

2013

Community Benefit Report

Together We Make
a Difference



We Treat Kids Better

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To Our Community Partners and Friends:

All of our organizational values are important, but one in particular stands out to me at this moment in time:

We are stewards of the lives and resources entrusted to us.

As we transition ourselves during a time of great change in the health care industry, we are constantly looking for ways to improve the lives of children, including the more than 104,000 who come through our doors every year, as well as those who may need us at some point in the future, and those who will never even set foot in our facilities.

Though they may not come to our main facility in Hollywood, they now have more opportunities to visit us in their own neighborhoods. Our new locations in the South Bay and Santa Monica opened in 2013, adding to our presences in Arcadia and Valencia. With these openings, we are fulfilling our vision of establishing centers that bring our special brand of care closer to families who need it most.

This is just one way that we are working to improve the communities of Southern California; many more are detailed in the following pages. Building stronger communities builds stronger children, and vice versa. Our community benefit efforts are all working toward that goal—helping children be safer, healthier and ultimately stronger.

Thank you for taking the time to learn a little bit more about our efforts to create hope and build healthier futures for all children.

Sincerely,

Richard D. Cordova, FACHE
President and Chief Executive Officer
Children's Hospital Los Angeles



About Children's Hospital Los Angeles

Our Mission

We create hope and build healthier futures.

As a leading academic children's hospital, we fulfill our mission by:

- Caring for children, adolescents, young adults, families and each other
- Advancing knowledge
- Preparing future generations
- Building our financial strength

Our Values

- We achieve our best together.
- We are hopeful and compassionate.
- We are learners leading transformation.
- We are stewards of the lives and resources entrusted to us.
- We serve with great care.

Our History

Founded in 1901, Children's Hospital Los Angeles is one of the nation's leading children's hospitals and is acknowledged worldwide for its leadership in pediatric and adolescent health. Children's Hospital Los Angeles is one of only 10 children's hospitals in the nation, and the only one on the West Coast, to be named to the prestigious U.S. News & World Report Honor Roll of children's hospitals.

The Saban Research Institute of Children's Hospital Los Angeles is one of the few freestanding research centers in the U.S. where scientific inquiry is combined with clinical care and is devoted exclusively to children. Children's Hospital Los Angeles is also a premier teaching hospital and has been affiliated with the Keck School of Medicine of the University of Southern California since 1932.

Our Commitment to Children, Adolescents and Families

At Children’s Hospital Los Angeles, our commitment to patients and their families extends well beyond the walls of our hospital. Our community benefit services and activities ensure that we remain responsive to the needs of our community and build on our community network of care. This investment helps make a difference in the lives of the thousands of children, adolescents and families we serve throughout the Los Angeles County region, as well as the thousands reached through our national and international efforts.

Community benefit services and activities provide treatment and promote health in response to identified community needs. The objectives of these activities are to:

- Improve access to health care services
- Enhance public health of the community
- Advance medical or health care knowledge that provides public benefit
- Relieve or reduce the burden of government or other community efforts

Our Community Benefit Investment

Grand Total:
\$221.4 million⁴

\$20.7 million
Health Professions Education

\$31.3 million
Research Activities

\$8.9 million
Community Health Improvement Services and Other Community Benefits³

\$153.5 million
Unreimbursed Costs for Medical Services of Government-Sponsored Programs¹

\$2.7 million
Charity Care at Cost²

\$4.3 million
Subsidized Health Services

1. The Medi-Cal program partially offsets these losses through the Disproportionate Share Hospital (DSH) Program, designed to support “safety net” hospitals such as Children’s Hospital Los Angeles. The hospital received \$41.8 million in DSH funding in FY 2013.

2. Includes cost of care provided to underinsured and/or uninsured children.

3. Children’s Hospital’s investment in the Community Benefit Inventory for Social Accountability (CBISA) system has proven to be an excellent mechanism to track otherwise undocumented community benefits.

4. In January 2010, the state of California enacted legislation that provides for supplemental payments to certain hospitals funded by a quality assurance fee paid by participating hospitals as well as matching federal funds (the “Hospital Fee Program”). Supplemental payments and fees related to the Hospital Fee Program produced a net benefit of \$134.5 million to Children’s Hospital Los Angeles in the fiscal year ended June 30, 2013.

Our Community

Community Benefit Service Area

The Children’s Hospital Los Angeles Community Health Needs Assessment, most recently conducted in 2012, helps us to understand our service area demographics, identify disparities in health and assess the risk of communicable disease and chronic conditions in the community. We utilize the assessment as the basis for planning community benefit programs and services.

Children’s Hospital draws pediatric patients regionally from Southern California, with a primary service area of Los Angeles County. Approximately 85 percent of the hospital’s patients originate from L.A. County. The hospital’s main campus is located in the City of Los Angeles, in Los Angeles County Service Planning Area (SPA) 4.

Social and Economic Factors

The rate of poverty in the county is 15.7 percent, compared to the state rate of 13.7 percent. More than one-third of county residents (37.6 percent) exist at 200 percent of the Federal Poverty Level (FPL).

In Los Angeles County, children suffer with higher rates of poverty than the general population. In SPA 4, 22.4 percent of children under the age of 18 live in poverty. Among county families with a female head of household and children under 18, 34.6 percent live in poverty—higher than the state rate of 32.4 percent.

In Los Angeles County schools, 65.3 percent of students are eligible for the free or reduced-price meal program, indicating a high level of low-income families.

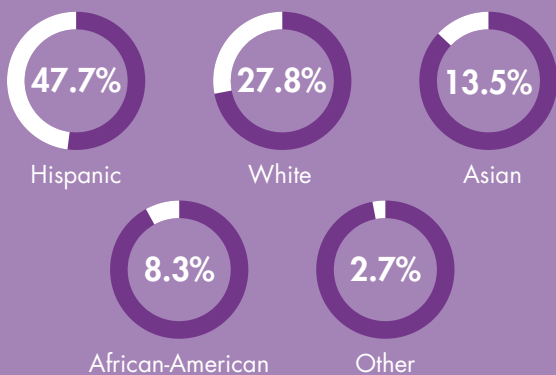
Community Demographics

At the time of the **2010 census**, the population of Los Angeles County was **9,818,605**.

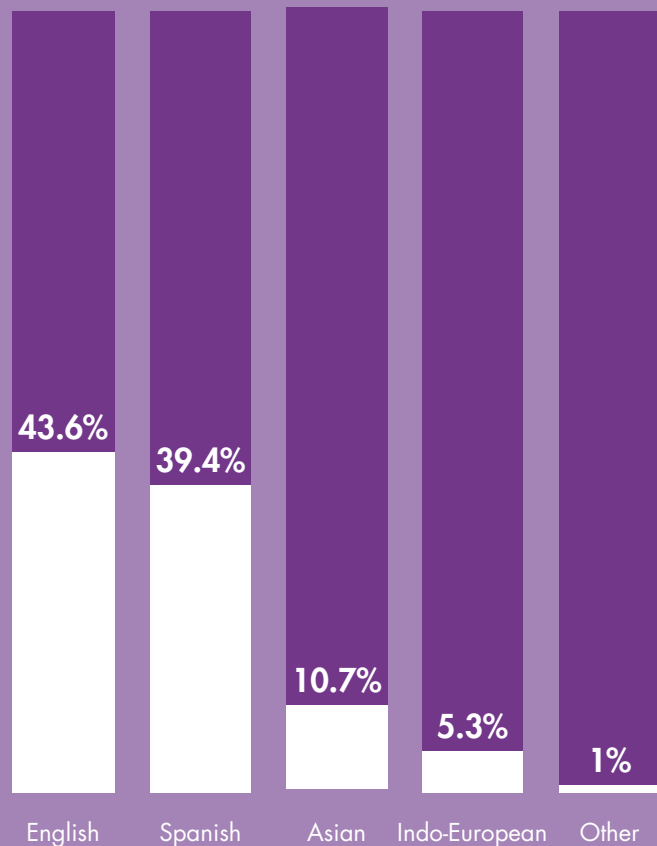
Demographics



Ethnicities



Languages Spoken at Home





An ongoing effort: to engage families through outreach and education

Key Findings

The assessment identified a number of health problems that impact children and youth. Some of these problems have been persistent over time, while others are on the rise, possibly due to increases in diagnosis rather than incidence. They include:

- Dental health issues
- Mental health and substance abuse issues among adolescents
- Asthma
- Overweight and obesity issues and related lack of proper nutrition and opportunities for physical activity
- Diabetes, high cholesterol and hypertension
- Developmental disabilities, including autism, attention deficit hyperactivity disorder (ADHD) and attention deficit disorder (ADD)
- Violence issues, including gang violence, bullying, child abuse and neglect
- Unintentional injuries, including motor vehicle accidents
- Vision and hearing problems

Engaging the Community

Leaders of key organizations and community members provided input and identified issues. Many of the issues and concerns identified in the community were seen as linked with the root causes of poverty and lack of financial resources and related issues, including:

- Lack of access to primary and specialty care services
- Lack of education or job skills

- Unemployment or participation in low-wage jobs with no benefits or security
- Language barriers/lack of English language skills
- Undocumented immigration status
- Lack of literacy
- Residing in insecure and unsafe housing
- Living in “obesogenic” areas—with “food deserts,” which lack affordable, fresh produce, and “food swamps,” which have high levels of caloric and minimally nutritious food (fast food and junk food)
- Lack of green space and opportunities for physical activity, along with a tendency toward a sedentary lifestyle and a focus on television and screen time

The Community Health Needs Assessment was conducted by The Advancement Project Healthy City, Biel Consulting and the Office of Community Affairs at Children’s Hospital Los Angeles. Other institutions, organizations and agencies—as well as members of the Children’s Hospital Community Benefit Advisory Committee—also contributed time and resources to assist with this assessment.

Conducting the Community Health Needs Assessment is one of the many ways that Children’s Hospital Los Angeles strengthens its commitment to understanding the health needs of the communities it serves.

Pediatric-Based Research

The Saban Research Institute

The Saban Research Institute of Children’s Hospital Los Angeles is one of the few freestanding research centers in the U.S. where scientific inquiry is combined with clinical care and is devoted exclusively to children. Our goal is to improve the health and wellness of children through a combination of basic, clinical and translational studies. Research is performed at the lab bench, in the clinic and in the community.

The Institute’s interdisciplinary research is organized around three thematic areas that together fully explore the developmental origins of health and disease:

- The developing mind
- Metabolism, immunity, infection and inflammation
- Regenerative medicine and cellular therapies

The Saban Research Institute maintains strong scientific and strategic affiliations with the University of Southern California (USC) and, in particular, the Keck School of Medicine of USC. All of the Institute’s principal investigators (clinical investigators, physician-scientists and PhD-scientists) are USC faculty, and many have collaborative projects with scientists at the Keck School of Medicine and other departments at USC. The Institute’s researchers also are involved in collaborative projects with academic institutions throughout the U.S. and abroad.



At Children’s Hospital Los Angeles, our goal is to improve the health and wellness of children through a combination of basic, clinical and translational studies. We are at an important crossroads in medicine. By effectively harnessing the available technologies linked to our large and uniquely diverse childhood population in Los Angeles, we will be at the forefront of ushering in a new era in child health.

Community Health Research: Detecting Early Childhood Hearing Loss

“Lack of hearing screening after the newborn period can leave children with undiagnosed hearing deficits,” says Parul Bhatia, MD, pediatrician at Children’s Hospital Los Angeles.

Hearing screenings are conducted at birth and before a child enters kindergarten. This leaves a large gap during which hearing loss can develop and remain undetected. If the initial newborn screening fails to identify a hearing deficit—or if hearing loss develops during the infant/toddler years—the child misses a significant period of language and cognitive development and loses the opportunity for early intervention.

“In some communities in Los Angeles, more than 90 percent of children had never been screened for hearing loss and risked unnecessary delays in speech, language and cognitive development,” explains Bhatia. “As a result of various local, state and national efforts, newborn hearing screening has become routine in most hospitals in California and throughout the United States, but that does not address the growing problem of postnatal onset hearing loss during the decisive early developmental years.”

A collaborative study between The Saban Research Institute, the John Tracy Clinic and the University of California, Los Angeles (UCLA) David Geffen School of Medicine found that hearing screenings conducted during routine doctor visits are feasible and effective in detecting postnatal hearing loss.

Data for the study was gathered through the Baby Sound Check® project, a three-year pilot program launched in 2007 by the John Tracy Clinic to fill critical gaps in the early detection and treatment of hearing loss.



Ten percent of the children tested failed an initial screening in at least one ear. Among these, 50 percent had middle ear effusions, and 22 percent raised concern for permanent sensorineural hearing loss. The program identified five patients with permanent hearing loss.

The study established protocols for doctors and medical assistants in Federally Qualified Health Centers (FQHCs) in Los Angeles to conduct hearing screenings on children up to 3 years old during routine well-child checks.

Bhatia served as the supervising pediatrician on the study. Additional collaborators included Alexis Deavenport, DrPH, of Children's Hospital Los Angeles, and Alice A. Kuo, MD, PhD, of the UCLA David Geffen School of Medicine.

Moving Best Practices Into Current Practice

When research establishes new best practices and guidelines, that's not the end of the story. Those new guidelines still need to be adopted at the community level, by the frontline physicians providing care.

"So much great research is published every day, it's challenging for a physician to keep up with it," says Susan Wu, MD, associate division head for Clinical Programs for the Division of Hospital Medicine at Children's Hospital Los Angeles. "Even then, there are many barriers to change, from insurance issues to limited resources."

To help speed adoption of evidence-based guidelines, Wu has been leading a pilot project, the Southern California Children's Health Improvement Collaborative. Supported by the Southern California Clinical and Translational Science Institute, the project focuses on improving adolescent preventive health care and brings together various Los Angeles-area primary care practices from academic, community clinic and private practice settings.

These practitioners and office staff have received comprehensive tools and support for implementing and measuring proven best practices in such areas as chlamydia screening, adolescent immunizations, substance abuse screening, depression screening and suicide prevention. The project features group conference calls and in-person and virtual learning sessions with adolescent health experts from Children's Hospital, the American Academy of Pediatrics and school and community clinics.

After the initial pilot, the plan is to expand the number of participants and form new collaborations in other areas of pediatric health.

"The strength of this model is that it's not about one-way information," says Wu, assistant professor of Clinical Pediatrics at the Keck School of Medicine of USC. "It's about forming relationships and sharing experiences. Collaboration accelerates the ability for all of us to learn together."

Health Insurance Education for Families

Health Insurance Assistance Program

"I am a working mother, my husband is employed in maintenance, and our children range in age from 5 to 21 years old," says Ruth Maldonado. "Although we have two incomes, we can't afford the high rates of employer-based health insurance for our family."

Maldonado and her children have regular appointments to manage specific health issues. She was paying out-of-pocket for various treatments, and doctor visits were becoming unaffordable.

For help, she reached out to the Office of Community Affairs' Health Insurance Assistance Program at Children's Hospital Los Angeles and was assisted by Olga Taylor, administrator of outreach and certified application assistor. Taylor helps families like the Maldonados access available resources and learn about various low-cost health insurance coverage options.

Maldonado and her husband learned that their children were eligible for coverage with a \$37 monthly premium. The coverage provided essential health benefits.

"Although my husband and I still did not have health insurance, we were thankful that our children were covered for health, dental and vision," she explains. "Their health is our priority."

Their children were covered through Healthy Families for five years, but recent changes to the Healthy Families program required that the children's health coverage be transitioned to Medi-Cal, California's Medicaid health program. Medi-Cal provides essential benefits and medical services for children and adults with limited incomes and resources.

"At first, I was very concerned about the change," Maldonado says. "I did not know about the Medi-Cal program's qualifications, benefits and provider networks, and if this meant having to go through the entire application process from scratch."

The Health Insurance Assistance Program works to assist local families with this transition. Maldonado reached out to Taylor, who had helped her apply for Healthy Families years earlier.



The Maldonado Family

"Mrs. Taylor explained in detail the transition of coverage," Maldonado says. "The best thing I discovered was that for the first time in a very long time, thanks to the expansion in Medi-Cal coverage, my husband and I would be eligible for affordable health insurance coverage as well."

In the past year, the Office of Community Affairs Health Insurance Assistance Program has helped more than 350 children and families access new health insurance coverage and reached more than 47,000 children and families through outreach campaigns promoting awareness of available access to health programs in Los Angeles County.

Maldonado, her husband and their children are now covered through Medi-Cal. She shares that they all recently visited their family doctor, and she feels great comfort knowing that they now have health benefits.

Transitioning From Pediatric to Adult Care

In 2002, a consensus document from the American Academy of Pediatrics, the American Academy of Family Physicians and the American College of Physicians-American Society of Internal Medicine stated that, "The goal of transition in health care for young adults with special health care needs is to maximize lifelong functioning and potential through the provision of high-quality, developmentally appropriate health care services that continue uninterrupted as the individual moves from adolescence to adulthood."

Ellen Iverson, director of Transition Research in the Division of Adolescent and Young Adult Medicine at Children’s Hospital Los Angeles, conducts research and work in transition planning and notes that it presents challenges on both the pediatric and adult sides.

“Some adult health care providers may not be prepared for and feel discomfort treating complex conditions that began in childhood,” Iverson explains. “Adult providers often have different expectations of patients. Care can be disjointed, without coordination, and providers lack the training and support they need to promote the medical and psychosocial needs of young adults with special health care needs. It’s no surprise that young adults with chronic illness transitioning into adult-oriented care often drop out of health care for a substantial period of time.

Children’s Hospital Los Angeles is the region’s largest provider of comprehensive health care to children and adolescents with chronic illness, disability and a wide spectrum of special health care needs. The hospital provides services to nearly 40 percent of Los Angeles County’s children and adolescents eligible for California Children’s Services (CCS). For patients living with special health care needs, Children’s Hospital provides comprehensive, multidisciplinary care regardless of health care benefit eligibility.

“Providing coordinated support to help our patients navigate adult health care systems and realize their potential as adults has been of great interest to our providers, parents and families for years,” Iverson says.

In July 2012, the WHH Foundation supported the launch of an effort to establish a Children’s Hospital Los Angeles Adolescent and Young Adult (AYA) Transition Core infrastructure. The infrastructure is designed to support the hospital’s existing and emerging efforts to provide high-quality, coordinated and comprehensive transition services to all patients living with chronic illness and disability.

The planning process has been steered by an AYA Transition Core Working Council, made up of stakeholders from Children’s Hospital, the University of Southern California and the community.

“The multidisciplinary nature of the council allows all of us to learn from one another and apply our collective wisdom to the development of an institution-wide transition initiative that we hope will become a national model,” says Iverson. “One of the many aims of the AYA Transition Core is to centralize resources, tools and information.”

The 62-member multidisciplinary AYA Working Council has accomplished the following:

- Developed and administered training for Children’s Hospital providers to prepare them to appropriately assist patients and families in the transition to adult and new health care benefit systems.
- Created an AYA Transition resource portal offering links to transition tools, educational materials, funding opportunities and related events.
- Strengthened communication and collaboration with community providers.
- Began developing a hospital transition website.

“Ultimately, we expect to see all patients graduating into adult health care systems, regardless of means and insurance eligibility status, linked to a stable, quality adult-oriented medical home with access to appropriate specialty care,” says Iverson.



Sisters Maya and Mia Maldonado



Pediatrician Mona Patel, MD, and patient

Preventive Care Matters

Ensuring Continued Access to Preventive and Primary Care for Children and Adolescents

The AltaMed Community Health Clinic of the Division of General Pediatrics at Children’s Hospital Los Angeles serves as a preventive and primary medical care center for children and adolescents in our community.

AltaMed is a Federally Qualified Health Center (FQHC), with emphasis on delivering high-level preventive and primary medical care for families in underserved areas of our community, where the need is greatest.

The clinic’s comprehensive diagnostic and treatment services begin at birth and continue throughout childhood and adolescence. Services include complete physical examinations and laboratory tests, immunizations, diagnostic services, counseling, developmental and behavioral assessments and intervention, hearing and vision screenings, and education. To meet the needs of families, these comprehensive services are available evenings and weekends.

With more than 44,000 patient care visits annually, the AltaMed Community Health Clinic at Children’s Hospital expands access to primary care for children and adolescents in our community.

Autism Warm Phone Line

Autism spectrum disorders (ASDs) affect 1 in 68 children in the U.S., according to estimates from the Centers for Disease Control and Prevention’s Autism and Developmental Disabilities Monitoring (ADDM) Network. ASDs affect how a child functions in several areas, including speech, social skills and behavior. Symptoms of these disorders vary greatly and range from mild to severe.

The American Academy of Pediatrics (AAP) recommends that all children be screened for ASDs at their regular medical checkups at 18 and 24 months. Early diagnosis and treatment can greatly improve the outlook for children with ASDs.

The Boone Fetter Clinic at Children’s Hospital Los Angeles provides comprehensive diagnostic services for children with autism and other neurodevelopmental and behavioral disorders. It also provides early screening and identification, as well as ongoing medical follow-up and care coordination.

In addition, the clinic serves as a valuable resource to our community through its Autism Warm Phone Line, which serves families throughout Southern California.

The phone line helps families find answers to questions about their children’s health needs and services available, and also to navigate various health systems in Los Angeles County.



Speech Pathologist Amanda Tyree working with a Boone Fetter Clinic patient



Kathryn Smith, DrPH, RN, on Autism Warm Phone Line

“The Autism Warm Phone Line is staffed by two nurse care managers and is available as a free resource to the community, helping thousands of families over the last several years,” says Kathryn Smith, DrPH, RN, nurse care manager in the Boone Fetter Clinic. “Most new callers ask about autism services and resources in Los Angeles, request to set up an appointment or have general questions about autism and neurodevelopmental disorders.”

Typically, the nurse care manager provides callers with a better understanding of the options for assessment and follow-up services, as well as guidance on how to advocate for and access these services.

The Autism Warm Line is open Monday through Friday, 9 a.m. to 5 p.m., and responds to calls within 24 hours. Over the last year, it has received more than 560 calls per month, serving more than 360 new families.

“Together, Children’s Hospital Los Angeles and other leading hospitals around the country are paving the way to improving the care for children with autism spectrum disorders,” says Smith.

Faith-Based Partnerships for Injury Prevention Buckle Up for Life

“By collaborating with faith-based communities, the Children’s Hospital Los Angeles Injury Prevention Program has helped churches and temples become committed to the goal of reducing injury and fatality due to unintentional injuries,” says Helen Arbogast, manager of Injury Prevention in the Trauma Program at Children’s Hospital Los Angeles.

This past year, the hospital’s Injury Prevention Program strengthened its collaboration with faith-based communities as a means of disseminating important safety messages and practices.

“Faith-based partnerships provided an effective means of bringing important injury prevention messages to multicultural communities in Los Angeles that otherwise may not have had access to these services and education,” notes Arbogast.

These partnership efforts include Toyota’s Buckle Up for Life, a child passenger safety initiative conducted at churches and temples throughout Los Angeles and Orange counties.

The Injury Prevention Program has conducted the Buckle Up For Life program at 14 churches since 2010. Through 136 events, workshops and activities conducted at various faith-based sites and community venues, the program has provided valuable education on child passenger safety, pedestrian safety, safe driving, home safety and disaster preparedness.



These faith-based initiatives resulted in demonstrated improvements in community members' safe driving and child passenger safety practices. More than 1,000 vehicles were observed at various sites where the Buckle Up for Life program was conducted, and in all cases, restraint and seatbelt use improved after participation in the program.

Buckle Up for Life includes a series of age-specific child passenger safety presentations targeted to adults, teenagers and children ages 5 and up. Community members undergo a comprehensive curriculum taught by Children's Hospital's Injury Prevention staff; topics include child restraints and seatbelts, distracted driving, driving under the influence of alcohol and safe child passenger practices.

At each faith-based site, approximately 400 community members are reached at a series of eight presentations conducted over 10 weeks. Following the completion of the curriculum, a car seat check event is held at each site, where certified child passenger safety technicians from Children's Hospital inspect hundreds of child restraints.

This past year, more than 2,000 faith-based community members and 3,000 families received injury prevention education from Children's Hospital staff members. In this same period, more than 700 child restraints were inspected, 344 were distributed and 141 were replaced—demonstrating the impact of these child passenger safety efforts in Los Angeles County.



Child restraints receiving blessings from a clergyman



Injury Prevention Program staff conducting home safety education in the community

Disaster Preparedness

The Injury Prevention Program also collaborates with Emergency Network Los Angeles (ENLA) to enhance faith-based organizations' disaster preparedness efforts.

"Faith-based organizations represent a source of stability and presence and frequently serve their communities following disasters," Arbogast says. "They are not formally included and identified as disaster resources; thus, collaboration with the Children's Hospital Injury Prevention Program represents an opportunity to increase the effectiveness with which faith-based organizations deal with disasters."

Surveys and semi-structured interviews were conducted with leaders and staff members at six faith-based organizations to assess each site's level of disaster preparedness and resiliency. Based on these surveys, educational and outreach programs were developed at each organization.

Injury Prevention Program staff traveled to each site to educate members about earthquake safety, fire safety, disaster preparedness and disaster resiliency. An average audience of 75 adults per session were on hand for the interactive lecture.

Says Arbogast, "Working directly with the community to raise awareness, building capacity through train-the-trainer methods and potentially decreasing overall injuries in children have been a few of our greatest successes in community outreach and education at Children's Hospital Los Angeles."



Family Support Network of Care

NICCU Family Support Program

Babies with the most challenging neonatal conditions are transported to Children’s Hospital Los Angeles from neonatal intensive care units throughout the greater Los Angeles metropolitan area, Southern California and even other states.

Treatment of neonates with this level of complexity and disease severity can only be performed at an institution like Children’s Hospital Los Angeles, where the intellectual, medical, nursing, ancillary and institutional infrastructure are available, along with multidisciplinary representation, to support the needs of these tiny patients and their families.

The Newborn and Infant Critical Care Unit (NICCU) at Children’s Hospital Los Angeles is a designated California Children’s Services Regional Center. Due to the critical condition of these babies, the NICCU team must take a carefully orchestrated and structured multidisciplinary approach. In addition, the team addresses the needs of parents, siblings, grandparents and extended family throughout the baby’s hospitalization.

In collaboration with the March of Dimes, Children’s Hospital Los Angeles provides a personalized Family Support Program for families in our NICCU.

“Over the last few years we have had dedicated graduate NICCU parents and staff committed to providing support and comfort to the families we serve in our NICCU,” says Hoda Sapir, MSW, LCSW, clinical social worker II in Family-Centered Care Support Services at Children’s Hospital. “Our Family-Staff Advisory Council has worked toward selecting and developing customized programs and activities for our families, resulting in a program that helps families cope with a baby’s NICCU stay.”

Since its inception, the NICCU Family Support Program has provided 147 parent activities, including parent education hours, craft activities, awareness workshops, support groups, parent panels and parent advocacy for more than 900 families.

“The program has been a tremendous benefit to families in the NICCU,” Sapir says. “Some of our former parents who attended the NICCU Family Support activities during their own child’s hospitalization are now volunteering their time with the program.”

Families also have 24-hour access to informational resources and online communities through the March of Dimes kiosk in the NICCU Parent Lounge. Parents and families can connect with other NICCU families and have direct access to information about the vast spectrum of neonatal conditions.



Teen Impact and Family Support Program

"I get friendship, love and support out of Teen Impact and Family Support. It's like a second family for me."

"Teen Impact and Family Support is so important to me because I can be myself and say what I feel without being judged."

"Teen Impact and Family Support helped me through treatment. Nobody else in this world knows how important the common bond of survivorship is."

These are the words of courageous young people who are survivors of cancer and blood diseases. Since 1988, the Teen Impact and Family Support program at Children's Hospital Los Angeles has offered group-based psychological, emotional and social support services for young people diagnosed with cancer or a blood disease, as well as for their parents and siblings.

Services are provided by mental-health professionals and are designed to give patients, survivors and their family members an opportunity to share their stories, form a peer support network and find positive meaning in their experiences with cancer or blood diseases.

Facilitated support group meetings are held twice a month at Children's Hospital Los Angeles. Groups for patients and survivors are arranged by age: 7 to 12; 13 to 18; and 19 and older. Preteen and teen support groups are also available for siblings. A parent support group is offered as well and includes a Spanish-language interpreter.



"The meetings are free of charge and open to families from any hospital or treatment center in our community," explains Octavio Zavala, program administrator, Hematology and Oncology Teen Impact. "The program also provides weekly inpatient support groups for young people ages 8 to 19 and an annual three-day psychosocial retreat for teens ages 13 to 19 who have or once had cancer or a blood disease."

"Social rehabilitation" activities, such as parties, field trips and special events, supplement the primary clinical services.

Zavala notes, "We have also begun utilizing our video-link service, which allows teens in bone marrow transplant rooms at Children's Hospital to link up with other teens attending group meetings using tablet computers and the hospital's wireless connection."

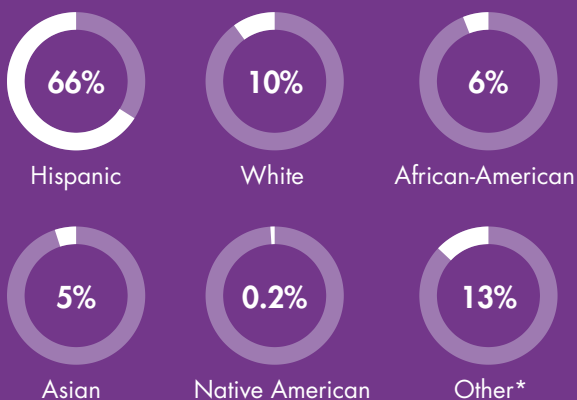
Program participants have described decreased feelings of isolation and an increased sense of peer support. Parents speak of increased feelings of support, belonging and resilience. Siblings say they feel like they "have a place of their own." Medical team members have reported that the program has been of "great benefit" to their patients.

In the past year, the program reached 100 unique families, including 30 first-time participants. Fifteen unique inpatients participated in the weekly inpatient group, and 45 teens took part in the three-day retreat. Half of these retreat participants were new to Teen Impact. The program also trained 15 young-adult survivor counselors.

Language Interpretation Services

Children’s Hospital Los Angeles is located in one of the most diverse areas of the country. Los Angeles County spans more than 4,000 square miles and includes vast urban and suburban communities and rural neighborhoods. The county is home to nearly 10 million residents who come from around the world and speak more than 140 languages. It is the most populous county in the nation and one of the most ethnically and racially diverse.

At Children’s Hospital, the diversity of our patients and their families represents the demographics of the communities we serve. Patients treated at Children’s Hospital are:



*A great number of our patients are descended from a rich blend across several cultural heritages.

We understand that the dialogue between our clinical professionals and our patients and families is crucial to effective health care treatment. We ensure that our culturally and linguistically diverse patients and families can communicate effectively with medical staff and that employees provide culturally and linguistically appropriate and competent care.

Children’s Hospital Los Angeles was one of the first hospitals in the nation to institute a formal Diversity Services Department with services that meet the Culturally and

Linguistically Appropriate Standards (CLAS) of the Department of Health and Human Services’ Office of Minority Health.

Lori Marshall, PhD, administrator of the Family Resource Center at Children’s Hospital, notes, “All of our patients and families in the community with limited English proficiency have access to a professional interpreter, and all patients and families with hearing or sight impairments have the right to receive adequate and appropriate assistance in order to communicate with physicians and health care providers.”

Through our 26 on-site staff and the use of other resources, the Diversity Services Department provides support for an average of 30 different languages each month, and performs thousands of translations each year utilizing various mediums of communication.

In addition to face-to-face interpreting, the department recently began incorporating a new technology to provide more families with language interpretation services: video remote interpreting. This service enables families to receive the linguistically appropriate information they need for their child.

This past year, the team provided nearly 37,000 in-person visits for language services across our clinics, the hospital and the Emergency Department; more than 67,400 minutes of language services via video remote; and more than 267,000 minutes of service by telephone.

To further ensure the quality and safety of our care delivery, Children’s Hospital Los Angeles has instituted a Bilingual Language Proficiency Assessment and Training program. As graduates of this program, our qualified bilingual employees serve as resources to support effective communication between our health care practitioners and our limited-English-proficient patients and families throughout the continuum of care. Our hospital is also the first and only in the nation to implement a professional ladder for interpreters on par with other health care professional disciplines.

“The valuable contribution our bilingual staff is making to the provision of health care in our increasingly diverse communities is a reflection of our hospital’s priority to fulfill our mission of creating hope and building healthier futures for all the patients and families we serve,” says Marshall.



L.A. Fathers member Davone Smith with daughter

Promoting Health Among Teens

Project NATEEN: L.A. Fathers Program

“Learning how to appropriately speak to my child instead of being upset, and learning how to be cooperative with my child instead of demanding, were a few of the many benefits I gained by participating in the L.A. Fathers Program at Children’s Hospital Los Angeles,” says Davone Smith, 20, of Pasadena. “I am very close to forming my little healthy family unit, and I owe it in part to the program.”

Project NATEEN’s L.A. Fathers Program is part of the Division of Adolescent and Young Adult Medicine at Children’s Hospital Los Angeles. The program was developed to address the environmental and socioeconomic factors that contribute to the various difficulties faced by young fathers in Los Angeles—specifically, young fathers ages 15 through 25 in the metropolitan area of the city. Average income levels in this community are the second lowest in all of Los Angeles County. The community also has a high rate of crime and gang activity.

Many of these young fathers experience poverty, unemployment and low educational achievement. Many need support and guidance to promote healthy parenting skills and to be able to contribute to the financial support of their families.

Through Project NATEEN, pregnant and parenting teens receive a full spectrum of supportive services, including health education, parent education and comprehensive case management and counseling. In partnership with community organizations such as Echo Parenting and Education, Managed Career Solutions (MCS) and Peace Over Violence (POV), the L.A. Fathers Program has developed a comprehensive fatherhood curriculum that integrates:

- Economic stability services
- Healthy relationship activities
- Activities designed to foster responsible parenting and healthy relationships with partners, spouses or the child’s mother
- Support in fathers’ efforts to achieve economic stability for themselves and their families



Davone Smith (holding daughter) with L.A. Fathers team

"There are quite a few anecdotal stories of how fathers have been assisted by the program. We have helped homeless fathers, fathers who have been released from incarceration, some who are still in high school and even a few mothers who insisted on being in the program since they, as single moms, act in the 'role of a father,' as well as a mother," notes Frank Blaney, program coordinator. "One of the significant findings we experience is how the concrete incentives that assist these families economically have a strong impact in developing their loyalty to the program. These tangible program resources seem to open a door for the participants to hear the sometimes challenging information from the Responsible Parenting/Healthy Relationships workshops."

Almost all of the participants receive transportation tokens, food assistance from Children's Hospital's food bank and gift cards to purchase necessities.

"The bus tokens help me get to school and to interviews; also the program provides diapers for my daughter and assistance with clothes and food when needed," Smith says.

The weekly workshops, hosted at Children's Hospital Los Angeles, are a key feature of the program. The two-hour sessions include job training, a nonviolent parenting class and healthy relationship classes. One particularly important factor is the support the young fathers receive from one another and the rapport they develop. Although the demographics and ages of the participants vary widely, the workshops provide an opportunity for the dads to mutually encourage and learn from each other.

"I was able to speak about whatever was on my mind and received positive feedback, something very new to me," says Smith. "I went to the job placement workshop and learned about a paid apprenticeship construction preparation program at Pasadena City College. Thanks to the program and the encouragement by the staff, I have achieved a forklift license, continue to attend Pasadena City College and have been interviewing. Soon I will land a great job and gain full custody of my child."

"The L.A. Fathers Program has helped me to become a great father figure for my daughter," says Smith. "My health and my daughter's health and well-being are my priority."

Risk Reduction Program

Housed in the Division of Adolescent and Young Adult Medicine at Children's Hospital Los Angeles, the Risk Reduction Program (RRP) is one of the largest youth-specific HIV programs in the country. The program provides state-of-the-art comprehensive health and psychosocial treatment for youths through age 24 who are living with HIV, as well as specialized HIV prevention services.

RRP also provides research and capacity-building services for young gay and bisexual men, transgender youth and young transgender persons of color.



Participants in the L.A. Fathers Program

“For more than 50 years, Children’s Hospital has been providing training, technical assistance and consultation with youth and LGBTQ service agencies,” says Miguel Martinez, manager of projects in the Division of Adolescent and Young Adult Medicine at Children’s Hospital. “We share best practices and LGBTQ service models with various community-based organizations, county health departments, academic systems, community clinics and other stakeholder groups at the local, state and national levels.”

The program partners with various AIDS projects in Los Angeles County to provide HIV testing services for youth and HIV health education to monolingual Spanish-speaking and African-American transgender youth in the South Los Angeles region.

In 2009, RRP launched the Center for Strengthening Youth Prevention Paradigms (SYPP Center), a capacity-building project to address the social determinants that contribute to poor health among lesbian, gay, bisexual and transgender youth (LGBT) throughout the United States.

The SYPP Center provides a range of no-cost services, including in-person and online trainings, a monthly webinar series, technical consultations, development of community coalitions and the creation of toolkits to improve the health systems serving LGBT youth.

“The SYPP Center has a strong history of and commitment to collaboration with other county, state and national organizations,” Martinez notes.



For example, the Center has collaborated to:

- Develop shared curricula (e.g., the Center of Excellence for Transgender Health at the University of California, San Francisco)
- Translate and disseminate research findings and emerging best practices (e.g., Harm Reduction Coalition, Office of HIV/AIDS Network Coordination, National Black Gay Men’s Advocacy Coalition and Adolescent HIV/AIDS Trials Network)
- Support social marketing (e.g., Centers for Disease Control and Prevention)
- Develop new products
- Adapt instruments for screening and assessment (e.g., Alliance for GLBTQ Youth, Miami)
- Support new and emerging youth-focused coalitions (e.g., Hawaii Youth Coalition, Transgender Service Provider Network and Project MOCHA)

The SYPP Center at Children’s Hospital Los Angeles has had a tremendous impact through developing culturally relevant programs for LGBTQ youth and responding to the needs of LGBTQ youth health and health disparities in our community.

Feedback:

“The staff were knowledgeable, sincere, engaging, professional and exuded passion for their work. Once we connected with one of the staff to express an interest in a physician training for our group, everything fell into place seamlessly.”

– Training participant

“I will start by being more mindful about the presence of LGBTQ youth in my practice, and I will go on learning more about the experiences of LGBTQ youth in our community.”

– Service provider



Graduating 2013 CHAMP cohort posing with hospital leadership

Building the Pipeline for the Health Care Leaders of Tomorrow

Careers in Health and Mentorship Program (CHAMP)

“Throughout high school, I found myself lacking the tools I needed to achieve something bigger and better,” says Marine Aleksanyan. “Resources for education and career exploration at my school and in my community were close to none.”

Recent studies show that in Los Angeles, 22 percent of young adults ages 18 to 24 live in poverty. Among those ages 20 to 24, unemployment is 9.4 percent, compared to 6.1 percent for adults ages 20 to 64. Meanwhile, 23 percent of adults ages 18 to 24 do not have a high school diploma or GED equivalent.

As a result, a large number of young adults in the Los Angeles area are both unskilled and unemployed. With an increasing demand for a knowledge-based workforce, individuals without

at least a high school diploma will be unable to compete with today’s highly skilled labor pool.

“Success in the future of our industry lies in the youth of today,” says Rolando Gomez, manager of Community Benefit, Government and Public Policy at Children’s Hospital Los Angeles. “As a major employer, we are in a prime position to provide opportunities to help develop the future workforce in the health care industry—one that is reflective of our patient population and the diversity of our local community in Los Angeles.”

For more than 10 years, the Office of Community Affairs at Children’s Hospital has collaborated with local high schools, colleges and universities, workforce investment boards (WIBs), youth development organizations and citywide initiatives such as the mayor’s Hire LA’s Youth program. These efforts have provided thousands of young and unemployed individuals in the community an opportunity to participate in internship, mentorship and work experience programs.

This decade of partnerships set the groundwork for the development of the Children’s Hospital Los Angeles Careers in Health and Mentorship Program (CHAMP), a partnership with Bank of America.

“The development of CHAMP was twofold: one, to address the fast-growing health care management career options and workforce needs in our community, and two, to strengthen and expand our hospital’s health careers pipeline activities by focusing on providing entry-level work opportunities for young adults from diverse and underserved areas in the Metro and South regions of Los Angeles,” Gomez says.

Outreach for the program was conducted at numerous venues, including California State University, Los Angeles; Los Angeles Southwest Community College; Los Angeles City College; the Bresee Foundation Career Center; the Los Angeles Area Chamber of Commerce; various family resource centers; Job Corps sites; and various community events. A robust social media campaign promoted the program, and a dedicated page was created on the Children’s Hospital website. The outreach and recruitment yielded 116 applications in two weeks.

“I learned about the CHAMP program while attending California State University, Northridge, working on achieving a Bachelor of Science in finance,” Aleksanyan explains. “Becoming a first-generation college student filled half of my motivation; working for a place like Children’s Hospital would fill the rest, and so I applied and was selected.”

Interns were chosen based on specific measurable criteria, as well as thoughtful consideration of their life experiences. Through this rigorous screening process and interviews, 20 interns were selected to participate in the three-month program, which included a comprehensive professional development workshop series and a 100-hour paid internship.

Mentors from several hospital departments, including Government and Public Policy, General Accounting, Foundation, the Office of Safety and Security, and Health Information Management volunteered to provide supervision and training.

Internship duties included preparing reports and presentations and performing an array of clerical and administrative support

tasks. In addition to acquiring hands-on job training, the interns gained poise and confidence from the workshop series, which addressed job readiness. Interns also actively participated in networking events and industry-related conferences.

“Being part of CHAMP was one of the best experiences in my life. I had the opportunity of working in the Accounting department at Children’s Hospital, and I learned an immense amount from my amazing mentor,” says Aleksanyan. “The skills I gained from the workshops—effective public speaking, business communication, dressing for success and leadership—will benefit me every day of my life.”

After completing the internship, CHAMP interns received job transitioning and placement services, coordinated by RightSourcing at Children’s Hospital. More than half of the 20 CHAMP interns are pursuing higher education, and 12 interns were employed by the hospital immediately after their internships.

“I am a proud CHAMP alumnus and an eager college student,” Aleksanyan says. “I’m also now an excited new hire working for the Accounting department at Children’s Hospital Los Angeles!”



Marine Aleksanyan (left) with mentor Loan Jang



Nurse training in the Versant RN Residency program

Versant™ RN Residency in Pediatrics

“The greatest reward of being a nurse is the joy I feel for serving others,” says Jessica Bodan, RN II, Operating Room, Children’s Hospital Los Angeles, and an alumna of the Versant™ RN Residency in Pediatrics. “After serving as a sergeant for the U.S. Marine Corps for four years right after high school, I knew that working to improve the lives of others was my calling.”

Founded at Children’s Hospital Los Angeles in 1999 and now replicated at more than 90 hospitals nationwide, the Versant RN Residency in Pediatrics combines classroom instruction with hands-on opportunities to help new nurses master the clinical skills they recently developed in nursing school.

“As an eager nursing student in the nursing program at California State University, Los Angeles, I applied to the Versant RN Residency in Pediatrics to conduct my pediatrics rotation,” says Bodan. “During my rotation, my experience with the dedicated nurses at Children’s Hospital was tremendous. The level of care and extra-special attention to every detail provided to the little ones was exceptional. At that moment, I knew that I, too, wanted to be one of the nurses serving the little ones at Children’s Hospital Los Angeles.”

The Versant RN Residency bridges the gap between the academics of nursing school and the real-life challenges of caring for acutely ill children by providing new nurses with supervised clinical experience, classroom and skills lab instruction, personalized mentoring and psychosocial support. With this structure in place, the program attracts newly

graduated nurses to the intense field of pediatrics, creates a stable nursing workforce by reducing turnover among new graduates and improves the quality of care provided to children by increasing the graduates’ clinical skills, autonomy and professionalism.

“Direct from nursing school, most newly graduated nurses do not possess the necessary nursing skills, experience and confidence to perform independently in complex patient care situations,” explains Jessica Klaristenfeld, RN, manager of the Versant RN Residency.

Bodan calls her experience with the residency “out of this world.”

“I absolutely loved it! I never knew that any facility would give so much attention and training to their employees as this program did for me,” she says. “My daily schedule in the program was packed. It kept my cohort very busy for our eight hours together, sharing experiences and knowledge— all vital for our academic nursing training.”

The RN Residency is unique in its length, comprehensiveness and focus on evidence-based nursing practice. During the 22-week program, novice nurses spend approximately 650 hours providing patient care under the one-on-one supervision of preceptors. Preceptors are experienced, unit-based RNs who help the residents master technical skills and promote critical thinking, self-confidence, leadership and family-centered care.



“One of the greatest benefits of the program has been the retention of new nurses,” Klaristenfeld notes. Of the 64 residents who completed the post-program survey from the September 2012 cohort, 88 percent indicated no intent to leave in the ensuing year.

Prior to the program, the hospital’s turnover rate for new graduates during the first year of employment was 36 percent; it is now less than 5 percent. The hospital’s 24-month turnover rate has also plummeted—from 56 percent to 9 percent.

“Never in a million years would I have ever thought that I would become an operating room nurse,” says Bodan. “Thanks to the Versant program and the knowledge and new skills I gained, I am currently employed as an RN II in the Operating Room at one of the top children’s hospitals in the nation, utilizing all my skills to make a difference in the lives of children.”

Growing the Next Generation of Pediatric Leaders

A commitment to teaching and mentoring is part of the requirements and culture at Children’s Hospital Los Angeles. We are passionate about the role of fellowship training in producing the next generation of pediatric leaders.

Demonstrating this commitment, the hospital is working to further expand the many educational opportunities it offers. Currently, we are in the process of developing a summer research experience for undergraduate pre-med students.



High school students participating in a skills lab



Pediatric residents advocating for children’s health care

We are eager to pilot this new program with each of our undergraduate partner institutions: the California Institute of Technology, Occidental College and the University of Southern California. Given funds to cover stipends, lab expenses and training, our faculty and staff are well prepared to provide this potentially life-changing opportunity for undergraduates.

In addition, Children’s Hospital annually trains 500 medical students, 87 full-time residents, three chief residents and 107 fellows who collectively reflect the diversity not only of the patient population, but also of the Los Angeles region. For the past 13 years, 95 percent of Pediatric Residency Program graduates have passed the American Board of Pediatrics Exam on the first attempt, far above the national average.

The Department of Pediatrics’ Continuing Medical Education (CME) also educates practicing pediatricians in our communities about the latest developments and standards in pediatric medicine. Over the past year, Children’s Hospital has offered 2,107 CME activities for professionals throughout the Los Angeles area, with a total attendance of 23,410. Examples of CME opportunities include pediatric grand rounds delivered by expert Children’s Hospital faculty, and division- and department-level educational activities such as journal clubs and case conferences.

Children’s Hospital remains at the forefront of pediatric care and innovation, which benefits not only the children of Los Angeles and other local communities, but also children around the world.

Neighborhood Infrastructure Development/Modifications for Safety and Health

Vermont Triangle Park

Vermont Triangle Park is located at the intersection of Hollywood Boulevard and Vermont Avenue and serves as the “gateway” to the communities of Los Feliz and Hollywood. Originally dedicated in 2008 by the city’s Community Redevelopment Agency (CRA), the park had fallen into disrepair due to a loss of funding after the closure of the CRA.

But in 2013, the East Hollywood Business Improvement District (EHBID) Board of Governors, local legislative representatives from Los Angeles City Council District 4 and Council District 13, and other local leaders agreed to spearhead the park’s maintenance and upkeep.

Ellen Zaman, FACHE, director of Community Affairs at Children’s Hospital Los Angeles, serves as a board member of the EHBID. “At Children’s Hospital, we recognize the significance of partnerships with local businesses, community stakeholders and residents of local neighborhoods,” says Zaman. “These partnerships help advance community initiatives that sustain neighborhood beautification projects and address the needs of children, families, employees, business owners, residents and visitors in our community.”

Projects spearheaded by the EHBID include street cleaning, tree planting, graffiti removal, painting and neighborhood beautification planning. Over the past several years, EHBID’s efforts to improve the business district have led to the development of new partnerships and projects addressing civic and environmental issues that affect children, families and residents in our community.

“Children and youth live in the context of their neighborhoods,” Zaman says. “Therefore, it is important for Children’s Hospital Los Angeles, local businesses and neighborhood partners to come together to address these issues and maintain a clean and safe environment for all who reside in our community.”

Recently, community leaders came together to celebrate the new and improved Vermont Triangle Park. The park is proof

that even the smallest neighborhood projects can make a big impact on the revitalization efforts of a community.

Building Bridges to the Future

“We’re the first hospital in Los Angeles with a bridge across Route 66,” says Elizabeth Cochran, associate vice president of Construction, Design and Facilities at Children’s Hospital Los Angeles. “It was truly a huge effort with a lot of compassionate people involved to make this happen.”

Cochran is talking about the 80,000-pound steel structure that now spans across Sunset Boulevard and connects two sides of our hospital’s main campus. The addition of the bridge was made possible by the generous donations of Marion and John E. Anderson and Cheryl Saban, PhD, and Haim Saban. The bridge creates a safe path of travel across our campus.

This and other recent construction projects at our campus are creating opportunities to:

- Improve access to health care for a growing population
- Expand space to train and keep future generations of medical professionals
- Create jobs in various construction trades and hospital/clinic positions
- Ensure safety and security
- Contribute to neighborhood beautification through renovation of buildings and exterior facades



CHLA Director of Community Affairs Ellen Zaman, FACHE (center right, holding plaque), with community leaders at Hollywood’s Vermont Triangle

Expanding Outpatient Services

To address the growing population and the need for appropriate access to various health specialties, Children's Hospital has expanded its outpatient services in the community.

Our four new ambulatory care centers provide access to the same expert physicians who work at the main campus. These centers are conveniently located in the cities of Torrance, Santa Monica, Valencia and Arcadia. The centers are helping to improve access and increase convenience for patients and families seeking initial and follow-up care from Children's Hospital specialists and primary care experts.

Sustainable Facilities

"A strong partnership with the community has also facilitated our organization's effort to engage in sustainable design and construction," notes Cochran. "Recent acquisitions of abandoned buildings and nearby vacant lots have allowed for the transformation of sustainable facilities in our neighborhood."

One recent building project had been a vacant, 37,000-square-foot former retail location and parking lot, just a few blocks away from our main campus. Today, this site serves as a hub for various hospital staff and patient services, including

the new Patient Access Center, Information Services, Accounting, Payroll, Accounts Payable and Patient Financial Services.

The facility uses solar lighting to conserve electricity and reduces the use of plastic water bottles through a built-in permanent Brita water filter. Hospital employees who were previously located miles away can now support patients and families in closer proximity.

State-of-the-Art Equipment

Another improvement we've made to help meet the growing health care needs of children is the addition of the linear accelerator and CT scanner to the Radiation Oncology unit.

Together with the remodeled space, the state-of-the-art equipment has increased the accuracy, safety and quality of radiation therapy delivery for our radiation oncology patients and has expanded educational opportunities for future medical professionals by exposing them to the latest medical technology advancements.

In addition, a relocation project involving the Children's Center for Cancer and Blood Diseases Day Hospital and our Ambulatory Infusion Center has combined the two facilities' standard-setting approaches to infusion care. The new center has expanded its capacity and increased built-in efficiencies, enhancing quality and safety of care.



The new bridge over Sunset Boulevard connects wings of the CHLA campus

Achieving Our Best with Our Community Partners

Walking for Healthy Hearts

More than 90 members of Team CHLA united to walk for healthy hearts at the American Heart Association's 2012 Greater Los Angeles Heart Walk at the Rose Bowl in Pasadena.

Team CHLA joined the effort to promote physical activity to build healthier lives that are free of cardiovascular diseases and stroke. The Heart Institute at Children's Hospital Los Angeles sponsored the Kids' Zone and staffed a booth that presented educational materials about congenital heart disease.

After the event, a grateful former patient of Children's Hospital sent a letter of appreciation to the Heart Institute for the lifesaving care it provided many years ago. Here is an excerpt: "I'm thankful that monetary donations and awareness have and will continue to ensure the Heart Institute's growth. Thank you for all that you've done and continue to do for children in your care."

Children's Hospital staff, families and friends raised more than \$25,000 at the walk to help impact efforts to reduce death and disability from cardiovascular diseases and stroke. Congratulations to Team CHLA and the Heart Institute for making a difference!



The 2012 Greater Los Angeles Heart Walk



The 2013 March of Dimes March for Babies

We Marched for Babies

In 2012, Children's Hospital Los Angeles President and Chief Executive Officer Richard D. Cordova, FACHE, joined a national team of business leaders to launch the March of Dimes March for Babies 2012–Los Angeles. The March for Babies event was a success, thanks in part to Team CHLA, which walked together for stronger, healthier babies.

Continuing its commitment, Children's Hospital Los Angeles signed on to the March for Babies 2013 campaign to raise funds to support March of Dimes community programs, designed to help moms have healthy, full-term pregnancies, and research into breakthrough therapies, treatments and services that save lives each year.

Gail Margolis, Esq., vice president of Government, Business and Community Relations at Children's Hospital Los Angeles, is also a proud member of the California State March of Dimes Board and chairs its State Public Advocacy Committee.

She notes, "Joining March for Babies provided our hospital a unique opportunity to partner with the community, engage hospital staff and leadership in community benefit, and help to fund a worthy cause."

Along with the 133 members of Team CHLA, more than 13,000 children, families and members of other community organizations celebrated a successful March of Dimes March for Babies–Los Angeles 2013 event.

Children's Hospital staff, families and friends raised more than \$19,500 to support the March of Dimes.



Clinical Services

Adolescent and Young Adult Medicine

- Behavioral health
- Center for Transyouth Health and Development
- HIV care services
- Homeless health services
- My VOICE (transition program for youth with chronic illness)
- Project NATEEN (case management for teen parents)
- Reproductive health
- Substance abuse prevention and treatment
- Teenage and young adult health (primary and specialty care)
- Youth violence and gang prevention

Anesthesiology and Critical Care Medicine

- Cardiothoracic intensive care
- Inpatient procedural sedation
- Pain management
- Palliative care
- Pediatric anesthesiology
- Pediatric intensive care

Cardiology and Cardiothoracic Surgery

- Cardiac arrhythmias
- Cardiac catheterization
- Double switch for L transposition
- Ebstein's anomaly
- Electrophysiology
- Fetal cardiology
- Heart failure
- Heart transplants
- Hyperlipidemia
- Hypertension
- Neonatal surgery
- Noninvasive imaging
- Single ventricle
- Tetralogy of Fallot
- Total anomalous pulmonary venous return
- Transposition of the great arteries
- Valvular disease

Clinical Immunology/Allergy

- Asthma
- Atopic dermatitis/eczema
- Drug allergies/challenges
- Food allergies/challenges
- Hereditary Angioedema
- Pediatric HIV/AIDS
- Primary immunodeficiencies
- Respiratory allergies

Dentistry

- Comprehensive dental treatment under sedation/general anesthesia
- Craniofacial and special care orthodontics
- Interceptive orthodontics
- Nasoalveolar molding
- Oral surgery
- Pediatric and special needs dentistry

Dermatology

- Acne
- Benign growths
- Birthmarks
- Eczema (atopic dermatitis)
- Genetic skin disorders
- Hemangiomas and other vascular lesions
- Infectious skin diseases (fungal, viral, bacterial)
- Moles
- Psoriasis
- Rashes or skin lesions of unknown cause
- Skin manifestations of rheumatologic disorders
- Warts and molluscum

Emergency Medicine

- Kids Care (urgent care)
- Pediatric emergency department
- Transport
- Trauma care

Endocrinology/Metabolism

- Adrenal disorders
- Bone and mineral abnormalities
- Diabetes insipidus
- Hypoglycemia
- Obesity
- Puberty problems
- Short stature
- Thyroid issues
- Type 1 diabetes
- Type 2 diabetes

Gastroenterology

- Achalasia
- Biliary atresia
- Celiac disease
- Chronic abdominal pain
- Chronic constipation
- Chronic diarrhea
- Crohn's disease
- Dyspepsia
- Dysphagia
- Encopresis
- Fatty liver
- Gastroesophageal reflux
- Gastrointestinal endoscopy
- Hepatitis A, B, C
- Hirschsprung's disease
- Home TPN
- Intestinal bleeding
- Intestinal failure
- Intestinal rehabilitation
- Irritable bowel syndrome
- Jaundice
- Liver and intestinal transplant
- Liver dysfunction
- Megacolon
- Pancreatitis
- Poor growth or malnutrition
- Short gut syndrome

- TPN-associated cholestasis
- Ulcerative colitis
- Unspecified functional motility disorders
- Vomiting
- Wilson's disease

General Pediatrics

- Autism and neurodevelopmental conditions
- Behavioral and mental health
- Community advocacy and policy development
- Developmental and behavioral pediatrics
- Developmental disabilities
- Foster care, child abuse and violence intervention
- Primary/general health care
- Rett syndrome
- Special health care needs – case management
- Spina bifida

Hematology, Oncology and Blood and Marrow Transplantation

- Blood and marrow transplant
- Bone and soft tissue sarcomas
- Bone marrow failure
- Brain and spinal cord tumors
- Clinical trials
- Clotting
- Developmental therapeutics
- Education resource center
- Genetic anemia
- Genetic white cell disorders
- Hemophilia
- Histiocytosis
- Iron overload
- Leukemia/lymphoma
- Neuroblastoma
- Neuropsychology assessment
- Psychology services
- Psychosocial and educational support
- Radiation oncology
- Retinoblastoma

Hematology, Oncology and Blood and Marrow Transplantation (continued)

- School reintegration
- Sickle cell disease
- Solid tumors
- Survivorship and transition services
- Teen support services
- Thalassemia
- Thrombosis

Hospital Medicine

- Attending-only inpatient services
- Complex medical care
- Inpatient access
- Inpatient care coordination
- Inpatient consults
- Inpatient unit coverage
- Reciprocal transfers

Infectious Diseases

- Bacterial, fungal and viral infections
- Infections following travel
- Infections in immunocompromised patients, including those with cancer and transplant recipients
- Kawasaki syndrome
- Neonatal infections, including those seen in premature infants
- Unexplained fevers
- Unusual infections, including bone, joint and central nervous system

Infusion Center/Day Hospital

- Antibiotic therapy
- Anticoagulation
- Apheresis
- Biologic therapy
- Blood draws
- Catheter care and maintenance
- Chemotherapy
- Endocrine stimulation testing
- Enzyme replacement therapy

- Hematopoietic stem cell infusion
- Hydration
- Injections
- Intravenous therapy and fluids
- Iron replacement therapy
- Photopheresis
- Transfusion of blood and blood products

Medical Genetics

- Birth defects and dysmorphology
- Clinical genetics
- Genetic counseling
- Inborn errors of metabolism
- Mitochondrial disorders
- Neurocutaneous disorders
- Prenatal genetics consultations

Neonatology

- Extracorporeal membrane oxygenation (ECMO)
- Fetal diagnosis and intervention
- High-risk infant follow-up
- Maternal-fetal health
- Minimally invasive fetal surgery
- Newborn and Infant Critical Care

Nephrology

- Acute kidney failure
- Chronic kidney failure
- Congenital kidney abnormalities
- Dialysis, acute and chronic
- Glomerulonephritis
- Hematuria
- Hypertension
- Nephrotic syndrome
- Polycystic kidney disease
- Proteinuria
- Recurrent UTIs
- Transplantation

Neurology

- Brain tumors
- Cerebral palsy and other developmental disabilities
- Epilepsy
- Headaches
- Immune-mediated neurological disorders
- Movement disorders
- Muscular dystrophy
- Neurocutaneous disorders
- Neurogenetic, degenerative and leukodystrophy disorders
- Neuromuscular disorders

Neurosurgery

- Arachnoid cysts
- Brachial plexus injuries
- Brain and spinal cord tumors
- Chiari malformation and spinal cord syringes
- Craniosynostosis and craniofacial reconstruction
- Diaphragmatic pacing
- Head and spinal cord trauma
- Hydrocephalus in utero
- Medically intractable epilepsy
- Neural tube defects
- Neurocutaneous syndromes
- Neuroendoscopy
- Spasticity surgery
- Vascular malformations
- Vertebral column anomalies

Ophthalmology

- Cataracts
- Contact lenses
- Cornea issues
- Eye birth defects
- Eye technology
- Glaucoma
- Neuro-ophthalmology
- Ocular plastics
- Orbit and eye movement
- Retina issues

- Retinoblastoma
- Strabismus
- Trauma
- Uveitis
- Vision development

Orthopaedic Surgery

- Bone and soft tissue tumor
- Concussion evaluations and treatment
- General fracture care
- Hand and microsurgery
- Hip disorders
- Motion and sports evaluation and analysis
- Neuromuscular
- Scoliosis and spinal disorders
- Sports medicine

Otolaryngology

- Airway and breathing disorders
- Branchial cleft cyst and sinuses
- Cholesteatoma surgery
- Cochlear implantation
- Dermoid cyst and sinuses
- Ear drum perforations
- Ear infections and tube placement
- Facial nerve problems
- Foreign bodies of the ear, nose, airway and esophagus
- Head and neck masses
- Hearing loss
- Lymphatic malformations
- Mastoid diseases
- Neuro-otologic disorders
- Outer ear malformations
- Parathyroid diseases
- Sinus disease
- Sleep apnea
- Thyroglossal duct cyst and sinuses
- Thyroid masses and cancers
- Tonsil and adenoid surgery
- Tracheal reconstruction
- Turbinate reduction
- Voice disorders

Pathology and Laboratory Medicine

- Anatomic pathology
- Biochemical genetics, endocrinology and special chemistry
- Chemistry
- Chromosomal microarray with genetic counselor
- Comprehensive consultation services in all areas of anatomic pathology
- Cytogenetics
- Electron microscopy
- Flow cytometry immunophenotyping (leukemia/lymphoma, immunodeficiency, stem cells)
- Hematology and coagulation
- Hematopathology
- Histocompatibility and immunogenetics (human leukocyte antigen laboratory services)
- Immunology and immunoserology
- Microbiology, mycology, microbacterium and parasitology
- Molecular and genetic pathology
- Neuropathology and muscle biopsies
- Pediatric phlebotomy expertise
- Point of care testing
- Surgical pathology, perinatal pathology, autopsy and cytopathology
- Transfusion medicine (donor center, blood bank, therapeutic apheresis)
- Virology

Pediatric Surgery

- Abdominal
- Ambulatory surgery
- Kidney and liver transplant
- Laparoscopic endoscopic single-site (LESS) surgery
- Neonatal
- Oncologic
- Pediatric gynecology
- Thoracic

Plastic and Maxillofacial Surgery

- Cleft lip and palate
- Craniofacial
- Craniosynostosis

- Ear reconstruction
- Facial paralysis
- Hand and microsurgery
- Jaw deformities
- Scar revisions
- Tissue transplantation
- Vascular anomalies and pigmented lesions

Pulmonology

- Asthma
- Altitude testing
- Chronic lung disease of infancy
- Chronic respiratory failure
- Cystic fibrosis
- Diaphragm pacing
- Exercise stress testing
- Home mechanical ventilation
- Interstitial lung disease
- Neuromuscular disease with ventilatory muscle weakness
- Primary sleep disorders
- Pulmonary function laboratory
- Respiratory control disorders
- Sleep laboratory
- Sleep-related breathing disorders
- Sweat chloride laboratory
- Thoracic restriction

Radiology/Imaging Services

- CT (computed tomography)
- General anesthesia and sedation
- Interventional radiology
- MRI (magnetic resonance imaging)
- Nuclear medicine
- PET-CT (positron emission tomography with computed tomography)
- Ultrasound
- X-ray

Rehabilitation Medicine

- Audiology hearing testing
- Inpatient acute rehabilitation
- Newborn hearing screening
- Occupational therapy
- Physical therapy
- Sedated and non-sedated auditory brainstem response hearing testing
- Speech language pathology

Rheumatology

- Autoimmune hearing loss
- Chronic inflammatory and degenerative eye diseases
- Chronic inflammatory muscle diseases
- Chronic pain conditions of childhood
- Juvenile idiopathic arthritis
- Periodic fever syndromes
- Scleroderma
- Systemic lupus erythematosus
- Vasculitis

STAR (Specialty Treatment Answers and Recommendations) Service

- Physician consultations for difficult-to-diagnose patients

Transplant Programs

- Blood and marrow
- Heart
- Kidney
- Liver and intestinal

Urology

- Advanced fetal care
- "Belly button" surgery/single-incision laparoscopic surgery
- Bladder exstrophy
- Bladder issues
- Circumcisions
- Duplex kidneys
- Genital reconstruction
- Genitourinary tumors
- Hernias
- Hydroceles
- Hydronephrosis
- Hypospadias
- Disorders of sex development (intersex conditions)
- Kidney stones
- Neurogenic bladder/urodynamics/spina bifida
- Robotic surgery/minimally invasive surgery
- Undescended testicles (cryptorchidism)
- Ureteropelvic junction obstruction/pyeloplasty
- Urinary reconstruction
- Vesicoureteral reflux
- Voiding dysfunction

(as of March 2014)



Credits

Richard D. Cordova, FACHE, President and Chief Executive Officer
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