2010 COMMUNITY BENEFIT REPORT
Submitted to the State of California
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I. Welcome

Children’s Hospital & Research Center Oakland (Children’s) offers children some of the best medical and surgical programs, from primary to quaternary care, available anywhere in the world. But our mission extends well beyond simply healing the physical body. The concepts of community service and social justice have been part of the values at Children's since it was founded nearly 100 years ago by a team of caring and compassionate women.

Although the health needs of children continue to change, Children’s has never wavered in making community service a cornerstone of everything that we do. This value means that we continue to serve as the pediatric safety net hospital for the region, meeting the health needs of all of the children in the community. It means developing and supporting prevention-oriented programs designed to eliminate the large disparities in health outcomes between children of different ethnicities and economic groups. It means training the next generation of clinicians to appreciate diverse cultural perspectives and the larger societal and environmental context in which health and disease occur. It means treating the “whole” child and including the entire family in decisions as much as possible. And it means conducting leading-edge basic and clinical research that translates into better care and outcomes locally and globally for millions of children.

Our values are a reason why Children’s has such an outstanding group of healthcare providers and has been the destination choice for hundreds of thousands of children.

In this years’ Community Benefit Report, we proudly share the results of our most recent community needs assessment and many of the ways Children's is fulfilling its commitment to address the health needs of children in our community and beyond.

Sincerely,

Bertram Lubin, MD
President & Chief Executive Officer
II. Children’s Hospital & Research Center 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
Children’s Hospital & Research Center Oakland (Children’s) is a regional pediatric medical center located in Alameda County. Children’s offers a range of inpatient, outpatient, and community-based programs with experts in primary care and 30 distinct pediatric subspecialties. It is also a designated Level 1 pediatric trauma center. While Children’s serves kids throughout Northern California, the majority of our patients live in Alameda and Contra Costa counties.

In fact, Children’s is the only source for inpatient pediatric care and outpatient pediatric specialty and subspecialty care for both the Alameda County Health Care Services Agency and for the Contra Costa County Health Department. Children’s serves as the pediatric safety net hospital for both of these counties. Neither of the county hospitals in these two counties (Alameda County Medical Center/Highland Hospital in Alameda County, or Martinez Hospital in Contra Costa County) have pediatric inpatient beds.

Children's inpatient facility is comprised of 190 general acute care beds—170 on the main campus and 20 leased beds at Alta Bates Summit Medical Center. In 2010, there were 11,010 inpatient visits and 241,034 outpatient visits seen in Children's facilities, including 50,326 visits to Children's Emergency Department. Patients are often triaged directly to Children's Emergency Department during off hours as most county and community pediatric clinics are closed after 5 p.m. on weekdays and all day on weekends.

In addition to the programs and services in Oakland, Children's also operates pediatric specialty care centers in Brentwood, Larkspur, Pleasanton, and Walnut Creek.

Governance
Children’s Board of Directors is comprised of 18 members who serve three-year terms on a volunteer basis. Board members’ backgrounds and areas of expertise include finance, medical practice, corporate management, law, nonprofits, and government. The Board, along with the Chief Executive Officer, set the strategic direction of the organization.
III. Community Benefits Report Overview

Through SB 697, the State of California requires all non-profit hospitals in California to complete and submit a 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. In addition, every three years hospitals must conduct a needs assessment to identify the greatest health needs affecting their respective communities, and which should drive the hospital’s community benefit activities. Thus, the 2010 report also includes the results of a Children’s-led needs assessment to identify the most pressing local public health issues affecting children.

Definition of a Community Benefit

A community benefit is defined as a planned, managed, organized, and measured approach to a healthcare organization’s participation in meeting identified community health needs, and which are intended to improve health status and quality of life. A community benefit, for purposes of the report, must meet at least two of the following criteria:

- It responds to needs of special populations, such as minorities, poor persons, and the chronically ill;
- It generates a low or negative margin;
- The services would likely be discontinued if the decision were made on a purely financial basis.

Creation of the 2010 Community Benefit Report

This report was drafted with input from the Community Benefits Oversight Group, Children’s Urban Health Institute for Eliminating Disparities (CHILD), and other individuals representing programs and departments throughout the hospital. The 2010 Community Benefits Oversight Group includes:

Bertram Lubin, MD  
President and Chief Executive Officer

Adam Davis, MPH, MA  
Community Health and Research Navigator

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

Cynthia Chiarappa, MBA  
Vice President, Marketing and  
Corporate Communications

Katelyn D. Silverman  
Director, Financial Planning
Results
The issues identified as highest priority for children in Alameda and Contra Costa counties include chronic diseases (asthma, diabetes, obesity), infectious diseases (influenza, STDs), mental health and suicides, tobacco and alcohol abuse, exposure to violence (unintentional injuries, motor vehicle accidents, assaults, homicides), and low birth weight. Startling racial and ethnic disparities are seen for most of these issues. Please see the needs assessment section for more details (pp. 36-54). Children’s conducted hundreds of community benefits activities in 2010 that address these specific issues. These programs and activities are detailed on pages 10-34. The economic value of these activities, including uncompensated costs of medical services, but subtracting out grants and supplements, totaled $73,835,245 in 2010.

Dissemination of the Community Benefit Report
Upon completion, the 2010 report was submitted to the Children’s Board of Directors for approval and made available to hospital staff and the general public via the Children’s website, handouts at public events, and targeted mailings. The report may be sent to local community groups, donors, print media, and mayors, city council members, and other elected officials in our service area.

Children’s also 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 biannually.

The report was authored by May Bhetraratana, MHS, and Adam Davis, MPH, MA. Designed by Children's Marketing and Corporate Communications Department.

Contact: Adam Davis ☎ (510) 428-3885, ext. 3731 ✉ AdDavis@mail.cho.org for more information about Children’s Community Benefit Report.
Children’s remains focused on six key goals—increased access to specialized health-care services through direct community benefit programs, family-centered care, education, community outreach and collaborations, research, and advocacy for children’s health—to support the health of children in Northern California. Section IV describes the activities Children’s has undertaken to address the identified health priorities.
Division of Adolescent Medicine p. 10
Camp Wilmont Sweeney; Chappell Hayes Health Center at McClymond's High School; CHORI Summer Student Research Program; FACES for the Future; Juvenile Justice Center Clinic; Teen Clinic; Youth Uprising/Castlemont Health Center

Center for Asthma Education, Management & Research (CAEMR) p. 11
Alameda County Asthma Coalition; AmeriCorps Program; Asthma Clinic; Asthma Management Conference; Asthma Net; ATTACK Asthma Clinic; Camp Breathe Easy; Genes, Asthma, & Latino Assessment; Inpatient Asthma Education; Study of African-Americans, Genes & the Environment; World Asthma Day

Center for Child Protection (CCP) p. 12
Camp Creating Confident People (Camp CCP); Clinical Case Management; Comprehensive Mental Health Services; Domestic Violence Education & Screening (DOVES Project); Forensic Examinations (Acute & Non-Acute); Kidpower Workshops; Kids Connect

Center for the Vulnerable Child (CVC) pp. 13-14
Child Assessment & Transitional Services (CATS); Case Management, Outreach, Referrals & Education Program (CORE); CVG Advisory Board; Encore Medical Clinics (EMC); Family Empowerment Club; Family Outreach & Support Clinic (FOSC); Foster Parent Support & Education; Medically Fragile Infant Training; The Preschool & School Age Services, Assessment, Guidance & Education Program (PASSAGE); Successful Preschool Adjustment & Readiness for Kindergarten (Project SPARK); Psychology Fellowship; Services to Enhance Early Development (SEED); Seed Consultation Project

Early Intervention Services (EIS) pp. 15-16
Another Road to Safety & Paths to Success: Consultation & Training Team; Early & Periodic Screening, Diagnosis, & Treatment (EPSDT) Mental Health Programs (Early Childhood Mental Health Program [CARE]; Therapeutic Guidance for Infants & Families [TGIF]); FIRST Perinatal Drug Treatment Support Program; Intensive Care Nursery Developmental Support Program; Irving B. Harris Early Childhood Mental Health Training Program; Neonatal Follow-Up Programs (Neonatal Follow-Up Clinic; Special Start Home-Visiting Program); Parent Advocates Training; Parent-Infant Programs (Local Early Access Program [LEAP]; Developmental Playgroups Program)

FACES for the Future p. 17
Health Pathways at the Juvenile Justice Center; Health Professions Academy (Summer Medical Academy; Summer Nursing Academy); Health Scholars Academy; Youth Empowering Youth; Youth Health Educators

Healthy Hearts p. 18
Bike Trips; Cooking Classes; Farmer's Markets; Fit for Residency; Healthy Hearts; Healthy Kids' Day Youth Triathlon; Youth Garden

Hemoglobinopathies Program pp. 19-20
Blood Drives; Blood & Marrow Transplantation (BMT) House; Bone Density Clinic; Hemoglobinopathy Lab; Liver Iron Monitoring; Northern CA Comprehensive Sickle Cell Center (NCSCC); Northern CA Comprehensive Thalassemia Center (NCTTC); The Northern CA Network of Care for Sickle Cell Disease; The Talking Drums Project; Thalassemia Outreach Program

Kohl's Injury Prevention Program (IPPP) p. 21
Car Seat, Special Needs Car Seat & Vests, and Helmet Programs; Education Materials; Home Safety Improvement Program (HSIP); The Prevention of Shaken Baby Syndrome Program (PURPLE); Safe Sleep Environment Crib Program

Pediatric HIV/AIDS Program (PHAP) p. 22
Family Care Network (Ryan White Part D); HIV/AIDS Clinic; Pediatric HIV/AIDS Miniresidency Program; HOPE Clinic; Social Activities; Support Services for Families Living with HIV

Primary Care Clinic p. 23
Community & Advocacy Program (CAP); Clinical Effort Against Secondhand Smoke Exposure Project (CEASE); Continuity Clinic; Encore Medical Clinic (EMC); Family Outreach & Support Clinic (FOSC); Health Education and Parenting Classes; International Clinic; Medical-Legal Program; Reach Out & Read

Sports Medicine Center for Young Athletes p. 24
Athletic Trainers in High Schools; Community Lectures; General Seminars; Medical Conferences; Oakland Athletic League Trainers; Sports Performance & Injury Prevention Programs (Individualized Sports Training; Rower's Summer Circuit; Sport Speed Camp; Tough Cuff; Train the Chain); Tommie Smith Running Club

Camps p. 25
Bleeding Disorders Family Camp; Camp Breathe Easy; Camp Creating Confident People (Camp CCP); Camp Hemotion; Camp Sunburst; Camp Winning Hands; Sickle Cell Camp; Thalassemia Retreat

Child Life Program p. 26
Art Therapy Program; Art While You Wait Program; Child Life Internships; Family Resource & Information Center (FRC); Hospital School Program; Infant & Toddler Time; Jared Kurtin Music Therapy Program; Playroom; Pre-Operative Program; Procedural Support; Teen Lounge

Family Services p. 27
Blood & Marrow Transplantation (BMT) House; Chaplaincy Services; Family House; Financial Services; Interpreter Services; Medical Social Services

Children's Hospital Oakland Research Institute (CHORI) p. 28
Children's Urban Health Institute for Eliminating Disparities (CHILD); CHORI CARES; Postdoctoral Research Fellows; Staff & Clinical Scientist; Postdoctoral Fellow Association (SPAC); Summer Student Research Program & Symposium; Weekly Seminars

Community Events and Miscellaneous Partnerships p. 29
BayKids Moviemakers; Blood Drives; Community Meetings; Half Pint Library; Influenza Vaccination Drive; Intensive Care Nursery Reunion; Medical Performances; Project SEARCH; Teen Survivors Unite Day; Visits from Sports Players

Professional Education at Children's p. 30
College & High School Students (FACES for the Future; Volunteers); Graduate Medical Education (Clinical Fellows; Medical Students); Residents (Community & Advocacy Program, CAP); Nursing Education (Ava Elliot Scholarship; Ava Elliot Excellence in Nursing Award); Professional Interns (Chaplaincy; Hematology; Psychology; Radiology; Social Work)

Education for Professionals in the Community p. 31
Asthma Forum Conference; Audiology Division (Cochlear Implant Conference); CCP (DOVES Project); Continuing Education Course in Monterey, CA; EIS (Another Road to Safety & Paths to Success; Consultation & Training Team; Irving B. Harris Early Childhood Mental Health Training Program); Grand Rounds: Gastroenterology Division; Hematology Division (Hemoglobinopathy Lab; The Talking Drums Project); Pediatric & Neonatal ICU; Pulmonary Medicine Division

Education for Patients, Families, and the Public p. 32
CVC; Endocrinology Department (Family Diabetes Conference); Health Information on the Web (PP); Medical Social Services; Neurosurgery Department; PHAP; Primary Care Clinic; Psychiatry and Developmental & Behavioral Pediatrics Departments; Pulmonary Medicine Division (CPR Training; Cystic Fibrosis Family Education Days); Scholarships; SEEK Curriculum; Sports Medicine Center for Young Athletes

Advocacy p. 33
Children's Global Health Initiative p. 34
Division of Adolescent Medicine

The Division of Adolescent Medicine at Children’s has a long-standing history of community leadership, advocacy, and service design in the critical area of adolescent health. Our service is based on a philosophy that embraces youth empowerment, development, and leadership as critical components of comprehensive community-based adolescent health service delivery. The Division provides medical and mental health services to youth who are at least 11 years of age and also to females younger than 11 years old who have reached physical maturity; most patients are high-risk teens from Alameda County. Some specific services provided by the division’s staff include: immunizations, psychological care, reproductive healthcare, sports physicals, and treatment of health conditions.

Contact:
Administrative Office: ☎ (510) 428-3387 (Teen Clinic)
Practice Administrator: Sharry Goree ☎ (510) 428-3509 ✉ sgoree@mail.cho.org
Division Chief: Barbara Staggers, MD ☎ (510) 428-3885, ext. 2742 ✉ bstaggers@mail.cho.org

Specialty Care

The Division of Adolescent Medicine manages three clinics in Oakland that provide comprehensive medical and mental health services as part of Children’s designation as a Federally Qualified Health Center (FQHC)—the Teen Clinic and two school-based health clinics (the Youth Uprising/Castlemont Health Center and the Chappell Hayes Health Center at McClymond’s High School). Both the Teen Clinic and the Chappell Hayes Center accept patients who are 11-21 year olds while Youth Uprising can serve youth from 11 up to 24 years of age. The clinics see about 6,000 patient visits each year at the three sites, including drop-in patients. Additional psychotherapy services specifically for teenage victims of sexual assault are available as well.

Adolescent Medicine staff also provides primary medical, dental, and vision care to youth currently detained at the Alameda County Juvenile Justice Center (JJC) through the Juvenile Justice Center Clinic. All children newly booked at the JJC, about 800 each quarter, receive a medical examination, and annually about 4000 vaccinations are given. In addition, youth at Camp Wilmont Sweeney, a transition housing facility for those awaiting release from the Juvenile Justice Center, receive clinical care from Adolescent Medicine staff.

Education and Outreach

Outside of providing direct clinical services, the staff at the Division of Adolescent Medicine also collaborates with a variety of other community organizations. For instance, the Division has partnered with Children’s Hospital Oakland Research Institute (CHORI) to help direct the CHORI Summer Student Research Program, designed to provide socio-economically disadvantaged college and high school students with clinical and laboratory research experience (p. 28). Additionally, FACES for the Future, a health professions internship program for youth from minority groups which are underrepresented in the healthcare field, operates through a collaboration with various departments and divisions at Children’s (including the Division of Adolescent Medicine), the East Bay Health Careers Collaborative, and local high schools, colleges, medical schools, and residency programs (p. 17).
Center for Asthma Education, Management and Research

The Center for Asthma Education, Management and Research (CAEMR), based in the Primary Care Department, provides expertise in the management of asthma in children and teens. The Primary Care Clinic provides care to about 3,000 children with asthma. Asthma is the top diagnosis among inpatient admissions at Children’s and is a common chronic condition among children in Alameda and Contra Costa counties (pp. 38 and 39).

Contact: Manager: Mindy Benson, MS, PNP ☎ (510) 428-3885, ext. 4145 mbenson@mail.cho.org
Associate Director: Kelley Meade, MD ☎ (510) 428-3885, ext. 2793 kmeade@mail.cho.org

Specialty Care

**Asthma Clinic**—This weekly clinic provides specialized medical care and asthma management education for families who have children with particularly severe or complex cases of asthma. The Asthma Clinic is staffed by a multidisciplinary team including doctors, nurses, and health educators. The clinic had over 300 visits in 2010.

**ATTACK Asthma Clinic**—This weekly clinic is a one-hour, one-time visit open to any child seen at Children’s Emergency Department for asthma. Services include a clinical assessment, family education, referrals, and scheduling follow-up appointments with the child’s regular care provider. The goal is to prevent asthma emergencies from reoccurring. 150 children visited the clinic in 2010.

**Inpatient Asthma Education**—Clinicians from CAEMR conduct bedside asthma management education for families of children currently hospitalized for asthma. The team saw 300 children in 2010.

Research

CAEMR is involved in a variety of clinical and translational research studies intended to improve the understanding and quality of life among children with asthma, including the Study of African-Americans, Genes and the Environment and the Genes, Asthma, and Latino Assessment. CAEMR is participating as one of the nine pediatric sites of the NIH-sponsored Asthma Net, through which a variety of clinical trials are implemented across the country. Additionally, the ATTACK Asthma Clinic is participating in a formal cost-effectiveness study to evaluate the business case of such as model.

Education and Outreach

CAEMR provides community education for the public and for professionals on request. The annual Asthma Forum Conference, which focuses on special topics in pediatric asthma management, drew about 100 community providers in 2010. CAEMR also sponsors Camp Breathe Easy, a residential summer camp at beautiful Camp Arroyo for underserved children with asthma. 82 children attended camp in 2010. CAEMR is also an original member of the Alameda County Asthma Coalition, on which it has participated since its founding in 2002. Each year, CAEMR and the coalition together host World Asthma Day at Children’s, an event providing asthma services and education, games, and snacks to the public. CAEMR also runs an AmeriCorps Program in which one or more volunteers provide asthma education and case management for underserved children with asthma on a full time basis for one year. It is the only known AmeriCorps position in the country dedicated to asthma.
Community Benefit Activities

Center for Child Protection

The Center for Child Protection (CCP) provides comprehensive medical and mental health services to children and adolescents abused and/or exposed to violence. As the designated site for forensic medical services in Alameda County, child victims enter the medical system at Children’s through numerous avenues to access services from the CCP. Injuries and fatalities due to violence are important issues in the community: from 2006 to 2008, more than 15,000 visits to the ED in Alameda County resulted from assaults while homicide mortality rates among 15 to 24 year olds at that time were on the rise in Alameda County and were at their highest levels in five years in Contra Costa County (pp. 48-49). In 2010, 704 children were served by the CCP.

Contact: Administrative Office: ☎️ (510) 428-3742  
Manager: Shelley Hamilton, LCSW ☎️ (510) 428-3588 ✉️ shamilton@mail.cho.org  
Division Chief and Medical Director: James Crawford-Jakubiak, MD ☎️ (510) 428-3759 ✉️ jcrawford@mail.cho.org

Specialty Care

Forensic examinations

- **Acute forensic examinations** are performed by the CCP medical staff for children under 14 years old when the alleged sexual abuse occurred within 72 hours.

- **Non-acute forensic examinations** for children under the age of 18 are performed in the CCP’s outpatient clinic through appointment only. Community physicians may refer genital-urinary-related medical issues to the outpatient center.

Comprehensive mental health services are 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. Psychotherapy treatment services are provided in several locations around 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.

Clinical 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. Clinical case management assists families with navigating the criminal justice system, arranging necessary medical follow-up, as well as assisting with community source referrals.

Education and Outreach

**Camp Creating Confident People (Camp CCP)**—This camp is a unique innovative program that combines the rite-of-passage experience of summer day camp with group psychotherapy and support for children exposed to child abuse trauma and/or violence. A modified version of Camp CCP, called **Kids Connect**, is offered throughout the year. In 2010, 69 children participated in Camp CCP and Kids Connect program services.

**KidPower Workshops**—KidPower teaches “People Safety” skills to children and adolescents of all ages and abilities that focus on how to be emotionally and physically safe with others and themselves. In 2010, 45 children participated in KidPower.
Center for the Vulnerable Child

Children from birth to age 18 who are living in situations that put them at risk for educational, physical, mental, or social health issues can, along with their families, receive services from the Center for the Vulnerable Child (CVC). Many patients are foster youth, homeless, exposed to drugs, or experience abuse or neglect. Around 3,000 children and families receive medical care, psychotherapy, and social services from the CVC each year. The services are culturally informed, family friendly, and usually occur in the parents’ home or the community in order to reduce barriers to service delivery.

Contact: Administrative Office: ☏ (510) 428-3783
Director: Allison Briscoe-Smith, PhD ☏ (510) 428-3783, ext. 2711 ☏ abriscoesmith@mail.cho.org
Clinical Director: Luann DeVoss, PhD ☏ (510) 428-3148 ☏ ldevoss@mail.cho.org

Specialty Care

Child Assessment and Transitional Services (CATS)—Psychological services 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. Mental health and case management services are provided to help support families. This program operates under collaboration between the CVC, the Alameda County Department of Children and Family Services, and the Alameda County Behavioral Health Care Service.

Case Management, Outreach, Referrals and Education Program (CORE)—The CORE program helps families with children under age 19 who are homeless or in transition by providing short-term or long-term clinical case management, counseling, parenting support, and other services.

The Preschool and School Age Services, Assessment, Guidance and Education Program (PASSAGE)—PASSAGE provides case management, mental health care, family support services, and school advocacy to caregivers and families with children up to age 12 who are in foster care. Families receive PASSAGE services in their home for a period of 6-12 months.

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

Successful Preschool Adjustment and Readiness for Kindergarten (Project SPARK)—Project SPARK focuses on preschool age children with behavioral issues and offers behavioral assessments, case management, meetings with parents and teachers, and one-on-one child intervention. Services are provided in home or school settings.

CVC and the Primary Care Clinic at Children’s collaborate to provide healthcare and case management to children living in unstable circumstances (p. 23):

• Encore Medical Clinics (EMC)—EMC outreach workers unite 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 563 visits to the EMC in 2010.

• Family Outreach and Support Clinic (FOSC)—FOSC serves children from birth to 12 years who are currently or have been in foster care.
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 which supports ongoing research on primary care and mental health services to families experiencing homelessness and/or foster care. The CVC has a history of conducting and publishing research on: service utilization and development for homeless families, relationships between foster care and homelessness, and the utilization of CVC services over time.

Education and Outreach

CVC Advisory Board—This committee is responsible for giving feedback about and overseeing the provision of CVC services. A majority of the board members are adult and teen clients of the CVC.

The CVC provides programs that teach parenting skills to caregivers and parents:

- Family Empowerment Club—Over a span of 10 weeks, families in the club attend group meetings to learn how to improve family stability and get information about social services.
- Foster Parent Support and Education—Two times a month, foster parents, adoptive parents, and relative caregivers can receive parenting support through this program.
- Medically Fragile Infant Training—This program trains caregivers of infants with medical, developmental, or behavioral challenges.

The CVC also provides training to healthcare and other professionals who work with vulnerable children:

- Psychology Fellowship—Postdoctoral Fellows are introduced to clinical work with children in foster care through working with the CVC’s SEED program and attending meetings and training sessions. They learn various clinical methods such as conducting psychological assessments and psychotherapies with infants and parents, individuals, groups, and families using a variety of theoretical approaches.
- Seed Consultation Project—Through regular and ongoing 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.

Other training sessions are also conducted on-site with healthcare providers and individuals in public health and social work.
Early Intervention Services

Early Intervention Services (EIS) focuses on providing therapeutic intervention for infants and young children with emerging developmental, medical, and social-emotional delays. EIS services are family-centered and are predominantly delivered in the home with group and consultation services offered at community-based locations. Each year more than 700 families utilize the direct services provided by EIS, and many more agencies and children are reached through training and consultation activities.

Contact: Director: Susan Greenwald, LCSW (510) 428-3261 sgreenwald@mail.cho.org

Specialty Care

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). About 200 infants were in the program in 2010.

Neonatal Follow-Up Programs—The Special Start Home-Visiting Program offers developmental, medical, and psychosocial case management to approximately 225 infants per year. All participants are graduates of Alameda County NICUs. The Neonatal Follow-Up Clinic provides developmental assessment and medical care for infants who are eligible for California Children’s Services. Children are seen up to three times in the first two years of life; in 2010, 450-500 young children were served.

Fussy Babies Program—This program provides short-term, multidisciplinary intervention services to parents and their infants. These infants display excessive crying or other symptoms of dysregulation. Referrals come from local pediatric providers and community-based agencies.

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. The program includes a parent-child playgroup and home visits and provides developmental intervention and parental support. There are 27 children enrolled.

• Developmental Playgroups Program—This community-based intervention provides parent-child playgroups to encourage the 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. Most of the groups serve predominantly Latino families and are offered in Spanish.

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:

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

• Therapeutic Guidance for Infants and Families (TGIF)—Infants in TGIF are those that have been in foster care and are now reuniting with their biological parents. TGIF program activities include therapeutic parent-child playgroups, parent education and support sessions, and dyadic therapy sessions. About 10 parent-child dyads are served at any given time.

• FIRST Perinatal Drug Treatment Support Program—The FIRST program provides group and individual infant and early childhood therapeutic intervention to children living with their mothers in residential perinatal drug treatment or with their mothers in outpatient drug treatment. Children of incarcerated parents are also served in this program.
## Research

EIS staff members have contributed to the research literature on early childhood mental health and have had their work published in books and journals. Research topics that are of interest for future investigation by the staff revolve around issues such as: the impact of trauma on early attachment, successful early childhood treatment, maternal depression and developmental outcomes for young children.

## Education and Outreach

**Irving B. Harris Early Childhood Mental Health Training Program**—For the last 10 years, EIS has administered a training program for mental health, developmental, nursing, and social service professionals to expand their expertise in addressing the social-emotional development and mental health needs of young children. Over 250 professionals have been trained.

The **Consultation and Training Team** provides consultation services to over 10 community-based agencies and Early Head Start/Head Start programs each year.

**Parent Advocates Training** is administered through a contract with Alameda County Social Services to help train their peer parent advocates who are working with young children in the child welfare system and their families.

**Another Road to Safety and Paths to Success**—This program is administered through a contract with Alameda County Social Services to provide consultation to community-based organizations which are providing prevention-based services to keep young children out of the child welfare system.

## 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 were among the healthcare professionals from throughout the state who developed the 2009 version of the *California Training Guidelines and Personnel Competencies for Infant/Family and Early Childhood Mental Health*, the most recent set of recommendations for infant and toddler health providers. The department is comprised of active members of the Infant Development Association of California, an organization that was co-founded by a former EIS Director; staff members also are past Fellows in the Zero to Three: National Center for Infants, Toddlers, and Families. The Administrative and Clinical Directors are involved in planning and implementing Alameda County-wide policy initiatives and are members of many local collaborative planning activities.
FACES for the Future

FACES for the Future offers several educational programs, primarily for racial and ethnic minority high school students, which allow local youth to explore the healthcare and biomedical professions. The program strives to improve healthcare access for minority communities and reduce the health disparities present between race/ethnic groups. In addition the program also aims to increase the diversity of healthcare professionals in the area because statewide, the race/ethnic composition of the healthcare workforce is currently not representative of California’s diverse population (p. 53). FACES for the Future partners with local high schools, health academies, universities, medical schools, and residency programs.

Contact: Administrative Office: ☏ (510) 428-3681 ✉ info@facesforthefuture.org • www.facesforthefuture.org
Co-founder and Program Director: Tomás Magaña, MD, MA, FAAP ☏ (510) 428-3681 ✉ tmagana@mail.cho.org
Administrative Director: Shanta Ramdeholl, RN ☏ (510) 428-3214 or (510) 667-3131 ✉ sramdeholl@mail.cho.org

Education and Outreach

Health Scholars Academy—Each year, the Health Scholars Academy accepts up to 90 high school sophomores from the Oakland and Berkeley Unified School Districts for this three-year healthcare and biomedical research internship program. There are three components to the Academy: 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; and psychosocial services, which offers case management and counseling for students. In 2010, 23 Scholars graduated from the Academy, and all were accepted to college and subsequently enrolled in two- or four-year institutions.

Health Professions Academies—There are two Health Professions Academies: the Summer Medical Academy and the Summer Nursing Academy. Both last for two weeks and allow high school students who are at least 15 years old to learn about the medical field through anatomy labs, field trips, and workshops covering clinical skills, medical ethics, and other related topics.

Health Pathways at the Juvenile Justice Center—Health Pathways provides healthcare 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 reincarceration. Program staff members teach participants vocational skills, provide field placement, and help them with the employment process.

Youth Empowering Youth—FACES for the Future and the Oakland Police Activities League have collaborated to create Youth Empowering Youth, a counseling program that lets FACES participants lead health education workshops for their peers in the community. FACES students may teach their peers about various topics such as drug use prevention, reproductive health, and youth violence.

Youth Health Educators—Students from the three-year Health Scholars Academy receive training to become Youth Health Educators. They deliver health lessons to elementary students, especially on topics of 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.
Healthy Hearts

Childhood obesity is a problem in Alameda and Contra Costa counties, where at least one-fourth of 5th through 9th graders are overweight (p. 42). Children's supports Healthy Hearts, a program of the Pediatric Cardiology Medical Group, focused on treating and counseling 2-18 year olds with this chronic condition 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.

Contact: Project Coordinator: Lourdes Juarez, CPNP, MSN, RN (510) 428-3885, ext. 2052 ljuarez@mail.cho.org
Co-Director: Lydia Tinajero-Deck, MD (510) 428-3885, ext. 4624 itinajerodeck@mail.cho.org
Co-Director: June Tester, MD (510) 428-3885, ext. 2052 jtester@chori.org

Specialty Care

Healthy Hearts clinic participants and their families participate in eight visits to the clinic that take place over the course of a year. At each one-hour visit, the 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, and some of the sessions focus on a specific topic such as mental health, nutrition, or physical activity. Healthy Hearts is offered at Children's locations in Oakland, Larkspur, and Walnut Creek; there were 382 new patients who entered the program in 2010, and 1,135 follow-up visits.

Research

The Healthy Hearts program is a current recipient of grant funding from the UCSF Center for Health Professions to conduct a project that will aim to improve health equity in follow-up rates and outcomes among patients, particularly among African-American patients. Highlights of this work will include the addition of a health coach to the team and use of text messaging to communicate with patients.

Dr. Tester, a Healthy Hearts co-director, 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 with physical activity and community social capital, and a project studying the feasibility of using mobile food vending to increase access to healthy food in at-risk populations.

Healthy Hearts 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 promotes healthy eating in their patients and in the community through Farmer’s Markets and the Youth Garden. A year-round farmer’s market is located in front of Children’s Outpatient Center and is open every Tuesday for the general public while another seasonal farmer’s market that specifically serves the Oakland Senior Center is hosted by the Children’s Research Institute; both offer fruits and vegetables grown by local farmers. The development of the Youth Garden at Dover St. Park, near Children's, began just last year, and the vegetables will be grown and the garden maintained by adolescents in the Healthy Hearts program. Dr. Tinajero-Deck serves as an advisor to this program.

The Fit for Residency curriculum, headed by Dr. Tinajero-Deck, one of the directors of Healthy Hearts, is helping to improve the education in nutrition, physical activity, and issues related to overweight/obesity that doctors receive in their residency training at Children’s.

Healthy Hearts also participates in various other programs and events in the community to help educate others on how to have a more healthy and active lifestyle. Among their many activities in 2010, Healthy Hearts provided cooking classes, gave health presentations, conducted outreach work at health fairs, organized bike trips, and helped host the Healthy Kids’ Day Youth Triathlon.
Hemoglobinopathies Program

Sickle cell disease and thalassemia are inherited conditions affecting hemoglobin, the part of the blood carries oxygen. Sickle cell disease disproportionately affects persons of African descent and thalassemia disproportionately affects persons of Asian descent. Children’s Hemoglobinopathy Program, one of the largest in the world, treats about 1000 children and adults with hemoglobinopathies, 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. The program led the effort to make hemoglobinopathies a standard part of newborn screening, and has been at the forefront in the understanding of transfusion therapy, iron overload, and in the use of sibling cord blood and stem cell transplantation to cure sickle cell disease.

Contact:
Administrative Office: (510) 428-3377, (510) 428-3000 (after 5 p.m.)
Administrative Director: Lynne Neumayr, MD (510) 428-3698 or (510) 450-5647 lneumayr@mail.cho.org
Division Chief: Elliott Vichinsky, MD (510) 428-3651 evichinsky@mail.cho.org

Specialty Care

**Northern California Comprehensive Sickle Cell Center (NCCSCC)**—This NIH-supported center provides medical care for children and adults with sickle cell disease. A multidisciplinary team of physicians, nurse practitioners, psychologists, and social workers provide 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.

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

**The Northern California Network of Care for Sickle Cell Disease—Children’s Comprehensive Sickle Cell Center (NCCSCC)** has partnered with local hospitals, clinics, and community agencies to help improve the access to healthcare services for people with sickle cell disease.

Research

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. Children’s has been at the forefront of research using stem cell therapies to actually cure sickle cell disease.

There are several ongoing clinical trials at Children’s on which patients with hemoglobinopathies may participate. Additionally, research has helped Children’s secure medical devices that are used not only for research, but also to help clinicians better diagnose and treat rare blood conditions for children. For example, Children’s is one of only four locations in the world that uses a superconducting quantum interference device, or SQUID Ferritometer, to non-invasively measure the amount of iron in the body of patients with hemoglobinopathies. Another example is the **Bone Density Clinic**, which helps to 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. Children’s also holds a prestigious institutional training grant from the NIH to train the next generation of scientists who are pursuing a career in hematological research.
# Community Benefit Activities

## Education and Outreach

**Hemoglobinopathy Reference Laboratory**—The Hemoglobinopathy Reference Lab is California’s 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 have been screened and families counseled and directed for comprehensive care. The lab also serves as the NIH’s Hemoglobinopathy Disease Collaborative Genotype-Phenotype Database to aid in the identification and screening of clinically relevant hemoglobin variants. Additionally, lab staff present seminars to help educate State of California sickle cell counselors.

**International Advanced Workshop on Sick Cell Disease**—In 2010, Children’s hosted this conference which brought together hematologists from all over the world and premier sickle cell experts from the US for a dialogue on research, care, and new treatments and therapies.

**Blood and Marrow Transplantation (BMT) House**—Since 2002, families who reside out of the area have been able to stay at the BMT House, located just a block from the hospital. For medical reasons, children who have receive a blood and marrow transplant must live within a half-hour of the hospital for about 100 days after discharge from the inpatient setting. BMT House is extremely grateful for the generous donations it has received over the years from the community.

**Hemophilia Treatment Center**—A collaboration with the Hemophilia Foundation of Northern California, the Center organizes support groups and camps for youth with hemophilia. Social workers also provide community education opportunities and social events for hemophilia patients and their families.

**The Talking Drums Project**—The Talking Drums Project aims to expand counseling and testing services for sickle cell through educational classes, camps, and meetings for the general public and for healthcare professionals.

**Thalassemia Outreach Program**—A large proportion of patients affected with thalassemia are Asian (p. 41). Program staff outreach to the Asian community through a translated thalassemia newsletter and interpreters. The Thalassemia Outreach Program supports a website that is accessed by patients and interested community members all over the world.

**Blood Drives**—Annually, the hospital hosts four blood drives, one of which promotes thalassemia awareness while another includes testing for the sickle cell trait (p. 29).

**Camps**—Children’s plays a key role in coordinating camps for children and adults with blood disorders (p.25)

**Sibling Cord Blood Program**—The only non-profit sibling donor cord blood banking program in the world (p.28).

**Bay Area Adult Sickle Cell Support Group**—A support group for adults with sickle cell hosted by Children’s and the Sickle Cell Community Advisory Council.
Kohl’s Injury Prevention Program

The Kohl’s Injury Prevention Program (IPP), run by Children’s Trauma Center, offers services that aim to reduce the number of unintentional injuries and fatalities in children younger than 14, primarily through education and providing equipment to promote safety. Injuries are the number one cause of disability and death among children and adults age 1-44 in the U.S. In Alameda County an age-adjusted rate of more than 25 out of every 100,000 individuals in the population die from unintentional injuries (p.49).

Contact: Injury Prevention Coordinator, Trauma Services: Bonnie Lovette, RN, MS, PNP (510) 428-3885, ext. 4703 blovette@mail.cho.org

Education and Outreach

Through the IPP’s car seat, special needs car seat and vests, and helmet programs, over 500 families each year receive the equipment necessary for safer transportation. In fact, every baby in Children’s neonatal intensive care unit must have an appropriate child passenger restraint before being discharged. Additionally, the caretakers receive education on car seat safety. Furthermore, IPP does car seat checks, bike safety rodeos, and health fairs, sometimes distributing car seats and bicycle helmets to the general public.

Home Safety Improvement Program (HSIP)—The HSIP is a partnership between the Primary Care Clinic, Trauma Services, and the Alameda County Environmental Services Agency. 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. In addition, Children’s pediatric residents conduct home safety assessments and patients’ families receive safety devices such as bath tub thermometers, cabinet latches, door knob covers, outlet protectors, safety gates, smoke alarms, and window guard “super stoppers.”

The Prevention of Shaken Baby Syndrome Program (PURPLE)—The program’s goal is to prevent abusive head trauma by teaching parents to understand that crying is normal for a newborn and to reduce their frustration.

Safe Sleep Environment Crib Program—This program provides cribs and teaches parents how to prevent SIDS, overlay, and suffocation in their newborn through safe sleep strategies.

The IPP also creates a variety of education materials, including booklets, a calendar, a DVD, and flyers to promote how families can prevent unintentional injuries in children.
Pediatric HIV/AIDS Program

Children’s Pediatric HIV/AIDS Program (PHAP) offers comprehensive care to individuals and families of those with or exposed to HIV/AIDS. For most individuals with HIV/AIDS, it is a chronic condition that can be managed for decades with proper treatment. However, it is critical for individuals infected with the HIV virus to begin medical treatments with combination antiretroviral medications as early as possible. PHAP strives to eliminate the transmission of HIV from mother-to-child and improve the standard of living for people affected by the disease. About 70 children and teens and 30 at-risk infants are currently being treated by PHAP staff.

Contact: Medical Director: Ann Petru, MD ☎ (510) 428-3337 ✉ apetru@mail.cho.org
Clinic Coordinator: Teresa Courville, RN, MN ☎ (510) 428-3337 ✉ tcourville@mail.cho.org

Specialty Care

HIV/AIDS Clinic—Patients at the HIV/AIDS clinic work with a multidisciplinary team of healthcare providers to monitor their care. This team includes a physician, nurse, social worker, nutritionist, and other specialists. 18-21 year olds who were born infected are given special assistance in transitioning from pediatric to adult care, while newly identified teenagers are assisted in obtaining care through the local Youth Program.

Family Care Network (Ryan White Part D)—The Family Care Network coordinates primary medical care, case management, legal, and mental health services for children living with or impacted by HIV/AIDS among 10 agencies in Alameda and Contra Costa counties.

HOPE Clinic—Infants who were born to mothers with HIV are continually monitored for the disease over 4-6 months by HOPE Clinic staff until they have been fully evaluated and infection can be excluded. About 30 infants are monitored by the clinic annually.

Research

PHAP staff and patients participate in many clinical trials of new drugs.

Education and Outreach

PHAP staff work together to educate the community, such as foster parents and patients’ schools, about pediatric HIV/AIDS issues, and hosts social activities and parties for patients and their families during the summer and the winter holidays to help to promote a sense of community among those affected by HIV/AIDS.

PHAP staff also train the next generation of physicians about HIV/AIDS care through the Pediatric HIV/AIDS Mini-residency Program.

Support Services for Families Living with HIV—Families impacted by HIV/AIDS and faced with behavioral, mental health, school, and social issues are given support by PHAP staff through monthly group sessions.

Free HIV screening is provided for adolescent patients seen at the following locations at Children’s: Adolescent Clinic, Juvenile Justice Center, Castlemont High School Health Center, Chappell Hayes Health Center at McClymonds High School, and the Emergency Department.
Primary Care Clinic

Children’s is the only children’s hospital in the country that is designated as a Federally Qualified Health Center (FQHC), and the Primary Care Clinic is the largest FQHC site at Children’s. The Clinic provides basic healthcare needs of 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 trains the next generation of pediatricians.

Contact: Administrative Office: ☏ (510) 428-3129
Associate Director: Kelley Meade, MD ☏ (510) 428-3885, ext. 2793 ✉ kmeade@mail.cho.org

Specialty Care

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 from the Continuity Clinic. 27,969 patients visited in 2010.

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 2010, there were 315 visits to the International Clinic.

The Primary Care Clinic works with the Center for the Vulnerable Child in operating the Encore Medical Clinic and the Family Outreach and Support Clinic to deliver healthcare to underserved children (p. 13).

Asthma Clinic—(p.11)

Research

The Primary Care Clinic serves as a study site for Children’s Pediatric and Clinical Research Center. The Clinic participates on clinical and translational research studies that have broad public health importance. Current studies focus on asthma (p. 11), immunology, and vaccine development. In addition, the Clinic participates in formal evaluation studies of various interventions related to asthma.

Education and Outreach

Clinical Effort Against Secondhand Smoke Exposure (CEASE) Project—This program encourages parents who expose their children to tobacco smoke to stop smoking by providing them with screening, counseling, and referrals to the California Smokers’ Helpline.

Reach Out and Read—This program gives away a 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 the community 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 Hall, Lincoln Child Center, Oakland WIC, and Project Pride. These services are provided as part of Children’s residency training in the Primary Care Clinic through the Community and Advocacy Program (CAP).

Dental Outreach—This program provides dental case management for at-risk children.

Policy/Advocacy

Community and Advocacy Program (CAP)—Through CAP, pediatric residents are trained in political and patient-based advocacy in order to become more familiar with the community in which they serve (p. 33).

Medical-Legal Program—The Primary Care Clinic has partnered with the East Bay Law Center to allow patients an opportunity to receive pro bono legal services on cases related to their health issues.
Sports Medicine Center for Young Athletes

The Sports Medicine Center for Young Athletes provides medical care and rehabilitation of sports-related injuries as well as classes on preventing injuries and improving athletic performance. In addition, the Center also provides outreach, services, trainings, and seminars for the East Bay community. Sports Medicine Center staff includes pediatricians, orthopedists, physical therapists, and athletic trainers.

Contact:
Administrative Office: (510) 428-3558
Management Coordinator: Michelle Cappello, MSPT (510) 428-3885, ext. 5082 mcappello@mail.cho.org

Specialty Care

Sports Performance and Injury Prevention Programs—The program’s classes teach strategies for improving athletic ability and reducing the chance of injury through promoting the development of more agility, balance, flexibility, and strength. Each 4- to 6-week session consists of two to three classes a week. Program themes include: **Rower’s Summer Circuit,** **Tough Cuff** (promotes shoulder stability for sports that emphasize use of the arms), **Train the Chain** (promotes lower-body athletic ability), **Sport Speed Camp,** and **Individualized Sports Training.**

Education and Outreach

Children’s Sports Medicine Center is responsible for coordinating on-site athletic trainers to be present at all North Coast Section high school championship events and for providing an athletic trainer for all Oakland Athletic League football games and sports championship games.

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.

In addition, Sports Medicine Center staff provides onsite injury prevention services for the Tommie Smith Running Club track meets, trains track coaches, and supervises the club’s youth injury prevention system. The Tommie Smith Running Club collaborates with 100 Black Men of the Bay Area, Inc. to promote track and field in 8-18 year olds.

With a variety of professional therapy equipment, Children’s Sports Medicine Center’s physical therapists provide comprehensive rehabilitation of the young athlete.
## Camps

Camps are an important childhood experience that allow children to enjoy unique outdoor activities and to make new friends. The Child Life program at Children’s is designed to help children and their families cope with this anxiety while they are here. Throughout the year, Children’s helps to manage several camps primarily for children who have medical conditions, such as asthma, HIV/AIDS, hemoglobinopathies, and hand differences, or who have experienced violence.

### Camp de Los Ninos (Diabetes)

This one week residential camp in the Santa Cruz Mountains is for 6-12 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.

### Camp Breathe Easy (Asthma)

In 2010, 82 urban children with asthma attended Camp Breathe Easy, where they participated in traditional summer camp activities while learning about asthma self-management. This 4-day residential camp, located in Livermore, is organized and staffed by Children’s Primary Care Clinic. (p. 11.)

### Camp Creating Confident People (Camp CCP) (Exposure to Violence)

For one week each summer, the Center for Child Protection holds Camp CCP, a day camp for 5-11 year olds who have been exposed to violence. Through interactive activities, camp staff teach the children about everyday techniques to use to prevent abuse. (p. 12.)

### Sickle Cell Camp

In 2010, around 80 children with sickle cell disease attended the Sickle Cell Camp, located near Livermore, where they participated in various outdoor activities and learned more about how to manage their disease.

### Thalassemia Retreat

The Thalassemia Retreat is a chance for adults with thalassemia and their families to meet one another. In 2010, about 20 adult patients came to the retreat in Santa Cruz, CA.

### Camp Hemotion (Blood Disorders)

Each summer Camp Hemotion provides a weeklong residential program at Camp Oakhurst for 7-20 year olds who have 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. In 2010, the camp had more than 80 campers.

### Camp Sunburst (HIV/AIDS)

Camp Sunburst provides two free, weeklong residential camps in the summer for children with HIV/AIDS: Kids Camp (for 6-12 year olds) and Teen Camp (for 13-18 year olds). At both camps, participants play, receive support services, and enjoy the outdoors. In addition, Teen Camp attendees receive education about disease management, reproductive health, and other topics.
Child Life Program

For many children, being in a hospital can be a stressful experience. The Child Life program at Children’s is designed to help young patients and their families cope with this anxiety by reducing their psychological trauma while they are in the hospital. Child Life specialists provide specialized or group therapeutic activities such as art, music, and educational programs; there are also areas in the hospital designated for playtime and relaxation for children and teens. Thousands of children participated in one or more of the following programs in 2010.

**Contact:** Manager: Mary Kelly, MA, CCLS  (510) 428-3520  mkelly@mail.cho.org

<table>
<thead>
<tr>
<th><strong>Art Therapy Program</strong></th>
<th><strong>Infant and Toddler Time</strong></th>
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<tbody>
<tr>
<td>Children can receive specialized one-on-one or group therapy sessions conducted by a registered art therapist or an artist-in-residence.</td>
<td>The Infant and Toddler Time program provides a non-medical setting for parents to interact and play with their young children in the hospital’s Playroom. For parents who would like to take a break, Child Life staff and trained volunteers are also present to supervise their children.</td>
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<tr>
<th><strong>Art While You Wait Program</strong></th>
<th><strong>Jared Kurtin Music Therapy Program</strong></th>
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<tbody>
<tr>
<td>Art materials are available for patients and their siblings to use while they are awaiting clinic appointments, surgery, or treatment in the Emergency Department.</td>
<td>A certified music therapist is available to conduct individual, family, or group sessions, using various instruments that the children can play or just listen.</td>
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<tr>
<th><strong>Child Life Internships</strong></th>
<th><strong>Playroom</strong></th>
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<tbody>
<tr>
<td>College internships with Child Life Services are available to students and graduates of a Child Life program or a related field.</td>
<td>In the Playroom, children can play with games and toys, create arts and crafts, and occasionally watch performances from magicians and musicians.</td>
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<tr>
<th><strong>Family Resource &amp; Information Center (FRIC)</strong></th>
<th><strong>Pre-Operative Program</strong></th>
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<tr>
<td>At the Family Resource &amp; Information Center patients and families can meet other families, use the Internet, and get information about health issues and hospital and community programs.</td>
<td>Children and their families can learn about their upcoming hospitalization from a Child Life specialist, who may use dolls and medical toys, for example, to simulate medical procedures to reduce a child’s fears.</td>
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<th><strong>Hospital School Program</strong></th>
<th><strong>Procedural Support</strong></th>
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<tr>
<td>Oakland Unified School District-accredited teachers conduct classroom and bedside education sessions to school-age inpatients Monday through Friday while they are in the hospital and out of school.</td>
<td>Families can request a Child Life specialist to help their child deal with certain medical procedures for which sedation is not required.</td>
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<tr>
<th><strong>Teen Lounge</strong></th>
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<tr>
<td>Teens can participate in discussions, art and music, video games and other activities in the Teen Lounge.</td>
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Family Services

An essential part of treatment and care for many children at Children’s is the support services that are provided for those young patients’ families to help them adjust to their situation. Children’s family services may provide temporary housing for the duration of their child’s hospital stay, information about community resources, and religious support to families.

Blood and Marrow Transplantation (BMT) House

The BMT House provides housing for families who have children receiving a blood and marrow transplant at Children’s and live farther than a half-hour drive from the hospital. (p. 20.)

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 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 low-cost lodging and breakfast for families who live 100 miles or further from Children’s. It consists of 16 bedrooms, a play room, a gym, and a common kitchen, living room, and laundry room on each of two floors.

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

Financial Services

Children’s is the single largest provider of pediatric services to low-income children in the greater Bay Area. 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 Medi-Cal so that they can receive the best care coverage possible. Hundreds of families in 2010 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 who have limited English proficiency or who are deaf or hard of hearing. In 2010, Children’s provided interpreter services in 52 different languages.

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

Medical Social Services

Medical Social Services staff members are available to assist families with hospital and community resources. The department also provides psychosocial services such as bereavement counseling and family therapy to help families adjust with the hospital experience.

Contact: Marsha Luster, MSW ☏ (510) 428-3325 mfluster@mail.cho.org

Palliative Care

Children’s initiated a formal palliative care program in 2010. The program provides counseling, advice, and education to families and employees regarding medically fragile patients, including pain management and end-of-life support. Children’s chaplaincy services are an integral component of the palliative care program.

Contact: Vivienne Newman ☏ vnewman@mail.cho.org

The BMT House, decorated by Ikea, offers sliding scale lodging to BMT patients and their families who reside out of the area.
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. Among all children's hospitals in the country, Children’s ranks 6th in funding from the National Institutes for Health. In 2010, CHORI had more than 40 investigators and 400 ongoing studies, including numerous partnerships with private research organizations, corporations, and universities, particularly UC San Francisco and UC Berkeley School of Public Health. In addition to conducting research which has saved lives the world over, CHORI and its staff participate in other non-research activities that directly benefit our local community.

Contact: Alex Lucas, PhD  (510) 450-7635  alucas@chori.org

**CHORI CARES!**

CHORI CARES! is a committee of staff volunteers who raise money for service events benefitting the local community, primarily the hospital patients and their families. In 2010, CHORI CARES! raised almost $6,000 from CHORI's 5th Annual Basket Raffle, Adopt-A-Family staff contributions and their Bake Sales/Pizza Sales. The money raised in the Basket Raffle was used to purchase gifts and gift cards for 13 families. Each family received a $200 gift card along with gifts for each family member (totaling approximately 40 individuals).

**Summer Student Research Program and Symposium**

High school, college, medical, and graduate students 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 at an all-day symposium. Forty-four students participated in the program in 2010, its 29th year.

**Children's Urban Health Institute for Eliminating Disparities (CHILD)**

Children’s has a very diverse patient population, reflective of the larger community in which it is located. As documented in the needs assessment, there are a number of diseases that impact different population groups very differently for a variety of reasons (pp. 36-54). Formed in 2010, CHILD is a network of 15 programs at Children’s that provide services, conduct research, or advocate for policies that are meant to reduce these disparities.

**Sibling Donor Cord Blood Program**

This program, created by Children’s current CEO, is the only non-profit sibling donor cord blood program in the world. Cord blood is the blood remaining in the placenta and umbilical cord after delivery. These blood cells can serve as an alternative source of tissue for people, or their siblings, who need a bone marrow transplant to treat or cure various conditions. The program offers cord blood banking at no cost to expectant parents.

**Postdoctoral Research Fellows**

CHORI has a postdoctoral training program in molecular and cell biology with a focus on hematology, immunology, and stem cell biology with an emphasis on work in the laboratory of an experienced scientist. The program supports three fellows.

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

SPAC was founded to support career development and promote interaction between basic and clinical research staff. SPAC sponsors monthly seminars, weekly social events, workshops, and the biannual Research Symposiums, open to all the research institutes and biotech companies in the Bay Area.

**Weekly Seminars**

The public can attend free Weekly Seminars every Tuesday in CHORI’s Little Theatre and listen to science presentations provided by researchers from across the United States and around the world.
## Community Events and Miscellaneous Partnerships

Children’s holds many events open to the community, such as vaccination clinics, blood drives, patient reunions, and meetings to discuss how the hospital can better serve its neighbors. The hospital is involved in a program that gives internship opportunities to mentally disabled young adults. In turn, several outside organizations have lent their support to Children’s to provide entertainment for patients and to help lessen the stress associated with being in a hospital.

<table>
<thead>
<tr>
<th><strong>BayKids Moviemakers</strong></th>
<th><strong>Intensive Care Nursery Reunion</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>BayKids provides art therapy to patients by teaching them how to produce their own short digital films. Several patients take part in the program each year, and in 2010, Children’s held its third annual BayKids Moviemakers Premiere, which featured five patients’ videos.</td>
<td>Every second Sunday of June, Children’s hosts a reunion event—including a picnic and various activities—for former patients of the hospital’s intensive care nursery. The event held on June 13, 2010 marked the 32nd annual reunion.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Blood Drives</strong></th>
<th><strong>Musical Performances</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Each year an average of 120 units of blood are donated at the four blood drives held at Children’s. The drives also help promote awareness of blood disorders such as sickle cell disease and thalassemia (p. 20).</td>
<td>In 2010, cast members from “Shrek the Musical” and from “Wicked” performed selected pieces for Children’s community at the atrium in the Outpatient Center.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Community Meetings</strong></th>
<th><strong>Project SEARCH</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbors living within a 10 square-block area around Children’s are invited to attend the hospital’s biannual community meetings to discuss concerns relevant to Children’s. Past issues have included safety, helicopter noise, and parking congestion.</td>
<td>Project SEARCH is a collaborative effort between Children’s and East Bay Innovations to provide unpaid internship opportunities for young adults with developmental disabilities. Twelve interns joined the year-long internship program at Children’s for the 2010-2011 year. Among participants in previous years, an astounding 88% have gone on to obtain paid employment positions, including several who were hired by Children’s.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>Half Pint Library</strong></th>
<th><strong>Teen Survivors Unite Day</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Since 2003, Half Price Books has been holding an annual book drive to provide books for Children’s Half Pint Library, which offers free new and gently-used children’s books to Children’s patients. Other book drives held by community groups also have donated to the library.</td>
<td>In 2010, the Pediatric Oncology Program hosted its first reunion for teen cancer survivors who were treated at Children’s.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Influenza Vaccination Drive</strong></th>
<th><strong>Visits from Sports Players</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2010, Children’s staff provided free flu vaccinations to patients and the public at five locations. In total, over 6,000 children and adults were vaccinated for flu.</td>
<td>Several college and professional sports players and representatives—including Cal football players, Oakland Raiders football players, Major League Baseball umpires, and Oakland A’s baseball players—dropped by Children’s in 2010 to bring smiles and gifts for some of the young patients.</td>
</tr>
</tbody>
</table>
Professional Education at Children’s

Children’s is a teaching hospital and education is part of its mission. Children’s maintains an array of training programs across many disciplines.

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

Graduate Medical Education

Medical Students—Children’s provided month-long training in 11 pediatric specialties for over 120 medical students in 2010, from medical schools across the country.

Residents—Children’s maintains a 3-year pediatric residency program with 78 residents. Approximately 560 applicants competed for 26 slots in 2010. As part of their training, residents are required to complete the unique Community and Advocacy Program (CAP) rotation, which teaches future pediatricians how to advocate for the rights, safety, health, and education of children and their families (p. 23). During their CAP rotation, residents visit over 20 community sites. Residents also evaluate patients’ homes as part of the Alameda County Healthy Homes Project, where they educate families about home safety. An additional 170 residents from 14 non-Children’s programs rotated through Children’s last year. Residents enable Children’s to serve the disenfranchised population, and a large percentage of Children’s residents go on to practice in local communities.

Clinical Fellows—Children’s had 25 medical fellows in 2010 in the areas of critical care medicine, emergency medicine, hematology/oncology, infectious disease, and pulmonology.

Nursing Education

The Nursing Division provides clinical placements for students from 19 schools of nursing, on all shifts, and in nearly all units.

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 nurses in Basic Life Support, Pediatric Advanced Life Support, and other professional competencies.

Professional Interns

Social Work—There were seven social worker interns in 2010 working in Early Intervention Services, the Center for the Vulnerable Child, the Center for Child Protection, and Medical Social Services.

Psychology—Children’s had four psychology post-docs, four pre-docs, and three practicum students.

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.

College and High School Students

FACES for the Future—A program for high school students from underrepresented groups who are interested in health careers (p. 17). The program graduated 23 students in 2010.

CHORI Summer Research Program—The Summer Research Program’s objective is to provide summer research opportunities for undergraduate students, medical students, and students studying to be health professionals. 44 students participated in 2010.

SEEK—The Science Exploration, Excitement, and Knowledge (SEEK) Program provides a science and health curriculum for students at local schools (p.32)

Volunteers—Children’s offers a variety of volunteer opportunities for young people. More than 1,000 individuals age 16 years and older volunteer each year, a large number of whom are students. High school and college students can help out in various areas of the hospital, such as supervising activities in the Art While You Wait program, reading books to patients in the Reach Out and Read program, and helping conduct research at CHORI.
### Education for Professionals in the Community

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

<table>
<thead>
<tr>
<th>Grand Rounds (CME)</th>
<th>Early Intervention Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s hosts weekly presentations on health topics of local, national, and international importance. Several prominent speakers are invited.</td>
<td>EIS helps train medical and social services professionals in strategies for meeting the mental health needs of children through the <a href="#">Irving B. Harris Early Childhood Mental Health Training Program</a>, the <a href="#">Consultation and Training Team</a>, and <a href="#">Another Road to Safety and Paths to Success</a>. Nearly all early childhood providers in Alameda County were trained by EIS staff. (p. 16)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continuing Education Course (CME)</th>
<th>Gastroenterology Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>This 3-day CME conference covers topics of relevance to pediatrics. In 2010, over 200 pediatricians from several states attended.</td>
<td>The division’s staff provides presentations to nurses, potential foster parents, and Contra Costa County teachers on gastrointestinal disorders, as well as in-service g-tube training for school nurses.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asthma Forum Conference (CME)</th>
<th>Hematology Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 3-day CME conference covers topics of relevance to community pediatricians. In 2010, there were about 100 attendees.</td>
<td><a href="#">Hemoglobinopathy Lab</a> staff gives seminars on sickle cell for the state’s sickle cell counselors. Children’s is also a participant in The Talking Drums Project, which offers educational events on sickle cell to medical providers, among other services. (p. 20)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Audiology Division</th>
<th>Pediatric and Neonatal ICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>The <a href="#">Cochlear Implant Conference</a> educates healthcare providers and the public about medical services for implant patients.</td>
<td>Sponsors training in the care of sick newborns for medical providers throughout the region and provides remote consultation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Center for Child Protection</th>
<th>Pulmonary Medicine Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>The center’s <a href="#">DOVES Project</a> conducts various services and activities, one of which is to provide education on domestic violence topics to pediatric healthcare professionals (p. 12).</td>
<td>Provides training for lung diseases for medical providers and professionals who work with children.</td>
</tr>
</tbody>
</table>
## Education for Patients, Families, and the Public

Children’s staff members are often out in the community, providing their expertise to members of the public, such as patients and their families, foster parents, students, and professionals who work with children on a great variety of topics.

<table>
<thead>
<tr>
<th>Center for the Vulnerable Child (CVC)</th>
<th>Various CVC programs educate caregivers and professionals who work with at-risk children (pp. 13-14).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endocrinology Department</td>
<td>The <strong>Family Diabetes Conference</strong> teaches families about diabetes and disease management.</td>
</tr>
<tr>
<td>Health Information on the Web</td>
<td>The public can access information on health topics and Children's resources through the hospital's website and its Facebook, Twitter, and YouTube pages.</td>
</tr>
<tr>
<td>Kohl’s Injury Prevention Program (IPP)</td>
<td>IPP promotes safety through various programs (p. 21).</td>
</tr>
<tr>
<td>Medical Social Services</td>
<td>Staff visit Oakland high schools during National Social Work month (March) to teach teens about medical social work.</td>
</tr>
<tr>
<td>Neurosurgery Department</td>
<td>Brain and spinal cord injury prevention are taught to first, second, and third graders and to high school students in the Bay Area through the ThinkFirst program.</td>
</tr>
<tr>
<td>Pediatric HIV/AIDS Program (PHAP)</td>
<td>PHAP staff educate foster parents, social workers, and health outreach workers about HIV/AIDS (p. 22).</td>
</tr>
<tr>
<td>Primary Care Clinic</td>
<td>Parenting and health education classes are provided to schools and agencies which serve families (p. 23).</td>
</tr>
<tr>
<td>Psychiatry and Developmental &amp; Behavioral Pediatrics Departments</td>
<td>Teens, foster parents, teachers, family court judges, and healthcare professionals are taught psychiatric health topics through classes provided by the staff.</td>
</tr>
<tr>
<td>Pulmonary Medicine Division</td>
<td><strong>CPR Training</strong>—Pulmonary patients are taught CPR prior to being discharged from the hospital.</td>
</tr>
<tr>
<td></td>
<td><strong>Cystic Fibrosis (CF) Family Education Days</strong>—CF education (including a Spanish session) is provided in Oakland, San Francisco, and Reno.</td>
</tr>
<tr>
<td>SEEK Curriculum</td>
<td>The SEEK (Science Exploration, Excitement, and Knowledge) Curriculum and Family Science Festival were developed under a Science Education Partnership Award (SEPA) from the National Institutes of Health (NIH). In 2010 Children’s published two SEEK books, one on the Curriculum and one on the Family Science Festival. The SEEK Curriculum and Festival cover topics such as nutrition, obesity, diabetes, traumatic brain injuries, infectious diseases, environmental toxins, asthma and lung disease, heart disease, and genetics and sickle cell disease. In 2010 two teacher workshops were held to train teachers to use the curriculum. Also, FACES for the Future participants (p. 17) visited schools in Oakland and Berkeley to teach lessons to 350 4th and 5th graders and hosted a Family Science Festival at Children’s for public school children.</td>
</tr>
<tr>
<td>Sports Medicine Center for Young Athletes</td>
<td>Staff provide education on injury prevention and other sports medicine issues to the public (p. 24).</td>
</tr>
</tbody>
</table>
Advocacy

Advocacy at Children’s spans a range of activities from individual volunteerism and participation in policy councils exploring a single policy issue to committees and commissions dedicated to helping children. The following activities represent the range of official individual employee and hospital-level advocacy on behalf of children.

**Legislative Visits:** Children’s enhances its advocacy efforts through personal visits with state and federal legislators. Children’s Manager of Government Relations & Public Policy meets regularly with local, state, and federal legislators to advocate on issues impacting Children’s and the children we serve. In 2010, Children’s communicated with legislators regarding local, state, and federal funding and financing legislation; the hospital’s role as a safety net in the East Bay community; and the work of hospital supported and affiliated programs that serve low-income and minority communities in Alameda and Contra Costa Counties.

**National Advocacy Membership:** Members of Children’s administration and the medical staff play an active role in advocating on a national level through non-profit trade associations and professional organizations such as the California Children’s Hospital Association, the National Association of Children’s Hospitals & Research Institutes, the California Medical Association, and the American Academy of Pediatrics.

**Community and Advocacy Program:** A robust residency advocacy curriculum trains the next generation of doctors to advocate for their patients through volunteer activities at programs throughout the county and education about the importance of programs such as WIC, food stamps, and Healthy Families to positive health outcomes for low-income children. The residents also travel to Sacramento to educate legislators about issues critical to pediatric health.

**Voter Registration:** The hospital hosts voter registration opportunities staffed by East Bay Votes. This non-partisan volunteer group encourages patient families and hospital staff to be active participants in government by registering to vote.

**Leadership by Children’s Employees in Local and National Advocacy Organizations (not exhaustive)**

- Alameda Alliance for Health, Board of Directors
- 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 Board of Pediatrics
- Berkeley Health Task Force
- Berkeley Youth Alternatives
- California Adolescent Health Collaborative
- California Institute for Regenerative Medicine, Board of Directors
- California Thoracic Society Pediatric Committee
- Childhood Injury Prevention Network
- 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 and other activities around the world. 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

Launched in 2008 as a joint project of Children’s and CHORI, the Children’s Global Health Initiative’s (CGHI) mission is to enable sustainable global health for children and their communities through education, training, clinical care, and translational research. The CGHI allows Children’s to have an even greater global impact by conducting research in areas that impact children in developing countries, building research capacity abroad, fostering international partnerships, conducting foreign exchanges of physicians and scholars between Children’s and other countries, hosting conferences, and establishing a clearinghouse of research that address global health issues. We translate and transfer our medical and research expertise to developing countries by training in-country healthcare workers, providing technology transfer to enhance prevention and treatment, and developing research programs that address the diseases they encounter every day. In turn, we learn from our colleagues in other countries. Examples of health issues Children’s researchers and clinicians are working on in other countries include Rift Valley Fever, sickle cell disease, behavioral disorders, AIDS, thalassemia, iron deficiency, lead absorption, meningitis, tuberculosis, pneumonia, trachoma, human cytomegalovirus, diabetes, chlamydia, osteoarthritis, leishmaniasis, glucose intolerance, congenital heart disease, trichiasis, obesity, diabetes, cleft palate, stem cell therapies, premature infants, and folate supplementation.

A number of Children’s clinicians have gone on humanitarian missions. In 2010, a team from Children’s helped launch Holy Innocents Children’s Hospital Uganda, the country’s first-ever children’s hospital. The team provided 700 pounds of medical supplies and assisted with the neonatal unit, nutrition, mental health, and emergency medicine. Other Children’s clinicians have recently gone to Haiti, China, Nigeria, Lesotho, and Zambia, to name a few.

Below is a map of countries where Children’s researchers and clinicians have projects. Details of the specific activities in each country can be found at www.childrensglobalhealth.info.

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, Spain, Sweden, United Kingdom
Pacific: Australia
Russia
Hospitals in California are required by SB 697 to conduct a community needs assessment every three years. The needs assessment in this year’s report focuses on Alameda County and Contra Costa County. Over 80% of all patients at Children’s come from these two counties. The results of the needs assessment drive Children’s investments in the community’s health.
V. Community Needs Assessment: Methods and Results

Methodology
There are many kinds of needs assessments for different purposes. The needs assessment done for this report attempts to identify the greatest public health issues facing children in our community. While most of the health topics described do affect all ages in the population, data and statistics specifically focusing on children have been included whenever possible. The needs assessment process consisted of four basic steps.

1. We identified existing needs assessments and epidemiological reports for both counties.
2. Then, we conducted structured one-on-one interviews with an informed group of stakeholders.*
3. Using information from the reports and from the interviews, we then created a list of over 50 public health issues and social or economic conditions that affect health of children in Alameda County and Contra Costa County.
4. We selected the top 20 diseases/conditions based on a ranking system which takes into account the absolute and relative prevalence or incidence of the disease/condition, its overall cost to society, its representation of local health inequities, and its trend over time.
5. Lastly, we created graphs using interesting and relevant data for each of these diseases/conditions, with a focus on local children unless such data did not exist. Wherever possible we compare the local data to California and U.S. data, as well as Healthy People 2010 goals. Healthy People 2010 (HP 2010) is a set of national benchmarks established by the government that can be used to compare different geographic areas and measure progress over time.

Results
Our needs assessment revealed a complex public health landscape for children in Alameda and Contra Costa counties. These counties are generally healthy overall, but its children suffer from relatively poor outcomes for a number of diseases and conditions. The area is also notable for extreme health disparities.

The issues identified as highest priority for children include chronic diseases (asthma, diabetes, obesity), infectious diseases (influenza, STDs), mental health and suicides, tobacco and alcohol abuse, exposure to violence (unintentional injuries, motor vehicle accidents, assaults, homicides), and low birth weight. Statistics and additional detail on these issues are detailed in this section.

Most of these conditions and associated morbidities can be prevented and managed with proper education, healthier behavior, and access (and use of) appropriate primary and specialty medical services. Fortunately, Children's has been able to build, sustain, and grow specialized community programs to address nearly all of these identified health issues.

Socioeconomic factors, which are associated with educational level, race, ethnicity, and place of residence, are frequently the best predictors of which children will have a disease or condition and/or to what extent that disease or condition will lead to poor outcomes. The recent economic downturn, which has occurred since the last Community Benefit Report Needs Assessment in 2007, has led to volatility in social and economic conditions which may impact children’s health. Unemployment is the highest it has been in decades, leading to record number of children who receive public health insurance generally does not reimburse as much, which has placed increased pressure on Children’s during a time of great need. For some families, more immediate concerns such as finding food and shelter and avoiding violence take priority over all but the most immediate health problems.

*Chuck Mcketney, MPH, PhD, Director of Community Assessment, Planning, Education, & Evaluation (CAPE), Alameda County Public Health Department; Elizabeth Edwards, MPH, CHES, Director of Care Coordination, Alameda Alliance for Health; Wendel Brunner, MD, PhD, Director of Public Health, Contra Costa Health Services; Carol Brosgart, MD, Former Vice President and Chief Medical Officer, Children’s Hospital & Research Center Oakland (Children’s); Kelley Meade, MD, Pediatrician and Co-Director, Children’s Primary Care Department; Susan Greenwald, LCSW, Manager, Children’s Early Intervention Services; Barbara Staggers, MD, MPH, Pediatrician and Director, Children’s Adolescent Medicine.
Sociodemographics: Alameda County & Contra Costa County

Demographics

Alameda and Contra Costa counties are among the ten largest counties by population in California, with over a million residents each.\(^1\) Over the past decade, the two neighboring areas have shown growth—the number of people in Alameda County rose nearly 1%, from 1,443,741 in 2000 to 1,457,095 in 2009 while Contra Costa County grew from 948,816 to 1,015,571, a much larger increase of 7%.\(^1\) In both counties children and young adults from birth to 24 years constitute about one-third of the population, and more than ten infants per 1000 residents are born each year (Table 1). However, despite sharing borders and several demographics characteristics, Alameda County has a greater diversity, with a larger proportion of Blacks and nearly double the percentage of Asians compared to Contra Costa County, where Whites are the majority (Figure 1).

<table>
<thead>
<tr>
<th>TABLE 1: POPULATION AND LIVE BIRTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>1,457,095</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Distribution</th>
<th>Alameda County</th>
<th>Contra Costa County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td>103,651</td>
<td>7.1%</td>
</tr>
<tr>
<td>5 to 14 years</td>
<td>181,491</td>
<td>12.5%</td>
</tr>
<tr>
<td>15 to 24 years</td>
<td>182,345</td>
<td>12.5%</td>
</tr>
<tr>
<td>25 years and over</td>
<td>989,608</td>
<td>67.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Live Births Total Birth Rate</th>
<th>Alameda County</th>
<th>Contra Costa County</th>
</tr>
</thead>
<tbody>
<tr>
<td>20,320 13.2 per 1000</td>
<td>12,680</td>
<td></td>
</tr>
</tbody>
</table>


Socioeconomic Factors

An individual’s health status can be affected by several social and economic factors, including educational level, poverty, health insurance, and unemployment.\(^2,3\) A majority of the selected subpopulations in the two counties have at least a high school education, are living above the federal poverty level, and have health insurance (Table 2). However, the health outcomes for those not in the majority are potentially poorer. For instance, in Alameda County, the risk for having diabetes in adulthood is nearly doubled in residents with no high school degree compared to those who have at least graduated from high school.\(^2\) Uninsured people in the county are also two times more likely to grade their health as being fair or poor compared to insured residents.\(^2\) In Contra Costa County, there is a 6.5-year difference in the life expectancies for those born in areas with the least amount of poverty (81.4 years) compared to those from the high-poverty areas (74.9 years).\(^3\) Unfortunately, unemployment rates in the two counties and in California are currently at the highest they have been in twenty years, which will continue to affect the socioeconomic profiles of the population in the near future (Figure 2).

<table>
<thead>
<tr>
<th>TABLE 2: EDUCATION, POVERTY, &amp; HEALTH INSURANCE STATUSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Level (≥25 years)</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>High school or better</td>
</tr>
<tr>
<td>Bachelor’s or better</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% in Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
</tr>
<tr>
<td>&lt;18 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Without Health Insurance (18-24 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Females</td>
</tr>
<tr>
<td>Males</td>
</tr>
</tbody>
</table>


Figure 1: Race / Ethnic Composition of Population

Figure 2: Unemployment Rate Trend

Source: California Labor Market Info, 1990-2010
Patient Profile: **Children’s Hospital & Research Center Oakland**

**Characteristics of Children’s Visits**

In 2010, Children’s had 11,010 admissions to the hospital, 50,326 visits to the emergency department (ED), 28,524 visits to its primary care clinics, and 162,184 additional outpatient visits. The number of ED visits in 2010 is about 9.3% less than in 2009 when the hospital had 55,498 ED patients. A large number of the diagnoses that lead to inpatient admissions are of respiratory conditions including asthma, pneumonia, bronchiolitis, and upper respiratory infections (Table 3). Approximately two-thirds of Children’s patients use Medi-Cal to pay for their medical care (Figure 3).

### Table 3: Top 10 Primary Diagnoses of Children’s Patients

<table>
<thead>
<tr>
<th>ED Visits</th>
<th># of Patients</th>
<th>Inpatient Admissions</th>
<th># of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>7,055</td>
<td>Asthma</td>
<td>824</td>
</tr>
<tr>
<td>Cough</td>
<td>4,830</td>
<td>Pneumonia</td>
<td>676</td>
</tr>
<tr>
<td>Vomiting (only)</td>
<td>2,240</td>
<td>Acute Bronchiolitis</td>
<td>607</td>
</tr>
<tr>
<td>Skin Eruption</td>
<td>1,803</td>
<td>Cancer Chemo Treatment</td>
<td>323</td>
</tr>
<tr>
<td>Ear Pain</td>
<td>1,427</td>
<td>Urinary/Kidney Infection</td>
<td>177</td>
</tr>
<tr>
<td>Head Injury</td>
<td>903</td>
<td>Acute Appendicitis</td>
<td>171</td>
</tr>
<tr>
<td>Respiratory Abnormality</td>
<td>854</td>
<td>Humerus Fracture</td>
<td>150</td>
</tr>
<tr>
<td>Headache</td>
<td>768</td>
<td>Acute Upper Respiratory Infection</td>
<td>143</td>
</tr>
<tr>
<td>Pain in Limb</td>
<td>753</td>
<td>Sickle Cell Disease with Crisis</td>
<td>137</td>
</tr>
<tr>
<td>Acute Pharyngitis</td>
<td>462</td>
<td>Diabetes with Ketoacidosis</td>
<td>99</td>
</tr>
</tbody>
</table>

Source: Children’s Data, 2010

**Demographics of Patients**

A large amount of racial/ethnic and linguistic diversity can be seen among Children’s patients. However, there are health disparities among race/ethnic groups in the region. Latinos and African Americans comprise more than half of the patients at Children’s despite making up just one-third of the populations in Alameda and Contra Costa counties (Figures 1, 4). While most visitors to the hospital speak English, about one out of every four patients speaks a language other than English (Figure 5). More than 55 different languages have been reported as being spoken by Children’s patients, with Spanish being the most common; some of the languages included as Other/Unknown in Figure 5 are Cambodian, Farsi, Tagalog, and Tigrinya/Tigre.

### Figure 3: Source of Payment for Children’s Visits

Source: Children’s Data, July 1, 2009 to June 30, 2010

### Figure 4: Race/Ethnic Composition of Children’s Patients

Source: Children’s Data, 2010

### Figure 5: Languages Spoken by Children’s Patients

Source: Children’s Data, 2010
Chronic Conditions: Asthma

Asthma is an incurable condition of the respiratory system in which there is inflammation and narrowing of the airways, as well as buildup of mucus along these passages. Sometimes this condition may be exacerbated and cause the person to have trouble breathing, an episode known as an asthma attack. Common environmental triggers of asthma attacks include dust mites, mold, pets, and tobacco smoke. Asthma is very common in the U.S.—about one in seven youth have been diagnosed with asthma (Figure 6). However, the rates of pediatric asthma diagnoses are higher among males in Alameda and Contra Costa counties, where one out of four have been identified as having the condition (Figure 6).

Asthma attacks can become serious enough to cause an individual to visit the emergency room or require hospitalization. In fact at Children’s, respiratory abnormalities are among the ten most common causes of ED visits while asthma is the number one diagnosis of inpatient admissions (Table 3). In Alameda and Contra Costa counties, those most at risk for going to the ED for asthma are 0-4 year olds, especially males (Figure 7). Minority groups tend to see more ED and hospital visits from asthma complications compared to Whites in the U.S. This trend is also seen in California and in Alameda and Contra Costa counties, where Blacks and individuals of Other race are more likely to visit the ED for the condition among children younger than 5 years old (Figure 8). For asthma hospitalizations in the same age group in Alameda County, African Americans have rates at least 2.5 times greater than other race/ethnic groups (Figure 9).

• Center for Asthma Education, Management, and Research (p. 11)
• Camp Breathe Easy (p. 11, 25)

• Asthma Forum Conference (p. 11, 31)
• AmeriCorps Program (p. 11)
• Alameda County Asthma Coalition (p. 11)
Chronic Conditions: **Diabetes**

One of the most prevalent chronic conditions in children in the U.S. is diabetes. There are two types of diabetes—the cause of type 1 (juvenile-onset) diabetes is genetic while type 2 (adult-onset) diabetes results from behavioral factors. In both types the individual’s blood has a high level of glucose, or sugar, whose concentrations normally are regulated properly by a hormone called insulin. Type 1 diabetes occurs from an immune-mediated destruction of insulin-producing cells in the pancreas while Type 2 results from the development of insulin-resistant cells, sometimes caused by obesity. Several health issues can stem from diabetes, including blindness, cardiovascular disease, and amputations of the lower-extremities due to nerve damage, poor circulation, or infections.

Diabetes prevalence appears to be somewhat less among residents of Alameda and Contra Costa counties compared to the state and to the U.S., except among African Americans (Figure 10). Diabetes mortality rates are generally similar between the state and the two counties, with Blacks having among the highest rates, but noticeable differences between the three geographic areas are seen in American Indians, multiracial individuals, and Pacific Islanders (Figure 11). The disease is the seventh leading cause of mortality in California, and in Alameda and Contra Costa counties, diabetes is ranked among the top five causes of death among Latinos and Asians/Pacific Islanders.

- Healthy Hearts (p. 18)
- Family Diabetes Conference (p. 32)
- Pediatric Diabetes Coalition of Alameda County (p. 33)

![Figure 10: Adults who have ever been diagnosed with type 1 or type 2 diabetes by gender & by race/ethnicity (≥18 years)](source: California Health Interview Survey, 2007, 2009; Center for Disease Control and Prevention National Estimates on Diabetes, 2007)

![Figure 11: Type 1 and Type 2 diabetes mortality (all ages)](source: California Department of Public Health Vital Statistics Query System, 2006-2008)
Chronic Conditions: Hemoglobinopathies

Sickle cell disease (SCD) and thalassemia are inherited hemoglobinopathies, or blood disorders, which can lead to serious consequences. For individuals with SCD, the red blood cells appear to be sickle- (or crescent-) shaped while in thalassemia patients, the hemoglobin protein in red blood cells is altered. In both types of diseases, there may be less red blood cells present in the blood, a condition called anemia. The red blood cells are then less able to deliver oxygen to the rest of the body and there can be iron build-up in the blood, resulting in possible fatigue and enlargement of the spleen, among other health issues. Both conditions are more common in minority groups, with Blacks making up most of the newborns with sickle cell trait in California (Figure 12) while Asians comprise most of the thalassemia cases at Children’s (Figure 13).

- Northern CA Comprehensive Sickle Cell Center (NCCSCC) (p. 19)
- Northern CA Network of Care for Sickle Cell Disease (p. 19)
- Northern CA Comprehensive Thalassemia Center (NCCTC) (p. 19)
- Blood and Marrow Transplantation (BMT) House (p. 20)

*Note: Before June 1991 “Other” also included Indian and Middle Eastern.  
Source: California Department of Public Health, California Newborn Screening Program, 1990-2003

FIGURE 12: SICKLE CELL TRAIT PREVALENCE IN NEWBORNS BY RACE/ETHNICITY IN CALIFORNIA

- Northern CA Comprehensive Sickle Cell Center (NCCSCC) (p. 19)
- Hemoglobinopathy Lab (p. 20)
- Hemophilia Treatment Center (p. 20)
- The Talking Drums Project (p. 20)
- Thalassemia Outreach Program (p. 20)
- Sickle Cell Advisory Committee (p. 33)

FIGURE 13: RACE/ETHNICITY OF THALASSEMA PATIENTS AT CHILDREN’S (<18 YEARS)

Source: Children’s Hematology/Oncology Dept. Data, 2008-December 2010
Chronic Conditions: Overweight & Obesity

Adults who are overweight or obese weigh more than the defined healthy weight for their height. The “body mass index” (BMI) is a value that represents this relationship between weight and height, and for adults, weight labels are assigned to different ranges of BMI (underweight, healthy weight, overweight, or obese). However, unlike adults, overweight children are not determined to be so strictly by these definitions. Instead, children with a BMI that is equal to or greater than the 95th percentile for children of similar age and gender are considered to be overweight. Compared to the percentage of teens that are overweight in the state of California, Contra Costa County has a similar rate while Alameda County’s rate is less (Figure 14). However, large disparities in the prevalence of overweight youth can be seen across unified school districts (USD) in Alameda and Contra Costa counties, with the highest rates appearing in Alameda County’s Emery Unified School District (Figures 15-16).

There are several behavioral, environmental, and genetic risk factors for obesity. But healthy eating and increased physical activity in children may reduce the risk. For instance, consuming at least five servings of fruits and vegetables each day (Five-a-Day) can help. Unfortunately, in California and Alameda and Contra Costa counties, less than half of children and only one-fifth to one-third of teens satisfy the Five-a-Day guideline (Figure 17). Childhood obesity is an important condition to treat because it can cause or worsen several other health issues, such as asthma, cardiovascular disease, psychological stress, sleep apnea, and type 2 diabetes—conditions that may remain with the individual into adulthood.

- Healthy Hearts (p. 18)
- Division of Adolescent Medicine (p. 10)
- Farmer’s Market (p. 18)
- Berkeley Health Task Force (p. 33)
Communicable Diseases: Childhood Immunizations

California kindergartners who are fully immunized have received the following: at least four DTP/DTaP (diphtheria, tetanus, pertussis), three hepatitis B, two MMR (measles, mumps, rubella), at least three polio, and one varicella vaccines. In California and in Alameda and Contra Costa counties, over 90% of kindergartners have received all the necessary shots (Figure 18). It is important to be up-to-date on vaccinations because immunization standards and coverage rates differ from country to country, which allows certain diseases to be more prevalent in some areas compared to others. In fact in the U.S., often times disease outbreaks, such as measles, originated in unvaccinated or not fully vaccinated individuals who had contracted the disease from another country and imported it into the U.S.¹⁰

- Division of Adolescent Medicine (p. 10)
- Primary Care Clinic (p. 23)

*Figure 18: Fully Immunized Kindergartners*

Source: California Department of Public Health 2010 Immunization Status of Kindergarten Students; Healthy People 2020
Communicable Diseases: **H1N1 & Seasonal Influenza**

Influenza (flu) is a contagious viral disease that can lead to aches, coughs, and fevers. Seasonal flu vaccines are available every year and are recommended by the Centers for Disease Control. However, flu immunization rates in children generally hover only around 50% in the area, with specific rates varying across genders and geographic locations (Figure 19). Fortunately, deaths rarely occur due to seasonal influenza (Figure 20).

On the other hand, the emergence of H1N1, a novel influenza virus that led to an international flu pandemic from 2009-2010, caused a deadlier influenza season. H1N1 was also known as the swine flu because of the virus’ genetic similarity to influenza viruses from pigs. The first reported H1N1 diagnosis in Alameda County occurred on April 30, 2009, just fifteen days after the first reported U.S. case in San Diego, California. The H1N1 illness was unlike seasonal flu because of the age groups it mainly affected. Most individuals diagnosed with H1N1 were 19-64 year olds while most seasonal flu patients are older adults. In the U.S. the virus was the most prevalent in late October 2009. The severity of the disease also peaked around the same time in Alameda County, with weeks 40-45 in 2009 showing some of the highest numbers of ICU and fatal H1N1 cases (Figure 21).

- **Influenza Vaccination Drive** (p. 29)

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**FIGURE 19: PERCENT CHILDREN WHO RECEIVED THE FLU VACCINE IN 12-MONTH PERIOD**

![Bar chart showing percent children who received the flu vaccine in 12-month period](source: California Health Interview Survey, 2009)

**FIGURE 20: INFLUENZA DEATHS OVER TIME**

![Line graph showing influenza deaths over time](source: California Department of Public Health Vital Statistics Query System, 1999-2008)

**FIGURE 21: H1N1 ICU AND FATAL CASES BY WEEK OF ONSET IN ALAMEDA COUNTY (ALL AGES)**

![Bar chart showing H1N1 ICU and fatal cases by week of onset in Alameda County](source: The Health of Alameda County Cities and Places, 2010)
Communicable Diseases: **HIV & AIDS**

Acquired immune deficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV), which targets and damages cells of the immune system, leading to a high risk for infections and cancers.

Nearly one half of people living with HIV/AIDS (PLWH/A) in the U.S. and half of new HIV/AIDS cases in the nation are African American. In Alameda County, this is also the group most at-risk for contracting the disease (Figure 22). The highest case rates of HIV/AIDS in the county occurred in Emeryville (85 per 100,000) and Oakland (50.4 per 100,000), with the rest of the cities having a rate of less than 30 per 100,000 residents.

Nationally, more than 50% of individuals newly infected with HIV are men who have sex with men (MSM); however, MSM are estimated to comprise just 2% of the population. Similarly, MSM make up the highest percentage of HIV/AIDS cases in Alameda County (Figure 23).

In the early years of the HIV/AIDS epidemic, patients generally only had months to live after contracting the virus since infection rapidly progressed to AIDS and led to decline of immune function. However, with advancements in medicines to treat HIV/AIDS since the discovery of the disease in 1981, not all individuals infected with HIV necessarily have AIDS, or it may take several years for the viral infection to develop into AIDS. In fact, the numbers of people who contract or who die from the disease have been declining in Alameda County since at least 1994, while the number of PLWH/A has been increasing, demonstrating that these patients are living longer (Figure 24).

- Pediatric HIV/AIDS Program (p. 22)
- Camp Sunburst (p. 25)
- Pediatric HIV/AIDS Mini-residency Program (p. 22)
Communicable Diseases: Other Sexually Transmitted Diseases

Sexual contact can lead to the spread of sexually transmitted diseases (STDs), which infect more people in the U.S. than any other infectious disease.14 Three of the most common types of STDs are chlamydia, gonorrhea, and syphilis, all bacterial infections, with chlamydia currently causing the most bacterial STD cases in the U.S.14 In Alameda County, the rates of chlamydia have been increasing since 1998 (Figure 25).

Compared to California and to Contra Costa County, Alameda County has the highest rates of chlamydia and gonorrhea infections by age group (Figure 26) and by gender (Figure 27). In all three geographic areas, teens age 15-19 years have much higher incidences of chlamydia and gonorrhea than other selected age groups (Figure 26) and the two STDs are more common in females than males (Figure 27). In women chlamydia and gonorrhea are especially problematic diseases because they can cause infertility if the infections are not properly treated.14

There are three stages of syphilis: the primary and secondary stages are characterized by visible symptoms, like sores and rashes, while in the latent stage, untreated people remain infected but no longer show the obvious signs of syphilis, although the bacteria can continue to destroy organs such as the brain and eyes and lead to paralysis and blindness.14 In Alameda County the rates of occurrence of primary and secondary syphilis have been rising for at least the past decade (Figure 28). In fact, syphilis is particularly an important health concern for teens and young adults since 15-24 year olds had the highest increase in syphilis cases among all other age groups in the U.S. between 2004-2008.14
Injuries: Assults & Dating Violence

Injuries often result from violence. In 2008, emergency departments across the nation saw more than 650,000 instances of injuries in 10-24 year olds resulting from assaults. Among all age groups in Alameda County from 2006 to 2008, an age-adjusted rate of 328.6 individuals for every 100,000 residents went to the emergency department to be treated for assault-related injuries, totaling 15,089 ER visits. The groups in Alameda County most at risk for visiting the emergency department for assaults are males and African Americans (Figure 29).

Another cause of injuries is abusive relationships. Approximately one out of 11 adolescents in the U.S. experiences physical dating violence. Physical abuse from a boyfriend or girlfriend among teens increases with age in the state and in Alameda and Contra Costa counties (Figure 30).

- Center for Child Protection (p. 12)
- Division of Adolescent Medicine (p. 10)
- Alameda County Child Abuse Council's Multi-Disciplinary Team (p. 33)
Injuries: **Homicides**

Homicides are defined as fatalities caused by intentional injuries committed by another individual. Overall in the U.S. and in the state, homicide is less prominent as a cause of death compared to in the East Bay—while homicide is ranked 15th as a leading cause of death in the nation, homicide is among the top ten causes of mortality in Contra Costa County. Among 1-24 year olds in Alameda County, however, it is the number one cause of mortality, with more than one-third of the deaths in this age group in the county resulting from homicides. Homicide mortality rates in both Alameda and Contra Costa counties are higher than that of the state among 15-24 year olds, and in recent years, there has even been an increase in the rate in Alameda County while Contra Costa County's and the state's statistics have remained relatively more constant (Figure 31). The subpopulations most at-risk for homicide mortalities in this age group in both counties are males and African Americans; but, it should also be noted that the mortality rates for American Indians and Pacific Islanders differ significantly between the two counties (Figure 32).

- Center for Child Protection (p. 12)
- Division of Adolescent Medicine (p. 10)
Injuries: **Motor Vehicle Accidents**

More than one-third of deaths of 16-19 year olds are caused by motor vehicle accidents, making it the leading cause of teen-age mortality in the nation. Teens are an especially high-risk group because they have a greater tendency to speed and are the age group least likely to wear seat belts. Compared to the U.S. and to California, Alameda and Contra Costa counties both have lower rates of deaths from car crashes; the two counties, along with California, are also meeting the national Healthy People 2020 objective of 12.4 deaths per 100,000 population (Figure 33). Nationally, 15-19 year old male drivers and passengers were at nearly double the risk of death resulting from car accidents compared to females in the same age group in 2006. Similarly, in Alameda and Contra Costa counties, 15-24 year old males are more at-risk for mortality due to motor vehicle crashes compared to selected younger subpopulations and even to the whole population (Figure 34).

- Kohl’s Injury Prevention Program (p. 21)

**FIGURE 33: MOTOR VEHICLE ACCIDENT MORTALITY (ALL AGES)**

![Graph showing motor vehicle accident mortality rates in Alameda County, Contra Costa County, California, and the United States](source: California Department of Public Health Vital Statistics Query System, 2006-2008; Healthy People 2020)

Injuries: **Unintentional Injuries**

Injuries lead to more disabilities and deaths in 1-44 year olds in the U.S. than any other cause. About 15% of deaths in 10-24 year olds in the country are due to unintentional injuries (not including motor vehicle accidents). While males in Alameda County have only a slightly higher rate of visiting the ER for unintentional injuries compared to females (Figure 35), in both Alameda and Contra Costa counties, males are more than twice as likely as females to die from unintentional injuries (Figure 36). However, disparities seen among race/ethnic groups in ER visits are similar as that seen in mortality rates, with Pacific Islanders in Alameda County the only exception.

- Kohl’s Injury Prevention Program (p. 21)
- Sports Medicine Center for Young Athletes (p. 24)
- Juvenile Justice Center (p. 10)
- Childhood Injury Prevention Network (p. 33)

**FIGURE 35: UNINTENTIONAL INJURY ED VISITS IN ALAMEDA COUNTY (ALL AGES)**

![Graph showing unintentional injury ED visits in Alameda County by age, gender, and race/ethnicity](source: The Health of Alameda County Cities and Places, 2010)

**FIGURE 36: UNINTENTIONAL INJURY MORTALITY IN ALAMEDA COUNTY (ALL AGES)**

![Graph showing unintentional injury mortality in Alameda County by age, gender, and race/ethnicity](source: The Health of Alameda County Cities and Places, 2010; Healthy People 2020)
Mental Health & Suicides: **Mental Health**

Mental disorders, such as anxiety disorder, attention deficit hyperactivity disorder, bipolar disorder, and depression usually arise in childhood. It is estimated that one in five 13-18 year olds in the U.S. suffers some impairment from a mental illness. Female teens in the state and in Alameda and Contra Costa counties experience more depression-related feelings than males (Figure 37). In Alameda County there are also racial/ethnic disparities in the rate of ED visits for mental health issues as African Americans and Whites have the highest rates (Figure 38).

- Center for the Vulnerable Child (pp. 13-14)
- Center for Child Protection (p. 12)
- Division of Adolescent Medicine (p. 10)
- Early Intervention Services (pp. 15-16)
- Pediatric HIV/AIDS Program (p. 22)
- Project SEARCH (p. 29)
- Psychiatry and Developmental and Behavioral Pediatrics Departments (p. 32)
- Berkeley Mayors Health Task Force (p. 33)

![Figure 37: Teens With Depression-Related Feelings in 12 Month Period](source: California Healthy Kids Survey, 2006-2008)

![Figure 38: Mental Health ED Visits by Gender and by Race/Ethnicity in Alameda County (All Ages)](source: The Health of Alameda County Cities and Places 2010)
Mental Health & Suicides: Suicides

Suicide ranks especially high as a cause of death among adolescents and young adults in the U.S.; in fact, it ranks third behind homicides and unintentional injuries as leading causes of death for 10-24 year olds in the U.S.21 Firearms, suffocation, and poisoning are the most common methods.21 Risk factors for suicides include mental illness, substance abuse, stress, and a family history of suicidal tendencies.21 While suicide rates have declined in California and in Contra Costa County since 1994, the rate in Alameda County has risen recently to its highest level in over 20 years (Figure 39). Suicide mortality rates among 15-24 year olds in the state and in Alameda and Contra Costa counties are similar; however, Pacific Islanders in Alameda County have a higher rate than elsewhere (Figure 40).

- Division of Adolescent Medicine (p. 10)
- Psychiatry and Developmental and Behavioral Pediatrics Departments (p. 32)

**Figure 39: Suicide Mortality Trend in Teens & Young Adults (15-24 Years)**

![Graph showing自杀率趋势](image1)

**Figure 40: Suicide Mortality in Teens and Young Adults (15-24 Years)**

![Graph showing自杀率](image2)


Note: State and county rates calculated based on place of residence.
Neonatal Health: **Infant Mortality**

Deaths of infants younger than one year of age are used to calculate the infant mortality rate. Abnormalities or complications arising during gestation, pre-term/low birth weight, respiratory distress syndrome, and Sudden Infant Death Syndrome (SIDS) are responsible for most instances of infant mortality. In both Alameda and Contra Costa counties, Blacks and multiracial individuals have higher rates than average (Figure 41). The U.S. infant mortality rate has fallen more than 70% since 1960; fifty years ago, 26.0 deaths per 1,000 live births occurred, while in 2000, the rate was just 6.9 per 1,000 live births. However, the nation’s numbers are still relatively high compared to other industrialized countries, having just the 27th lowest infant mortality rate in 2000. Like the U.S. trend though, the infant mortality rates in California and Alameda and Contra Costa counties have also been declining (Figure 42).

**Neonatal Health: Low Birth Weight**

Low birth weight (LBW) infants are defined as weighing less than 5.5 lbs (2,500 grams) at birth. While many pre-term infants have LBWs, national and local data only use full-term babies to calculate LBW statistics. There are several health concerns for LBW babies such as a greater possibility for contracting illnesses in the perinatal period and having learning disabilities. Maternal risk factors for LBW babies include being younger than 15 years or older than 35 years old, drug and alcohol use, low socioeconomic status, and stress. California’s and Alameda and Contra Costa counties’ LBW percentages are meeting the national Healthy People 2020 objective of 7.8% of live births (Figure 43). In addition, over the past fifteen years in Alameda and Contra Costa counties, the overall percentage of LBW cases have remained constant, but there are disparities among race/ethnic groups; for instance, Blacks have the highest LBW rates, about 1.5 to 2 times the rate in other race/ethnic groups (Figure 44).

- Early Intervention Services (pp. 15-16)
Substance Abuse: Smoking and Alcohol

Substance abuse is a problem among the nation’s youth. The majority of adult smokers had their first cigarette before they turned 18 while the most common substance abused by youth is alcohol.25,26 Both cigarette and alcohol use increase with age in teens in the area, but the likelihood of smoking or drinking does not differ among genders of similar age (Figure 45).

- Division of Adolescent Medicine (p. 10)
- Clinical Effort Against Secondhand Smoke Exposure (CEASE) Project (p. 23)

Healthcare Workforce: Racial and Ethnic Diversity

California is a diverse state, with no single race/ethnic group majority. But, there is less diversity in the state’s healthcare workforce (Table 4), which poses potential cultural and language barriers between health professionals and patients. For instance, Latinos, who make up more than one-third of the state, are significantly underrepresented in all selected healthcare jobs. In fact, over 85% of pharmacists, physicians, and psychologists are either White or API. On the other hand, LVNs and nursing aides are very diverse, with no race/ethnic group constituting more than one-third of these professions. Race/ethnic disparities in the healthcare workforce need to be addressed now because the composition of California’s population is expected to change dramatically over the next two decades. By 2030, all race/ethnic groups, except for Whites, will increase in number, with Latinos projected to have the largest rise, eventually making up about 45% of the state’s population.27

- FACES for the Future (p. 17)

| TABLE 4: RACE/ETHNIC GROUP COMPOSITION OF SELECTED HEALTHCARE PROFESSIONS IN CA |
|-------------------------------|-----|-----|-----|-----|-----|-----|
| AMIND* (%) | API (%) | BLACK (%) | LATINO (%) | MULTI† (%) | WHITE (%) |
| California Population | 0.5 | 12.5 | 6.0 | 36.1 | 2.1 | 42.5 |
| Clinical Technicians | 0.5 | 15.0 | 5.4 | 22.9 | 2.0 | 54.0 |
| Lab Technicians | 0.1 | 34.9 | 6.4 | 17.6 | 2.8 | 38.1 |
| LVNs | 0.6 | 22.3 | 20.2 | 22.2 | 2.3 | 31.9 |
| Nursing Aides | 0.99 | 20.5 | 15.5 | 32.0 | 2.1 | 28.6 |
| Pharmacists | 0.1 | 48.2 | 2.5 | 4.1 | 1.1 | 43.6 |
| Physicians | 0.2 | 26.3 | 3.9 | 7.6 | 1.2 | 60.4 |
| Psychologists | 0.5 | 5.2 | 3.4 | 7.7 | 1.5 | 81.6 |
| RNs | 0.4 | 28.6 | 6.7 | 10.2 | 1.8 | 52.0 |
| RRTs | 0.9 | 20.8 | 6.8 | 15.2 | 2.8 | 52.7 |
| Social Workers | 0.4 | 10.1 | 14.0 | 28.5 | 1.8 | 44.8 |

Table Source: American Community Survey 5-Year Estimates – Public Use Microdata Sample, 2005-2009
Note: Due to the omission of “Other Race,” the total percentages will not add up to 100%.
*AMIND* includes American Indians and Alaska Natives
† “Multi” includes people of two or more race groups
References


VI. Economic Impact
Children’s Hospital & Research Center Oakland

Our methodology for determining the economic value of our benefit to the community has been refined to maintain consistency with the IRS 990 reporting requirements and California Hospital Association’s community benefit valuation standards. Our community benefit valuation is the total net value of the cost of charity care, uncompensated cost of medical services to government-insured patients, health professional education, county-based programs, research, and community health services after any reimbursement, philanthropic support or supplemental funding have been subtracted.

Charity care at Children’s is the provision of healthcare services free of charge or on a discounted fee schedule, to individuals who meet certain financial criteria.

The governmental shortfall is determined when Children’s receives payments that are less than costs for caring for public program beneficiaries. The inadequacies of the Medi-Cal fee schedule to cover the actual costs of inpatient and outpatient care coupled with the huge volume of services that Children’s provides to state-sponsored patients remains an insurmountable challenge. Yet, the losses are incurred in performing an important public service. If Children’s did not provide services to this population or did not exist at all, the care for this population would become the obligation of the government.

*Children’s policy and methods for calculating the economic valuation is available upon request.*

<table>
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<th>Economic Value</th>
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<td>Government Sponsored Healthcare (Unpaid cost of public coverage programs, net of all government funding)</td>
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<td>Health Professional Education (After supplemental funding) (GME, Fellows, Nurses)</td>
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<td>Subsidized Health Programs (Juvenile Justice, Mental Health Services, Trauma Services, after county funding)</td>
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<td>Physician Liaisons</td>
<td>655,000</td>
</tr>
<tr>
<td>Family Resource and Information Center</td>
<td>276,000</td>
</tr>
<tr>
<td>Pediatric Urgent Referral Phone Line</td>
<td>354,000</td>
</tr>
<tr>
<td>Research (Not funded by external sponsors, agencies)</td>
<td>11,821,000</td>
</tr>
<tr>
<td>Advocacy for Children’s Health Issues</td>
<td>Included in Operations</td>
</tr>
<tr>
<td>Dsh/supplemental funding</td>
<td>(31,756,000)</td>
</tr>
<tr>
<td>Total Charity Care and Community Benefit</td>
<td>$ 79,203,000</td>
</tr>
</tbody>
</table>