s Walk to Cure Diabetes and World Diabetes Day.

#### Education for Professionals

Diabetes team members are actively involved in education and outreach to other professionals at Children’s and in the community. The team provides trainings for professionals in the community who work with high-risk adolescents with diabetes, including Alameda County Child Protective Services, Center for the Vulnerable Child, Foster Care Services, Alameda County Assessment Center, Contra Costa County Child Welfare Workers, and individual schools. The diabetes team participates in the interagency Pediatric Diabetes Coalition of Alameda County to develop guidelines for schools caring for children with diabetes.
Hemoglobinopathy Center

Sickle cell disease and thalassemia are inherited conditions affecting hemoglobin, the protein within red blood cells that is required for transporting oxygen. Sickle cell disease disproportionately affects persons of African descent, and thalassemia disproportionately affects persons of Asian descent. Children’s Comprehensive Center for Hemoglobinopathies, one of the largest in the world, treats about 600 children and adults with sickle cell disease and thalassemia each year, provides education to families and other medical providers, serves as a local and international resource, and conducts research and advocacy to improve the survival and quality of life of people with these conditions. Children’s Hospital provides reference laboratory services for the State of California and led a national effort to add screening for hemoglobinopathies into newborn screening programs throughout the U.S. The Comprehensive Center for Hemoglobinopathies has been at the national and international forefront in the understanding of transfusion therapy, iron overload, and the use of sibling cord blood and stem cell transplantation to cure sickle cell disease and thalassemia.

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Direct Services

Northern California Comprehensive Sickle Cell Center (NCCSCC)—Through NCCSCC, a multidisciplinary team consisting of physicians, nurse practitioners, psychologists, and social workers provides comprehensive care in a medical home model. Medical therapy includes hydroxyurea, transfusions, apheresis, chelation, pain management, and bone marrow transplantation. NCCSCC also developed and coordinates the Northern California Network of Care for Sickle Cell Disease, a partnership among local hospitals, clinics, and community agencies to help improve the access to healthcare services for people with sickle cell disease.

Northern California Comprehensive Thalassemia Center (NCCTC)—Multidisciplinary staff offer medical care, education, counseling, and psychosocial services for children and adults who have or who are at risk for thalassemia, and their families. Comprehensive care includes transfusions, chelation therapy, and bone marrow transplants. The NCCTC provides care not only to patients in Northern California, but also to patients referred here from across the United States and internationally.

Housing for Families: The BMT House—For medical reasons, children who receive a blood and marrow transplant must live within a 20-mile radius of the hospital for 100 days after transplantation. Families who live far from Oakland may stay at the Blood and Marrow Transplant (BMT) House, located one block from the hospital. BMT House is extremely grateful for the generous donations it has received from the community over the years.
Education and Outreach

Professional Education

Hemoglobinopathy Reference Laboratory—The Hemoglobinopathy Reference Lab is California’s statewide reference laboratory for diagnosing hemoglobin disorders as well as a national resource to support the diagnosis and treatment of hemoglobin disorders. It provides clinical and diagnostic support to 33 state newborn screening programs. Thousands of newborns are screened for hemoglobin-related disorders, and many affected families are counseled and directed for comprehensive care. The lab also serves as the National Institutes of Health (NIH) Hemoglobinopathy Disease Collaborative Genotype–Phenotype Database to aid in the identification and screening of clinically relevant hemoglobin variants. Additionally, lab employees often give educational seminars for fellow sickle cell counselors within the state of California.

International Advanced Workshop on Sickle Cell Disease—In 2013, Children’s again hosted this conference, which brought together hematologists from all over the world and premier sickle cell experts from the U.S. to engage in discourse on research, care, and new treatments and therapies.

Community Education, Awareness, and Outreach

Thalassemia Outreach Program—The Thalassemia Outreach Program does both patient and community outreach using various means, including a newsletter, educational handouts in many languages, booklets, videos, presentations, and in-services. The program maintains an international website (thalassemia.com) with thousands of visitors per year.

Blood Donation and Sickle Cell Awareness Days—Children’s co-sponsors sickle cell awareness events and blood drives that were attended by hundreds of community members. Typically sponsoring four blood drives annually, Children’s devotes one drive to thalassemia awareness, while another encourages testing for the sickle cell trait. The thalassemia program hosts an annual blood drive for World Thalassemia Day on May 8, 2013, which marked the 12th annual drive. The thalassemia program also collaborates with the community, local businesses, and UC Berkeley to plan blood drives and raise awareness for thalassemia.

UC Berkeley Involvement—11 new interns joined the UCB Thalassemia Outreach Program in May 2013. The interns focused on outreach to middle and high schools, outreach to the Asian and Indian communities, and organizing blood drives for thalassemia. The UC Berkeley DeCal on thalassemia is a student-run class held in the spring of 2013. Nine students enrolled in the class and were taught about thalassemia from a variety of angles and using many different resources. The students also helped organize the Thal at Cal Benefit Concert. On October 8, interns worked alongside blood donation services workers from Blood Centers of the Pacific and members of the UC Berkeley premedical fraternity Phi Delta Epsilon to run a blood drive on the UC Berkeley campus. The drive attracted nearly 50 participants, of which 39 were able to give the gift of life.

Thal at Cal Benefit Concert—On May 4, 2013, over 200 people attended the Thal at Cal Benefit Concert in honor of World Thalassemia Day. UC Berkeley student groups such as a capella groups, theatre groups, and dance teams performed at the event. Free food was also provided to all attendees. In addition to creating an enjoyable environment, we also made sure that everyone who attended the event visited our information table to learn about thalassemia and play some trivia games to test their knowledge. Students from the DeCal and the interns also talked to the attendees and encouraged them to be part of the team and part of the class next semester.

Thalassemia Holiday Party—The Thalassemia Outreach team planned their annual holiday party for patients and families in December 2013. Approximately 250 patients, families, and guests attended this event—which included food, games, and music—to foster community support for affected individuals.
Education and Outreach (continued)

ICF Convention—The 82nd Annual Catholic Federation convention was held in La Quinta, California over Labor Day weekend. The “Live to Give” Blood Drive was held August 30, and was the second annual drive to honor thalassemia. 26 people came to donate blood, and 23 units were collected by the Desert Blood Services. On September 1, the ICF once again chose Cooley’s anemia (thalassemia) as its charity.

Thalassemia Patient Support Group—The thalassemia social worker has been meeting with 4–6 patients for a monthly Saturday support group to discuss issues pertinent to their disease—including compliance, morbidity, diet, exercise, and the impact of the disease on their mental health and personal relationships.

Bay Area Adult Sickle Cell Support Group—Children’s and the Sickle Cell Community Advisory Council maintain a support group for adults with sickle cell disease.

PHRESH (Public Health Research Education and Surveillance)—Children’s partners with the State of California and Centers for Disease Control in this statewide outreach project to increase awareness of and advocacy for sickle cell disease. The website Casicklecell.org has recently had 10,000 hits.

Research

For the past 40 years, the NCCSCC and NCCTC have been leaders in NIH-funded multi-center research trials to improve therapeutic options and quality of life of patients with hemoglobinopathies. For many years Children’s has been at the forefront of research, using stem cell therapies that have cured patients with sickle cell disease. Currently, there are numerous clinical trials at Children’s for patients with hemoglobinopathies.

Additionally, research at CHORI has helped Children’s secure medical devices that are used both for research and to help clinicians better diagnose and treat rare blood conditions. As a leader in research, Children’s is one of only four locations in the world that uses a SQUID Ferritometer (superconducting quantum interference device) to non-invasively measure the amount of iron in the body of patients with hemoglobinopathies.

In the Bone Density Clinic, specialized equipment helps to better diagnose and treat patients with hematological disorders and other conditions that may impact bone strength. For instance, thalassemia patients are at risk for expansion of bone marrow, resulting in bones that are more brittle than normal.
Pediatric HIV/AIDS Program

The Children’s Pediatric HIV/AIDS Program (PHAP), established in 1986, offers comprehensive care to children, youth, and their families who are living with or exposed to HIV/AIDS. Because HIV attacks the immune system, it is critical for infected individuals to begin medical treatments with combinations of specific medications early to improve their quality of life and survival. For most individuals, HIV/AIDS is a chronic condition that can be managed for decades with proper treatment and consistent adherence to medication regimens.

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Direct Services

HIV/AIDS Clinic—Patients coming to the HIV/AIDS clinic receive care from a multidisciplinary team of healthcare providers. The team includes a physician, nurse, and social worker, with nutritionist, and other specialists as needed. Emphasis is placed on adherence to medications, with the goal being to suppress the HIV to undetectable blood levels. Currently 90 percent of our patients have undetectable blood levels. Children who were born infected are given special assistance in transitioning from pediatric to adult care during their late teen years. Since 2001, we have graduated 57 teens and young adults into special youth programs or local adult HIV care. Newly discovered, HIV-infected teens and young adults are assisted in obtaining care through local youth program.

Advances in the prevention of mother-to-child transmission of HIV have dramatically decreased the number of newly infected infants in the United States. However, other countries impacted by HIV/AIDS continue to struggle with this pandemic. Therefore, we continue to see new families who immigrated to the U.S. and for whom HIV may be known or may be a new diagnosis, and some families seeking international adoption who may be open to considering a child with HIV infection. The PHAP offers pre- and post-adoption services for families considering adopting an HIV-infected child.

Family Care Network (FCN)—the FCN is a Ryan White CARE Act funded collaborative that coordinates primary medical care, case management, and legal and mental health services for people living with or impacted by HIV/AIDS in Alameda and Contra Costa Counties. PHAP is the only one of the eight agencies providing pediatric medical care, case management, and mental health services for children with HIV/AIDS in the East Bay.

Hope Clinic—Through collaborations with programs in the FCN, it is possible to identify pregnant women infected with HIV and to keep them in care during their pregnancy, as well as to ensure that their babies get proper treatment and care during and immediately after delivery. Infants born to mothers with HIV are closely monitored for the disease over 4–6 months by Hope Clinic staff until they have been fully evaluated and HIV infection can be excluded. None of the last 385 infants who have come through the Hope Clinic since 1996 have been infected. About 20–30 at-risk infants are followed every year by the Hope Clinic.

Sexual Assault and Needlestick Exposures—We provide preventive, support services and education for child victims of sexual assault and needlesticks who are at risk of acquiring HIV (and hepatitis B and C, syphilis, gonorrhea, and chlamydia). Approximately 8-10 child victims of sexual abuse and needlestick exposures are seen by PHAP every year, often starting with their initial evaluation in the Emergency Department. We have seen 134 such children, most of whom were put on a one-month treatment regimen since 1997. None of those who came back for follow-up acquired HIV from their exposure.
Research

PHAP staff and patients have participated in many clinical trials, including those related to drug development, antibiotics, and vaccine trials.

Education and Outreach

PHAP staff work to educate the community, foster parents and teachers, community providers, and patients’ schools about pediatric HIV/AIDS issues through presentations and seminars. The Pediatric HIV/AIDS Program offers a mini-residency program to educate physicians, nurses, and social workers interested in increasing their clinical and psychosocial knowledge about HIV/AIDS. In addition, we share our clinical expertise with medical delegations from countries severely impacted by the AIDS epidemic. Medical teams including doctors, nurses, social workers, and public health/governmental representatives from Côte d’Ivoire, Thailand, Nigeria, and Tanzania have participated in this program.

HIV testing and counseling is provided at no cost for adolescent patients seen at Children’s Adolescent Clinic, Juvenile Justice Center, Castlemont High School Health Center, Chappell Hayes Health Center at McClymonds High School, and in the Emergency Department. This testing will be expanded in 2014 through a grant from Gilead called HIV FOCUS—HIV on the Frontlines of Communities in the United States. The grant will make HIV screening routine across all seven sites where youth access care at Children’s, and will include linkage to care for positive individuals.

PHAP hosts an annual holiday party and facilitates opportunities for patients and families to network in the clinic and at social events. In addition, we partner closely with Camp Sunburst and a number of other HIV-specific camps for children, youth, and their families in Northern and Southern California to enable our patients to attend camps where they meet other children and learn skills and coping mechanisms that will help them as the grow up, living with HIV.
Psychology Oncology Program

Children’s psychology oncology team is a specialized team of psychologists and neuropsychologists. The team is specifically trained to provide compassionate care and address the special emotional needs of children with cancer and their families. This is the only psychological support program of its kind in the Bay Area.

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Direct Services

Therapy and Emotional Support—The team provides individual psychotherapy, emotional support, encouragement, and hope to help children, their siblings, and their parents manage the emotional toll of a cancer diagnosis and treatment. Stress management, play therapy, and behavioral modification techniques are also used as needed.

School and Social Reintegration—The cognitive development of children with cancer may be affected by their condition and treatment. Pediatric cancer patients’ school attendance and social interaction are affected. The psychology oncology team provides neuropsychological assessments, school presentations, and individualized advocacy for children who have been out of school or who have cognitive challenges as a result of their treatment.

Teen and Young Adult Cancer Support Group—The Teen Cancer Support Group is a safe place where teens and young adults ages 13–21 can connect to find support, resources, and hope while dealing with a cancer diagnosis and survivorship.

Long-Term Follow-Up Program—The team coordinates and provides outreach and psychological services to multi-disciplinary clinics for pediatric cancer survivors who have completed treatment two or more years prior. Participation in these clinics allows survivors to receive information and guidance regarding their medical and psychosocial needs as they progress into survivorship and adulthood.
Camps for Children with Special Healthcare Needs

Camps are an important experience that allows kids to enjoy outdoor activities and make new friends. Throughout the year, Children’s helps to manage several camps for children with special medical or mental health conditions.

**Camp Breathe Easy (Asthma)**

In 2013, 81 children with asthma attended Camp Breathe Easy, where they participated in traditional summer camp activities while learning about asthma self-management over four days. Camp Breathe Easy is a residential camp located in a natural setting in the hills outside of Livermore. It is organized and staffed by Children’s Primary Care Clinic.

**Camp Creating Confident People (Child Abuse and Violence Exposure)**

For one week each summer, the Center for Child Protection hosts Camp Creating Confident People, a day camp for children that have been impacted by child abuse and exposure to violence. Through group psychotherapy, expressive arts, and interactive activities, children learn resiliency and safety skills.

**Camp de Los Niños (Diabetes)**

This one-week residential camp in the Santa Cruz Mountains is for 6- to 12-year-olds with type 1 diabetes. The camp combines traditional camp activities with diabetes education. A Children's endocrinologist has attended camp as part of the medical staff since 2006. In addition, a certified diabetes educator from Children's has been on the medical staff since 2012.

**Camp FUN (Food and Understanding Nutrition)**

Healthy Hearts has an ongoing collaboration with UCSF through Dr. Carolyn Jasik, who is an Assistant Professor in the Department of Pediatrics. For several years, Dr. Jasik has run a camp for Healthy Hearts patients called Camp FUN (Food and Understanding Nutrition). This camp runs out of the Concord Youth Center, and has been funded by the Moca Foundation. In 2013, a total of 31 Healthy Hearts patients did this camp program.

**Camp Hemotion (Blood Disorders)**

Each summer, Camp Hemotion provides a week-long residential program at Camp Oakhurst, near Yosemite, for 7- to 20-year-olds who have been or are carriers of bleeding disorders and their siblings. Camp Hemotion is the result of a partnership between Children’s and the Hemophilia Foundation of Northern California. Attendees participate in various activities and learn how to better manage their condition—including training in self-infusion. The Hemophilia Foundation of Northern California offers two other camp experiences: Family Camp, for people with bleeding disorders and their families, held in January each year at Camp Arroyo. It is a weekend-long camp, and about 35 to 40 families attend each year. BLeaders Youth Retreat is open for youth ages 14 to 21 affected by a bleeding disorder or a sibling/carrier. This takes place in May each year and is a weekend-long retreat. Members of our Hemophilia Treatment Center participate in the planning of these camps and attend camp as medical staff. The majority of campers come from our center, but also from the Hemophilia Treatment Centers at UCSF, Stanford, UC Davis, and Children’s Hospital Central Valley.
Healthy Hearts: A Program to Prevent and Treat Childhood Obesity

Childhood obesity is a leading problem in Alameda and Contra Costa counties, where at least one-fourth of 5th through 9th graders are overweight. Children’s supports Healthy Hearts, a program based in the Pediatric Cardiology Medical Group. Healthy Hearts is focused on treating and counseling 2- to 18-year-olds with obesity and/or the complications associated with being obese or overweight, including diabetes, heart disease, and high blood pressure. The Healthy Hearts clinical team includes physicians, a pediatric nurse practitioner, a dietitian, an exercise specialist, a lipid research consultant, and a psychologist. Approximately 300 new patients entered the program in 2013.

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Direct Services

Healthy Hearts is a year-long program that involves 6 to 8 one-hour visits to the clinic. At each visit, patients receive individualized treatment and counseling with a physician and one of the staff’s specialists. The program aims to promote healthy habits in children. Sessions focus on topics such as mental health, nutrition, and physical activity. Healthy Hearts is offered at Children’s locations in Oakland, Larkspur, and Walnut Creek.

Research

Dr. Tester conducts research on how the environment impacts children’s risk for obesity. She has been the principal investigator for a project investigating the role of playgrounds in physical activity and community social capital, as well as a project studying the feasibility of using mobile food-vending to increase access to healthy food in at-risk populations. She is currently conducting a study about concurrent obesity and food insecurity.

In 2013, the Healthy Hearts team participated in Focus on a Fitter Future, a consortium of 20+ pediatric obesity programs in children’s hospitals nationwide. Participation in this research-oriented collaboration has enabled the team not only to be at the forefront of current clinical best practices, but also to be connected to current research endeavors, such as common measurement tools for obesity clinics nationwide.

The Healthy Hearts program also works with research scientists at Children’s Hospital Oakland Research Institute’s Center for Nutrition & Metabolism and Center for the Prevention of Obesity, Cardiovascular Disease & Diabetes.
Education and Outreach

Healthy Hearts maintains an active collaboration with Girls on the Run, which is a local not-for-profit that aims to increase girls’ opportunities for exercise and peer support. In 2013, there were three 10-week sessions where five healthy hearts girls participated in running around Lake Merritt—culminating with a 5K run.

YMCA of Downtown Oakland is an active Healthy Heart partner, and Healthy Hearts has been partnering with the YMCA’s Teen Fit program. In Teen Fit, adolescents are referred to the YMCA by their physician to participate in a summer program where they are linked with a personal trainer. In 2013, 15 teens participated in Teen Fit. The Oakland YMCA also has a Kid Fit program that is similar to Teen Fit, but for children 6 to 12; Healthy Hearts referred 5 patients to this program in 2013.

Healthy Hearts collaborates with an organization called Endurance to offer biking and running experiences. In 2013, a total of one bike trip, two running trips, and four swimming events were conducted, with each event accommodating 8 to 12 children.

Healthy Hearts has been collaborating with a non-profit called Dancin Power that originated from UCSF Benioff Children’s Hospital Oakland. In 2013, Dancin Power held 10 dance sessions for Healthy Hearts patients with typically 15 patients at each, which took place at new patient orientations.

East Oakland Sports Center is a new facility in Oakland, and Healthy Hearts participated in a group event with them on Halloween in 2013. Healthy Hearts also collaborates with the Alameda County Obesity Prevention Program and participates in collaborative meetings.

Healthy Hearts participates in various other programs and events in the community to help educate others on how to maintain a more healthy and active lifestyle. Last year, Healthy Hearts participated in 4 health fairs to help educate young people.
Community Farmer’s Markets and Dover St. Garden

Children’s collaborates with a local not-for-profit called Phat Beets Produce to promote healthy eating in patients and in the community through farmers’ markets and a youth community garden.

Education and Outreach

The year-round farmer’s market is located in front of Children’s Outpatient Center and is open every Tuesday for patients and the general public, while another, seasonal farmer’s market that specifically serves the Oakland Senior Center is hosted by the Children’s Hospital Oakland Research Institute. Both markets offer fruits and vegetables grown by local farmers. Weekly fruit and vegetable boxes are available on Tuesday for pick-up or delivery for staff of the hospital who would like to support the market and get fresh produce.

The Dover St. Park Youth Garden was developed near Children’s in 2010. The garden is maintained by adolescents who are participating in the Healthy Hearts program. Vegetables produced in the garden are available to patients in the healthy hearts program as well as the general North Oakland community.
Kohl’s Injury Prevention Program
The Kohl’s Injury Prevention Program (IPP), administered by Trauma Services at Children’s, aims to reduce the number of unintentional injuries and fatalities in children, primarily through education and by providing equipment to promote safety. Unintentional injuries are the leading cause of death among children 1-19 years of age. They account for nearly 37 percent of all child deaths after infancy.

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**Education and Outreach**

**Home Safety Improvement Program (HSIP)**—The HSIP is a partnership between the Neonatal Follow-Up Program and Trauma Services. The program's lessons promote “active supervision” among parents and educate them on how to keep their child safe from burns, choking, dog bites, drowning, falls, gun-related injuries, poisonings, and other causes of unintentional injuries. Home-safety assessments are performed by case managers, and patients’ families receive safety devices such as bathtub thermometers, cabinet latches, doorknob covers, outlet protectors, safety gates, smoke alarms, and window guard “super stoppers.”

**The Prevention of Shaken Baby Syndrome Program (PURPLE)**—PURPLE is an evidence-based program designed to prevent abusive head trauma by teaching parents of NICU patients that crying is normal for a newborn and how to reduce their frustration. Each parent receives their own DVD and educational handouts. PURPLE is also given out in the Emergency Department.

**Safe Sleep Environment Crib Program**—This program teaches NICU parents how to prevent SIDS, overlay, and suffocation in their newborn through safe sleep strategies. The educational DVD produced by American Academy of Pediatrics, Consumer Products Safety Commission, and Keeping Babies Safe is a part of the parent education. Every baby discharged receives a Halo sleepsack, and cribs are provided according to financial need. In 2014 the program will be expanded hospital wide for all newborns and infants up to 1 year of age.

**Car Seat, Special Needs Car Seat and Vests, and Helmet Program**—To promote safer transportation of infants, the IPP provides more than 500 families each year with equipment and education about car seat safety. In fact, every baby in Children’s Neonatal Intensive Care Unit must have an appropriate child passenger restraint before being discharged. Furthermore, IPP does car seat checks, bike safety rodeos, and health fairs, distributing car seats and bicycle helmets to families in the local community. Helmets are given to all patients who do not have a helmet or whose helmet was damaged. In 2013 the IPP started a Car Seat Inspection station where monthly car seat checks are performed on campus for parents by appointment.

**OUCH**—OUCH is a social marketing campaign launched in 2011 that aims to provide helpful safety tips to caregivers of young children. Families who subscribe receive two or more text messages each month in English or Spanish related to health and safety. Many agencies and organizations in both Alameda and Contra Costa counties have signed formal memorandum of understanding to endorse this innovative method of education. The Contra Costa Board of Supervisors has recommended the OUCH program for all Contra Costa children.

**New Collaborations**—In 2013 the IPP formed a new partnership with Mighty Kids Media. MK’s safety cartoons air on the hospital’s closed-circuit TV system. At safety events, MK distributes educational materials, wrist bands, and DVDs. MK’s also promotes Twitter parties where parents can answer an injury prevention question and win a gift card.

In 2013 the IPP also collaborated with the Rockin’ Disney Road Team, who have performed at the hospital as well as at community events. Interactive safety games were developed and the winners receive prizes. The IPP also creates a variety of educational materials—including booklets, a calendar, a DVD, and flyers—to promote the prevention of unintentional injuries to children.
Sports Medicine Center for Young Athletes

Sports injuries have received increased attention as a public health issue in recent years. Injuries sustained in athletic events can affect young people for the rest of their lives. The Sports Medicine Center for Young Athletes (SMCYA) provides medical care and rehabilitation of sports-related injuries. In addition, the Center provides prevention-oriented education, outreach, and services for young athletes throughout the East Bay.

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Education and Outreach

The SMCYA coordinates on-site athletic trainers to be present at all North Coast Section high school championship events and an athletic trainer for all Oakland Athletic League football games and sports championship games. The trainers work with these young athletes to prevent and treat injuries.

SMCYA staff provides on-site injury prevention services for Tommie Smith Running Club track meets, trains track coaches, and supervises the club’s youth injury prevention system. The Tommie Smith Running Club promotes track and field in 8- to 18-year-olds.

The Center also provides education on sports medicine topics to medical professionals and the general public through annual medical conferences, monthly community lectures, and general seminars. Each year, more than 25 seminars take place across Alameda and Contra Costa counties.
Health Education for Patients, Families, and the Public

Children’s staff members are often out in the community sharing their expertise to the public—such as patients and their families, foster parents, students, and professionals who work with children—on a variety of health-related topics. Below are some examples from 2013.

### Division of Audiology

In 2013, the audiology department continued the use of a cochlear implant educator, researcher and outreach liaison for the cochlear implant program and the department. The department continued to provide support groups for cochlear implant patients, their families, and families of children considering implantation.

### Center for the Vulnerable Child (CVC)

Various CVC programs educate caregivers and professionals who work with at-risk children.

### Division of Endocrinology and Diabetes

The annual Family Diabetes Conference teaches families about diabetes and disease management. In 2013, the diabetes team hosted an educational conference for school nurses and other school personnel and maintained an informational table at the Juvenile Diabetes Research Foundation (JDRF) Walk to Cure diabetes at the Oakland Zoo. At the Centennial Neighborhood Celebration at Dover Park, the division hosted a table showing sugar content of various sweetened beverages. The division also hosted a table in the cafeteria for World Diabetes Day in November. “Insulliance,” a new mentoring program for children with type 1 diabetes, provides mentors to offer emotional support, resources, and non-medical advice. Other resources for patients included audio/visual teaching materials to view while hospitalized: “Managing Type 2 Diabetes in Young People,” and “Staying in Balance: An Introduction to Type 1 Diabetes for Kids and Their Parents.”

Children’s spoke on diabetes at the 1st Annual Brely Evans Foundation program for the East Oakland Youth Development Center, is involved with Becoming a Diabetes Educator Training Workshops, and gives a yearly lecture/workshop for the Mill’s College Public Health Master’s program.

### Health Information on the Web

The public can access information on health topics and Children’s resources through the hospital’s website and its Facebook, Twitter, and YouTube pages.

### Medical Social Services

A weekly Sickle Cell Support group and an annual Sickle Cell Transition Workshop help patients cope with their condition. Other services include a lecture titled “The Day in the Life of a Thalassemia Social Worker,” and a social work panel for CHAMPS students.

### Division of Neurosurgery

Brain and spinal cord injury prevention are taught to 1st, 2nd, and 3rd graders, and to high school students in the Bay Area through the Neurosurgery department’s ThinkFirst Program.

### Pediatric HIV/AIDS Program (PHAP)

PHAP staff educates foster parents, social workers, and health outreach workers about HIV/AIDS.

### Primary Care Clinic

Parenting and health education classes on a variety of topics are provided to schools and agencies that serve families.

### Division of Mental Health and Child Development

Teens, foster parents, teachers, family court judges, and healthcare professionals are taught about psychiatric health topics through classes provided by the staff.
Division of Pulmonary Medicine

CPR Training—Pulmonary patients and families are taught CPR prior to being discharged from the hospital.

Cystic Fibrosis (CF) Family Education Days—CF education (including a Spanish session) is provided in Oakland, San Francisco, and Reno for CF families several times annually.

School-Based Mental Health Consultation

The School-Based Mental Health Program, a collaboration between Mental Health & Child Development and Adolescent Medicine, is a source of expertise on the intersection of schools and mental health. A training and consultation program has been developed for school professionals and mental health providers who work with schools. The team conducts trainings throughout Alameda County and California.

Sports Medicine Center for Young Athletes

Staff provides education on injury prevention and other sports medicine issues to the public.
Juvenile Justice Center Clinic

Children’s Division of Adolescent Medicine is contracted to run a comprehensive on-site medical clinic at the Alameda County Juvenile Justice Center (JJC). The JJC is a 360-bed detention facility that houses juvenile offenders from Alameda County and is part of the Alameda County Probation Department.

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Approximately 3,600 children and youth received healthcare services at the JJC medical clinic in 2013; about three-fourths of these patients are from Oakland. Medical staff at the JJC clinic includes MDs, dentists, NPs, RNs, LVNs, MAs, discharge coordinators, and clerks. Additional contracted staff includes an optometrist, orthopedist, radiology technician, and chiropractor. Other doctors, such as OB-GYNs, work with the program on an on-call basis. Children’s also provides clinical services at Camp Willmont Sweeney, a facility that serves as a transition housing/placement facility for about 6 to 9 months for JJC inmates before their release to the community.

Children and youth who need additional specialty care or acute services are brought to Children’s main hospital. Nearly all JJC detainees are released back into their communities after their detention. Children’s aims to ensure these children and youth are healthy, as poor health is one of the main barriers to a successful transition back to school or employment.

Comprehensive Primary Care Services at JJC and Camp Willmont Sweeney

- Intake evaluation and 96-hour physical exam
- Point-of-care testing and blood draws
- Screening and testing for sexually transmitted diseases
- Care for illness and/or injury
- Referrals to ED/hospital/specialists
- Immunizations
- Medication management
- Radiology
- Dental screening and procedures
- Health education
- Chiropractic services
- Optometry: screening, diagnosis, prescribing, and allocation of eyewear on-site
- Nutritional evaluation by a nutritionist
- Assistance with transition for community re-entry
- Telemedicine provides other specialty services not available at the JJC Medical Unit
School-Based Health Centers

The Youth Uprising/Castlemont Health Clinic, located next to the Castlemont Community of Small Schools in East Oakland and the Chappell Hayes Health Center, located on the McClymonds Educational Complex campus in West Oakland, are operated by Children’s divisions of Adolescent Medicine and Mental Health & Child Development in collaboration with the Oakland Unified School District and the Alameda County Health Care Services Agency.

Contact: Sharry Goree  sgoree@mail.cho.org

Clinical services at the school-based health centers include the full spectrum of comprehensive adolescent healthcare:

- Routine preventative care
- Immunizations
- Nutrition counseling
- Sports physicals
- Reproductive healthcare
- Treatment of sexually transmitted infections
- Physical and sexual assault treatment
- Management of chronic medical conditions
- Mental health services
- Acute Illness management
- Psychosocial support
Primary Care Clinic, Community-Based Programs

Children’s Primary Care Clinic sees about 10,000 children each year—more children than any other primary care provider in the region. The clinic provides for the basic healthcare needs of mostly lower-income children from birth to age 19, including routine preventative care, chronic disease management, and immunizations. In addition, the Primary Care Clinic provides health education, participates in translational research, offers social and mental health services, and helps train the next generation of pediatricians through its primary care residency program.

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Specialized Clinics

**Continuity Clinic**—Children who are discharged from the hospital but do not have a primary care provider can continue to receive follow-up and primary care at the Continuity Clinic.

**International Clinic**—The International Clinic delivers the same services as the main Primary Care Clinic but is culturally and linguistically tailored for non-English speakers; interpreters for 31 languages are available. In 2013, there were 400 visits to the International Clinic.

**Encore Medical Clinic and Foster Care Clinic**—The Primary Care Clinic, in collaboration with the Center for the Vulnerable Child, provides a medical home for homeless children at the Encore Medical Clinic and for children in foster care at the Family Outreach and Support Clinic.

**Asthma Clinic**—The weekly Asthma Clinic provides medical care and asthma management education for families who have children with particularly complex cases of asthma. The Asthma Clinic is staffed by a multidisciplinary team, including physicians, nurses, and health educators. The clinic saw more than 600 patients in 2013.

Research

The Primary Care Clinic serves as a study site for Children’s Pediatric and Clinical Research Center (PCRC). The clinic participates in clinical and translational research studies that have broad public health importance. Current studies focus on asthma, immunology, and vaccine development. In addition, the clinic participates in formal evaluation studies of public health interventions.

Education and Outreach

**Clinical Effort Against Secondhand Smoke Exposure (CEASE) Program**—The CEASE Program encourages parents who expose their children to tobacco smoke to stop smoking by providing them with on-site counseling at the clinic and referrals to the California Smokers’ helpline.

**Reach Out and Read**—This program gives away a new donated book to every child aged 6 months to 5 years who makes a well visit to the Primary Care Clinic. Reach Out and Read aims to increase literacy rates in order to help improve poverty status and health outcomes.

**Health Education and Parenting Classes**—Health education and parenting classes are also conducted by primary care physicians and residents at various community locations, including preschools, the El Grupo parent support group, Juvenile Justice Center, Lincoln Child Center, Oakland WIC, Berkeley and Oakland Head Start Preschools, Monteverde Preschool, Oakland Public Library, and Project Pride.

**Safety Products**—In conjunction with Children’s Trauma Center and the Alameda County Public Health Department, we provide education and new equipment to parents of infants and toddlers to help protect them against injury and accidents in the home.

**Nature Prescriptions Program**—In partnership with East Bay Regional Parks, we encourage healthy active living by connecting patients with local nature. Programs include a monthly shuttle bus to family-friendly nature events around the East Bay, select camping opportunities, and opportunities to explore with EBRP naturalists.
Policy/Advocacy

Community, Advocacy and Primary Care Program (CAP)—CAP is an advocacy curriculum for second- and third-year medical residents who are trained as the next generation of doctors to advocate for their patients, particularly the underserved. Through CAP, residents learn about federal programs such as Women, Infants & Children (WIC), (SNAP), as well as the welfare and legal systems. Residents also spend time on site with many community-based organizations in order to gain a first-hand understanding of their operations and services provided. The residents also travel to Sacramento to meet with legislators and participate in public hearings about issues critical to pediatric health.

Medical–Legal Program—The Primary Care Clinic has partnered with the East Bay Community Law Center to provide patients with pro bono legal services on cases related to their health issues. This service has been expanded to other departments within the hospital setting.
Child Life Services

Child Life Services creates opportunities for infants, children, teens, young adults, and families to learn, play, and creatively express themselves. For many children, being in a hospital can be an overwhelming and even traumatic experience. Child Life Services oversees multiple programs to ensure patients’ emotional, social, cognitive, and developmental needs are cared for during their visits to clinics or stays in the hospital. Certified Child Life Specialists provide specialized therapeutic interventions to prepare children for procedures and treatments, and to deliver new diagnosis education. These interventions help minimize stress and increase coping to support patients now and in the future as they face challenging life events. Child Life Services includes Hospital School Artist in Residence, Music Therapy, and Family Resource & Information Center. Together we cultivate creative outlets, education, positive coping, and resources for children and families.

Manager: Sara Devaney, MS, CCLS ☎ (510) 428-3520 ✉ sdevaney@mail.cho.org

### Artist in Residence Program

The Artist in Residence program at Children’s offers creative services and artistic projects for hospitalized youth. Our Artist in Residence works with patients in group settings or facilitates individualized bedside art sessions, providing an inspiring and supportive experience during extended hospital visits. Since 2002, the program has served more than 14,000 patients and families.

### Art While You Wait Program

Art materials are available for patients and their siblings to use while they are awaiting clinic appointments, surgery, or treatment in the emergency department.

### Family Resource & Information Center (FRIC)

At the Family Resource & Information Center, patients and families can meet other families, use the Internet, and receive information about health issues as well as hospital and community programs. You will also find a friendly face and a warm cup of tea available. We have bilingual staff offering supportive care groups for parents to meet each other, and for them to take a moment to renew and care for themselves.

### Hospital School Program

Oakland Unified School District–accredited teachers conduct classroom and bedside education sessions for students enrolled in K-12th grades academic support, Monday through Friday, while children are in the hospital and out of school. The Special Education Teacher serves children from 3 to 21 years of age. The school program has a variety of enrichment activities that include art sessions led by our Artist in Residence, weekly origami workshops, and interactive science projects. In 2013, there were four teachers who made over 5000 contacts with children through this program.

### Jared Kurtin Music Therapy Program

Two board-certified music therapists are available to conduct individual, family, or group sessions, using a variety of modalities. Patients and families are able to participate in song writing and recording, and learn coping techniques.
Child Life Specialists provide programs in our playrooms and teen lounge, and facilitate special events. This year we were able to facilitate over 25 special events, which were filled with community groups, local sports teams, and nonprofit organizations bringing fun-filled activities inside the hospital for all to enjoy.

In the playroom, children can play with age-appropriate games and toys, and utilize a variety of art supplies. The teen lounge offers a place for teens to participate in social events with peers while creating art and music, playing video games, and enjoying hospital bingo via closed-circuit television.

The PRE-OP Program allows children and their families to learn about their upcoming procedure from a Child Life Specialist, who may use dolls and medical play to simulate medical procedures to reduce a child’s fears. Families can request a Child Life Specialist to support their child during medical procedures in inpatient units and in the outpatient Infusion Center. A Child Life Specialist is also available at our Shadelands facility in Walnut Creek.

The Child Life Student Internship is 500 hours total and is available in spring and summer for applicants currently enrolled in a Child Life Master’s degree program. Please visit our website to learn more about the requirements and application timelines.
Family Information & Navigation Desk (FIND)

The toxic stress associated with poverty profoundly impacts health outcomes and chronic disease. The environment in which a child lives, plays, and goes to school has a significant impact on their health. FIND was launched in 2013 with the goal of minimizing the social and environmental factors affecting health outcomes of patients and their families. The overarching goal of FIND is to routinely screen for basic social needs and connect families to community resources. Additionally, FIND aims to train college students, community members, and professionals in the social determinants of health (SDOH) approach to medical care. FIND strives to understand the root causes of health inequities, and to provide a preventive approach to population health. Over the next 15 months, a minimum of 4,200 patients will be enrolled.

Direct Services

The FIND program located at the Primary Care Clinic and Emergency Department screens for social and environmental issues during the medical visit. The innovative on-site “navigation desk” is staffed by highly trained medical residents, college students, and volunteers. Patients are first screened for basic needs when they arrive for a regular clinic visit, and then their physicians refer them to FIND to meet with Navigators who work with families to connect them with reliable agency and community resources. FIND Navigators also follow the family over the course of four months to ensure connections are made. This partnership addresses the barriers families face and facilitates proactive steps towards wellness.

Education and Outreach

FIND maintains an active collaboration with many community organizations such as, but not limited to, the Alameda County Food Bank, East Bay Regional Park District, Family Resource Network, Bananas, CoachArt, East Bay Community Law Center, and YMCA. FIND Navigators are recruited from local colleges, universities, and the community. These collaborations serve as the backbone to the program’s ongoing effort to link children and families to the services they need. Children’s is a founding member of the Bay Area Regional Help Desk Consortium, a regional consortium that aims to support the development and sustainability of help desks across the wider Bay Area.

Research

A rigorous evaluation of FIND is crucial to demonstrating the impact this intervention has on the healthcare delivery system and patient-centered outcomes. FIND hopes to demonstrate the efficacy of the intervention in addressing social need, health care utilization, and feelings of connectedness to a medical home.

The iScreen Study was a randomized control clinical trial. The purpose was to help to determine how to systematically screen families for basic needs in the pediatric emergency department setting. The goals of iScreen were to create a simple, validated tool using mobile technology to help health care providers identify patient needs which extend beyond their immediate medical illness and may contribute to their health. Through iScreen, the FIND staff was able to conduct a needs assessment on the social challenges facing our patient population, to gain insight into how patients feel most comfortable answering questions about social needs and to determine whether technology can be helpful in asking these important questions. After approaching over 700 families, we found that 76.3 percent of our families have concerns about not having enough money at the end of the month, 56.6 percent of our families have concerns that food will run out before they get money or food stamps to get more food, and almost half of our families have concerns about the stability and habitability of their housing. These results directly informed the piloting of FIND.
Other Family Services
An essential part of treatment and care for many children at Children's is the support services that are provided for young patients’ families to help them adjust to their situation.

Blood and Marrow Transplantation (BMT) House
The BMT House provides housing for families who have children receiving a bone marrow transplant at Children's and live farther than 20 miles from the hospital.

Contact: Cindy Lehmann ☑ (510) 428-3885, ext. 5214

Chaplaincy Services
Families can receive non-denominational support, follow-up care, and grief counseling provided by Sister Bernice Gottelli, PBVM, or by neighborhood clergy. Children’s also maintains a reflection room, which provides visitors a secluded and quiet location for spiritual and personal reflection.

Contact: Sister Bernice Gottelli, PBVM ☑ (510) 428-3885, ext. 2676

Family House
The Family House provides sliding-scale fee lodging and meals for families who live 100 miles away or further from Children’s. It consists of 16 bedrooms, a playroom, a gym, and a common kitchen, living room, and laundry room on each of the two floors. Family House is also available to families with children in the hospital who are not staying at family house but wish to take advantage of a free meal or use the shower or laundry facilities.

Contact: Rachele Patin Mohamed ☑ (510) 428-3100

Financial Services
All families who are identified as self-payers for their medical care are screened by financial services staff to determine whether they are eligible for public health insurance so that they can receive the best care coverage possible. Hundreds of families in 2013 were given help in filing Medi-Cal applications.

Interpreter Services
Children’s offers qualified medical interpreters free of charge 24/7 to our patients and parents/legal decision-makers who have limited English proficiency or who are deaf or hard of hearing. In 2013, Children’s provided interpreter services in 62 different languages.

Contact: Nancy Stern ☑ (510) 428-3885, ext. 4542 ☎ interpreterservices@mail.cho.org

Medical Social Services
Medical social workers are available to assist patients and families with a wide range of issues that may arise. The department offers counseling, advocacy, support, information and referrals. Social workers help avoid delays in inpatient discharges, as they work with families on practical issues to assist with the child getting ready to go home. Social workers are an integral member of the interdisciplinary team and work very closely with the medical staff. They also handle child abuse reporting obligations on behalf of the medical team.

Contact: Marsha Luster, MSW ☑ (510) 428-3325 ☎ mluster@mail.cho.org
Palliative Care

In 2013, Children's continued its formal Palliative Care Program, which was initiated in 2011. The program consists of a specialized interdisciplinary team, including a doctor, nurse, social worker, and other specialists who work together with the child's healthcare providers to provide an extra layer of support.

Palliative care aims to reduce pain and other distressing symptoms for the child; focuses on the physical, emotional, social, and spiritual needs of the child and family; begins at the same time as life-prolonging care and/or curative treatment, or is the main focus of care; and supports the family's goals for the future. The Palliative Care team is available for consultations on an inpatient and outpatient basis and can help with advanced care planning, decision making, care coordination, and referrals. The team also provides extended support through expressive therapies, including art and music therapy.

In addition, the Palliative Care team provides ongoing bereavement support for families whose child has died, with emotional support and counseling, support groups, and bereavement activities. The program held Children’s second Annual Day of Remembrance in December. The Palliative Care team also provides ongoing education about pediatric palliative care, both locally and nationally.

Contacts: Claire Vesely, RN, Program Coordinator
☎️ (510) 428-3768
✉️ cvesely@mail.cho.org

or Vivienne Newman, Medical Director
✉️ vnewman@mail.cho.org
Professional Education at Children’s

Education is part of Children’s mission, and it maintains an array of professional training programs across several disciplines.

Contact: Jim Wright, MD (Graduate Medical Education) jawright@mail.cho.org
Nancy Shibata, RN, MSN (Nursing Education) nshibata@mail.cho.org

Graduate Medical Education

Residents—Children’s Residency Training Program continues to be one of the premiere training programs in the western U.S., with 30 residents at each of three levels, and 4 chief residents. As part of their required training, residents spend several months on the Community, Advocacy, and Primary Care (CAP) rotation, where future pediatricians learn how to advocate for the rights, safety, health, and education of children and their families. During their CAP rotation, residents visit more than 20 community sites. They do health education at some of the sites, and a few residents develop grant-funded projects in their second year of training. Residents also evaluate patients’ homes as part of the Alameda County Healthy Homes Project, where they educate families about home safety. Residents at Children’s are dedicated to serving a disenfranchised population of at-risk children, and a large percentage of Children’s residents go on to practice in local underserved communities. Forty percent of residents go into fellowship training to become pediatric subspecialists, and many stay or return to Children’s after subspecialty training.

An additional 200 residents from 14 non-Children’s programs rotated through Children’s in 2013. Residents in emergency medicine, general surgery, orthopaedics, anesthesiology, neurosurgery, radiology, and other areas come to Children’s for the pediatric experience in their specialty.

Specialty Fellows—Children’s had 25 pediatric specialty fellows in 2013 in the areas of critical care medicine, emergency medicine, hematologic/oncology, infectious disease, and pulmonology.

Medical Students—Children’s provided month-long training in 12 pediatric specialties for more than 60 medical students in 2013 from medical schools across the country.

Nursing Education

In 2013, Children’s provided pediatric nursing training to more than 600 nurses from 15 schools of nursing throughout the U.S. Clinical placements are made in a variety of settings, including inpatient units, preceptorships with advanced practice nurses, administrative nursing preceptorships, and preceptorships in specialty areas such as the Emergency Department, Surgical Services, Ambulatory Services, and the Juvenile Justice Center.

Children’s offers two nursing scholarships. The Ava Elliot Scholarship provides nursing school tuition support, and the Ava Elliot Excellence in Nursing Award provides tuition support for continuing education for nursing staff.

Children’s also provides regular, ongoing training to certify its own nurses as well as nurses in the community. Classes provided in 2013 include American Heart Basic Life Support Certification, Pediatric Advanced Life Support Certification, Pediatric Hematology Care, Pediatric Chemotherapy Certification, Pediatric Oncology Care, Pediatric Acute Care Skills Day, Perioperative Skills Day, Neonatology Nursing Update, End-Of-Life Nursing Education, and Pediatric Intensive Care Nursing Update.

Contact: Mari Ikeda, Program Coordinator (510) 428-3251 miked@mail.cho.org

Professional Interns

Psychology—Children’s had five psychology post-docs, four pre-docs, three practicum students, and two infant development specialist interns working across multiple programs in 2013.

Radiology—The division of diagnostic imaging hosts radiology students from Merritt College.

Chaplaincy—Sister Bernice oversees three chaplaincy interns from the Jesuit School of theology.
Education for Professionals in the Community

Children’s provides continuing medical education (CME) and training to both Children’s and community-based medical professionals, and CME credits are available in many cases. In addition to the activities listed below, many divisions at Children’s educate other professionals through the Physician Lecture Series at various community locations.

Grand Rounds (CME)

Children’s hosts weekly presentations on health topics of local, national, and international importance. Several prominent speakers are scheduled.

Monterey Continuing Education Course (CME)

In 2013, this three-day CME conference was held in beautiful Monterey. The theme was adolescent health. More than 150 pediatricians and health care professionals from several states attended the conference.

Audiology Division

For many years, Children’s Audiology Division has assigned a cochlear implant educator, researcher, and outreach liaison to provide education and support to the deaf/hard-of-hearing specialists who follow children with cochlear implants in local school districts. Additionally, other programs and events are often organized to educate local physicians, speech pathologists, audiologists, and parents of children diagnosed with Central Auditory Processing Disorder.

Center for Child Protection

The center’s DOVES Project conducts various services and activities—one of which is to provide education on domestic violence topics to pediatric healthcare professionals.

Research Seminar Program at CHORI

As part of our commitment to education, CHORI established the Weekly Seminars. These provide regular opportunities for educational enrichment for CHORI’s principal investigators, the scientific community, and the public at large. Seminars are held in CHORI’s “Little Theatre,” which has been restored to its original state (circa 1923). The historic setting is equipped with state-of-the-art digital equipment for national and international leaders in all areas of scientific research to present their newest ideas and explorations.

Early Intervention Services

EIS helps train medical and social services professionals in strategies for meeting the mental health needs of children through the Irving B. Harris Early Childhood Mental Health Training Program, the Consultation and Training Team, and Another Road to Safety and Paths to Success. Nearly all early childhood providers in Alameda County were trained by EIS staff.

Gastroenterology Division

The division’s staff has organized conferences for suppliers of celiac disease products as well as hosted conferences for patients and families. The staff has also organized events, like zoo day for families of patients with mucopolysaccharidosis. Physicians associated with the division give seminars for prospective foster parents on GI problems that may affect their young charges. In 2013, the division director spoke about nutrition in a conference on myotonic dystrophy.

Hematology Division

The Department of Hematology/Oncology hosts an annual international conference on sickle cell disease. Educational conferences on thalassemia are also held, as are educational events throughout the region and Nevada.

Pediatric and Neonatal Intensive Care Units (PICU and NICU)

The PICU and NICU sponsors training in the care of sick newborns for medical providers throughout the region and provides remote consultation.

Pulmonary Medicine Division

The Pulmonary Medicine Division provides training on lung diseases for medical providers and professionals who work with children. Since 2000, the division has run an accredited pediatric pulmonary fellowship program to teach pediatrics who desire to enter this field and become board-eligible. It offers lectures to local professionals and parents regarding care for common issues like asthma. In addition, the division offers educational days for families of children with cystic fibrosis and their extended families multiple times annually.
CHAMPS: Community Health & Adolescent Mentoring Program for Success

Formerly known as the FACES for the Future Program, the Community Health & Adolescent Mentoring Program for Success (CHAMPS) at Children’s offers several educational programs geared to help high school students of racial and ethnic minorities explore the healthcare and biomedical research professions, such that these professions eventually become more representative of California’s own diverse population. The long-term goal of CHAMPS is to improve healthcare access and reduce the health disparities present in our society. The CHAMPS Program partners with local high schools, health academies, universities, medical schools, and residency programs.

Clinical Internships & Health Careers Training Program

Each year, over 100 high school sophomores from the Oakland and Berkeley Unified School Districts participate in this three-year healthcare and biomedical research internship program. There are four core program components: clinical internships, which let student scholars gain experience working in the healthcare field; academic enrichment, which provides students with SAT and college preparation and career planning; psychosocial services, which offers case management and counseling for students; and youth leadership development.

In 2013, 30 scholars graduated from CHAMPS, 100 percent graduated from high school, and 95 percent began college in the fall of 2013. Alumni of the program have also returned to support current students through annual alumni panels as well as through providing motivation and college transition support. In 2013, CHAMPS graduates received over $500,000 worth of scholarship funding, including one recipient of the Gates Millennium Scholarship (full funding of undergraduate and graduate education granted to 1000 people in the U.S. each year); two recipients of the Cal Opportunity Scholarship (full funding for undergraduate education at the University of California Berkeley); one recipient of the Pitzer Scholarship, the Asian Pacific Islander American Scholarship, and the Kiwanis Scholarship; and two recipients of the East Bay College Fund ($16,000 for four years).

Summer Internship Exchange Programs

To further provide support and extend opportunities year-round, CHAMPS and Youth Bridge (a health careers internship and youth development program at Alta Bates Summit Medical Center) collaborate to provide paid internship opportunities for local youth. Students and alumni from the respective programs are given an opportunity for a “summer exchange” where CHAMPS interns gain experience in adult-care settings at Alta Bates and affiliate clinics, and Youth Bridge students intern with staff at Children’s to observe pediatric care.

Media Development & Peer Health Education Program

CHAMPS Program, Media Enterprise Alliance (MEA), and KDOL Studios (OUUSD Student Media Production) created a unique partnership where CHAMPS students gain the opportunity to design, create, and direct health awareness short videos and public service announcements (PSAs) targeting adolescents. Students also create posters and small informational cards on relevant topics such as nutrition and exercise, healthy relationships and dating violence, and HIV awareness. MEA students provide the technical expertise to support the video production and editing skills. Together the students hope to create a small library of short videos and PSAs that can be used in peer education outreach at local middle and high schools.
Transition Pathways at the Juvenile Justice Center

JJC Transition Pathways provides healthcare and other employment training for youth who are or have been in detention at the Alameda County Juvenile Justice Center in order to lower their risk of recidivism and re-incarceration. Program staff members teach participants life skills and connect them to vocational training, provide field placement, and help them with the employment process.

Youth Health Educators

Students from the three-year Clinical Internships & Health Careers Training Program receive training to become Youth Health Educators. They deliver health lessons to elementary school students, especially on illnesses and conditions that are more prevalent in minority groups, and run the Family Health and Science Festival, a fun and educational event for the general public.

Bridging the Gap

In 2013, the CHAMPS Program continued to collaborate with Samuel Merritt University’s School of Nursing to bring nearly 100 CHAMPS interns to the Health Sciences Simulation Center, allowing an early glimpse into nursing education. CHAMPS interns attend full-day workshops in an effort to build solid pathways to higher education in health careers. Students participated in patient scenarios and made connections with current nursing students and faculty, receiving mentorship and guidance.

Connecting the Pipeline: CHAMPS Student-to-Student Network

During the 2013-2014 year, new partnerships with the Health and Medical Apprenticeship Program at UC Berkeley and the Department of Nursing at CSU East Bay engage college students and nursing students with high school students to serve as role models and mentors. Nursing students participate in developing a multi-day workshop to engage students in stress management and healthy lifestyles. UC Berkeley students serve as mentors and role models, as well as facilitate college preparatory workshops. These partnerships serve to provide opportunities to build direct connections among the high school students with students in the next step of their health careers, and begin connecting students to a broader network of future health care professionals.
CHORI Summer Student Research Program

High school, college, and graduate students who are interested in pursuing careers in biomedical, clinical, and biobehavioral research have an opportunity to participate in CHORI’s award-winning Summer Student Research Program. The nine-week summer program involves placement in a research setting under the guidance of a mentor, as well as numerous enrichment activities. The program culminates in the day-long CHORI Research Symposium, at which students present their research findings to their peers, mentors, friends, and family. About 70 percent of all attendees are students from racial/ethnic groups traditionally underrepresented in the biomedical sciences. Although some students come from other states, most live or attend school in the local community.

The CHORI Summer Student Research Program was founded in 1981 by Children’s current CEO as a way to provide mentored opportunities to students to help them explore and gain experience in research. The program has steadily grown, averaging 46 students per year for the last five years. More than 500 students have gone through the program to date. In 2012, the program celebrated its 30th year: Forty-four students participated, two-thirds of whom performed basic research, and the rest clinical/behavioral research. Typically 5-10 students in each cohort are high school students who are recruited primarily from local schools with whom CHORI has partnered.

Contact: Debra Ellen dellen@chori.org

Stories

One student participated in the program for two summers as a rising junior and senior, and he continued his work in the mentor’s lab during the academic year. His sustained interest and participation recently earned him a first authorship in an article in a peer-reviewed publication. He also presented his research work at numerous national/international conferences, won several competitive awards, will be a co-author in two more papers, and is determined to apply for a MD/PhD program.

Another participant started off as a junior from St. Mary’s College of California. She worked on a basic science project on the use of a cyclodextrin derivative for the treatment of Niemann–Pick type C disease and, in 2012, on a clinical research project on early consequences of damage to the prefrontal cortex. The summer program helped her in preparing applications for the Rhodes and Fulbright scholarships for the year following her graduation. She was selected for the 2012–2013 J. William Fulbright Foreign Scholarship award to Spain, where she worked in a melanoma lab at the Spanish National Cancer Research Center. The summer program helped reinforce her research interest.

These are only a couple of the many success stories of this program.
Advocacy

Advocacy at UCSF Benioff Children’s Hospital Oakland spans a range of activities. It includes formal representation by Children’s, as well as advocacy and leadership by its employees working as representatives of Children’s.

Advocacy

Legislative Visits—Children’s enhances its advocacy efforts through personal visits with local, state, and federal elected officials and facilitates on-site hospital tours to create greater awareness of the patient-centered environment. The Children’s manager of government relations and public policy meets regularly with policymakers and community leaders to discuss issues impacting the hospital and the children we serve. In 2013, Children’s communicated with legislators to inform them about key health-related topics and to help shape the organization’s strategy on policy, operational, and financial decision-making. Some of these strategic areas included:

- funding and financing legislation
- the hospital’s role as a safety net in the East Bay community
- the work of hospital-supported and affiliated programs that serve low-income and minority communities in Alameda and Contra Costa counties

Membership in Advocacy Organizations—Members of Children’s administration and the medical staff play an active role in advocating on a local, state, and national level. Advocacy is frequently conducted through not-for-profit trade associations and professional organizations, such as the California Children’s Hospital Association, the national Children’s Hospital Association, the California Medical Association, and the American Academy of Pediatrics.

The list below shows some of the advocacy organizations in which Children’s employees have a leadership role:

- Alameda Alliance for Health, Board of Directors
- Alameda County Asthma Coalition
- Alameda County Behavioral Health Care Services Early Connections Design Team
- Alameda County Child Abuse Council’s Multi Disciplinary Team
- Alameda County Early Childhood Policy Committee
- Alameda County EMS Car Seat Group
- Alameda County Food Bank
- Alameda County Health Workforce Pipeline Coalition
- Alameda County SART Leadership Council
- American Academy of Pediatrics, Board, Calif. Chapter
- American Board of Pediatrics
- Berkeley Health Task Force
- Berkeley Youth Alternatives
- California Adolescent Health Collaborative
- California Children’s Hospital Association
- California Institute for Regenerative Medicine, Board
- California Medical Association
- California Thoracic Society Pediatric Committee
- California Wellness Foundation, Board
- Childhood Injury Prevention Network
- Children’s Regional Integrated Service System
- Coalition of Freestanding Children’s Hospitals
- Ethnic Health Institute
- Family Care Network Leadership Council
- First 5 Alameda County
- Health Careers Connection
- Hepatitis B Free Alameda
- Medical Education Cooperation with Cuba
- National Association of Pediatric Nurse Practitioners
- Oakland Gang Prevention Task Force
- Pediatric Diabetes Coalition of Alameda County
- Safe Passages
- School Lunch Initiative with Berkeley School District
- Sickle Cell Advisory Committee
- Temescal Business Improvement District
Children’s Global Health Initiative

Children’s provides benefits not only to the local community, but also to the global community through its Children’s Global Health Initiative (CGHI). Children in developing countries represent the greatest opportunity for improving health and decreasing mortality. CGHI’s motto is “Treating Locally, Healing Globally.”

Contact: Deborah Dean, MD, MPH  ddean@chori.org

CGHI enables Children’s to have an even greater global impact by providing clinical services and training, conducting research, building clinical and research capacity abroad, fostering international partnerships, conducting foreign exchanges of physicians and scholars between those in the U.S. and those in other countries, hosting conferences, and establishing a clearinghouse of research that addresses global health issues.

CGHI works in countries by invitation-only to train in-country healthcare workers, provide technology to enhance prevention and treatment, and develop research programs that address the diseases these countries encounter every day. In this collective way, CGHI builds sustainable programs that suit the needs of these communities. In turn, Children’s learns from our colleagues in other countries.

Examples of health issues CGHI’s researchers and clinicians are working on in other countries include Rift Valley fever, sickle cell disease, behavioral disorders, HIV/AIDS, thalassemia, iron deficiency, lead absorption, meningitis, tuberculosis, pneumonia, trachoma, human cytomegalovirus, diabetes, sexually transmitted chlamydia, osteoarthritis, leishmaniasis, glucose intolerance, congenital heart disease, trichiasis, obesity, diabetes, cleft palate, stem cell therapies, prematurity in infants, and folic acid supplementation.

Highlights from 2013 include:

• Two CHORI investigators traveled to Vietnam to work on a study titled, Effect of Animal Source Food Intake Prior to and During Pregnancy on Pregnancy Outcomes, Infection, and Infant Growth in Rural Vietnam.

• CHORI is working with investigators from the European Commission on a project entitled, Joint cross-cutting collaborative project for the development of an innovative ocular vaccine against a bacterial neglected disease—Trachoma. The collaborators will be analyzing samples from trachoma endemic regions of Africa and Asia to advance vaccine development.

• In collaboration with the American Association of Pediatrics, CGHI provided a Children’s pediatric resident a scholarship to do research in a developing country.

• CHORI hosted and chaired a national symposium titled Reducing Vaccine-Preventable Diseases Globally & Locally: Where We Stand & What We Can Do To Help.

Countries and areas with which Children’s works:

**Africa:** Benin, Ethiopia, Kenya, Lesotho, Mali, Nigeria, Senegal, Uganda, Zambia  
**Americas:** Argentina, Belize, Canada, Chile, Cuba, Ecuador, Guatemala, Honduras, Mexico, Peru  
**Asia:** China, Japan, India, Korea, Laos, Nepal, Palestinian Territories, Turkey, Vietnam  
**Europe:** Albania, Austria, Belgium, France, Georgia, Germany, Italy, Netherlands, Portugal, Russia, Spain, Sweden, United Kingdom  
**Pacific:** Australia
Trauma Care

Children’s provides immediate, highly specialized pediatric emergency service at its trauma center. A trauma team is available at Children’s 24 hours a day, every day of the year. The trauma team is comprised of pediatric specialists in emergency medicine, trauma surgery, anesthesiology, critical care, neurosurgery, orthopaedics, and diagnostic imaging. Children’s Division of Pediatric Rehabilitation supports trauma patients once they are well enough to begin recovery.

Children’s Trauma Center has been designated a Pediatric Level 1 Trauma Center by the American College of Surgeons (ACS). This designation establishes Children’s as having the highest standards and distinguishes it from many other pediatric hospitals. Children’s is one of just four other ACS Pediatric Level 1 Trauma Centers in California.

The Trauma Center is also concerned with addressing injuries before they occur, not just treating them after they occur. The Trauma Center runs the Kohl’s Injury Prevention Program, described in detail on page 28. The goal of the program is to bring awareness and knowledge to parents and caregivers about steps they can take to prevent their children from getting hurt, so they don’t have to use the Trauma Center. In 2013, about 702 children required activation of Children’s trauma team.
Volunteerism/Workforce Development

Children’s offers a variety of volunteer opportunities for people ages 16 and older. More than 1,100 volunteers generously donate their time at Children’s—a large number of whom are people interested in health and affiliated careers. Volunteers at Children’s truly reflect our community and speak more than 68 languages collectively.

Contact: Shanta Ramdeholl  sramdeholl@mail.cho.org

Volunteers

In 2013, volunteers supported patient care areas such as the Playroom, Teen Lounge, School Program, NICU, Emergency Department, Attack Asthma Clinic, The Reach Out and Read program in Primary Care, Healthy Hearts Program, Palliative Care, Sports Medicine Clinics (Oakland and Walnut Creek), Surgery Centers (Oakland and Walnut Creek), Juvenile Justice Center, Day Hospital, Trauma Services, Katy’s Clinic, Encore Clinic (Center for the Vulnerable Child), Community Relations, Center for Child Protection, Parent Infant Program, Thalassemia Outreach, Kaizen Promotion Office, and summer camps (Camp Breath Easy, Camp CCP, Camp Winning Hands, and Sickle Cell Summer Camp).

Special programs supported by volunteers in 2013 include BayKids Video, YouthAlive!, Coach Art, Dancin’ Power, UCB Soda Study, Healthy Hearts, Project Sunshine, Art for Life Ceramics, Talking Drums, Threshold Choir (in the NICU and ICU), Artist in Residence assistants, and Healing Notes (music).

In 2013, Children’s piloted a new program, Insulliance, supporting diabetes patients. Children’s is also one of the first hospitals in the nation to provide FIND Patient Navigators in Primary Care and Emergency Department, including volunteers from the East Bay Community Legal Clinic. Volunteers also support holiday programs for sickle cell, thalassemia, hematology/oncology, and HIV/AIDS patients. Volunteers support the Blood Centers of the Pacific blood drives held at the hospital.

Among the hospital volunteers are a world-renowned origami artist, knitters in the Family Resource & Information Center, attorneys, musicians, medical-clerical volunteers, and family faculty volunteers.

Project SEARCH

Project SEARCH has been instrumental in dramatically raising the bar for employment of individuals with developmental disabilities. Nationwide data show an unemployment rate of 85 percent for individuals with disabilities, with more than half of the 15 percent of the employed disabled individuals earning less than minimum wage. Graduates of Project SEARCH UCSF Benioff Children’s Hospital Oakland are earning, on average, 80 percent above the federal minimum wage and 65 percent of them receive health benefits through their employers. Only 12 percent of graduates from Project SEARCH are working in retail or grocery, compared with 77 percent of individuals placed into employment through traditionally supported employment programs.
Children’s Hospital Oakland Research Institute

Children’s Hospital Oakland Research Institute (CHORI) is the division of Children’s dedicated to translating basic and clinical research into health benefits for children. In 2013, CHORI had more than 300 active studies, including numerous partnerships with private research organizations, corporations, and universities. In addition to conducting research that has saved lives the world over, CHORI and its staff participate in other non-research activities that directly benefit our local community.

Contact: Janet King, PhD 📞 (510) 450-7601 ✉️ jking@chori.org

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### Summer Student Research Program and Symposium

High school, college, medical, and graduate students who are pursuing or who are interested in pursuing careers in biomedical, clinical, and biobehavioral research have an opportunity to conduct research with CHORI researchers as part of the institute's Summer Student Research Program. At the end of the nine-week program, students present their work to their peers at an all-day symposium. 63 students participated in the program in 2013, its 32nd year.

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### Postdoctoral Research Fellows

CHORI has a postdoctoral training program in molecular and cell biology with a focus on hematology, immunology, and stem cell biology. The program includes postdoctoral fellows who pursue a career in science as well as medical fellows in training for a medical specialty. The program emphasizes research in the laboratory at CHORI under the tutelage of an experienced scientist.

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### Staff and Clinical Scientist and Postdoctoral Fellow Association (SPAC)

SPAC was founded in 2001 to unite all junior PhD- and MD-level scientists working at CHORI. SPAC's purpose is to support career development for its members and to promote interaction between scientists from different laboratories at CHORI. Any individual with a doctoral degree employed by a principal investigator at CHORI but who is not part of the CHORI faculty is automatically a member of SPAC. This includes all staff scientists, clinical scientists, and postdoctoral fellows.
V. Economic Impact

Our methodology for determining the economic value of the benefit to the community incorporates elements of the reporting requirements for the IRS 990 and California Hospital Association’s community benefit valuation standards. Children’s policy and methods for calculating the economic valuation are available upon request. In short, our community benefit valuation is the total net cost of charity care, undercompensated medical care, professional education, community programs and services, and research after any reimbursement, philanthropic support, or supplemental funding have been subtracted.

The category related to physician costs represents the cost to the hospital required to retain subspecialists who provide care to children covered by Medi-Cal. Several of the other categories capture the underfunded overhead for programs that are otherwise funded by grants or contracts. These grants and contracts provide critical staff that the hospital would otherwise have to support, but they do not fully cover all the costs of delivering these services.

<table>
<thead>
<tr>
<th>Economic Value</th>
<th>2013</th>
</tr>
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<tbody>
<tr>
<td>Charity Care</td>
<td>$ 9,373,000</td>
</tr>
<tr>
<td>(Free care to uninsured and underinsured patients)</td>
<td></td>
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<tr>
<td><strong>Government Sponsored Healthcare</strong></td>
<td>141,439,000</td>
</tr>
<tr>
<td>(Unpaid cost of public coverage programs, net of all government funding)</td>
<td></td>
</tr>
<tr>
<td><strong>Subsidy to ensure physician coverage for uninsured/underinsured patients</strong></td>
<td>27,009,000</td>
</tr>
<tr>
<td><strong>Health Professional Education</strong></td>
<td>5,315,000</td>
</tr>
<tr>
<td>(Graduate Medical education, Fellows, Nurses)</td>
<td></td>
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<tr>
<td><strong>Subsidized Health Programs</strong></td>
<td></td>
</tr>
<tr>
<td>Juvenile Justice Clinic</td>
<td>1,050,000</td>
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<tr>
<td>Mental Health Services (EPSDT)</td>
<td>2,440,000</td>
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<tr>
<td>Trauma Services</td>
<td>3,300,000</td>
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<tr>
<td><strong>Community Health Services</strong></td>
<td></td>
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<tr>
<td>Family House</td>
<td>521,000</td>
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<tr>
<td>Child Life Services</td>
<td>1,246,000</td>
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<tr>
<td>Family Resource &amp; Information Center</td>
<td>258,000</td>
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<tr>
<td>Center for Child Protection</td>
<td>1,032,000</td>
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<tr>
<td>Center for the Vulnerable Child</td>
<td>95,000</td>
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<tr>
<td>CHAMPS</td>
<td>56,000</td>
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<tr>
<td>HIV Program</td>
<td>360,000</td>
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<tr>
<td>Hemoglobinopathies Program</td>
<td>486,000</td>
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<tr>
<td>Injury Prevention Program</td>
<td>358,000</td>
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<tr>
<td>Palliative Care</td>
<td>102,000</td>
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<tr>
<td>Asthma Programs</td>
<td>45,000</td>
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<tr>
<td>Early Intervention Services</td>
<td>553,000</td>
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<tr>
<td><strong>Research</strong></td>
<td>7,889,000</td>
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<tr>
<td>(Includes research costs not covered by external sponsors)</td>
<td></td>
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<tr>
<td><strong>Advocacy for Children’s Health Issues</strong></td>
<td></td>
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<tr>
<td><strong>Subtotal</strong></td>
<td>202,927,000</td>
</tr>
<tr>
<td><strong>Less DSH/Supplemental Funding (SB855/SB1255) including Measure A</strong></td>
<td>(28,269,000)</td>
</tr>
<tr>
<td><strong>Less Net Hospital Provider Fee</strong></td>
<td>(45,646,000)</td>
</tr>
<tr>
<td><strong>Total Charity Care and Community Benefit</strong></td>
<td>$ 129,012,000</td>
</tr>
</tbody>
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