CARING FOR OUR COMMUNITY
Your gifts strengthen vulnerable families

inside: Virtual Reality  The Future of Surgery  Extraordinary Service
Your impact on families, the community, and the world

Since I joined the Lucile Packard Foundation for Children’s Health this fall, some of you have asked what drew me here. My answer? I’m passionate about helping children and families and thrilled to do work that directly impacts families, our community, and our world.

Your generosity transforms lives, and I am honored to be a part of this great team.

Thanks to your support, Lucile Packard Children’s Hospital Stanford provides some of the best pediatric and obstetric health care in the nation, and it’s accessible to everyone in our community, regardless of their ability to pay.

As more families struggle with the rising cost of living in the Bay Area, our mission to care for all is more important than ever. Donors like you are essential to providing not only top-notch clinical care, but also broader support for families around food, housing, education, and other basic needs so that our community’s children can truly thrive.

Your gifts also fuel innovation. Tamara and Dustin Baxter dreaded seeing their son, Blaine, in pain. But the moment Blaine donned virtual reality (VR) goggles, everything changed. Not just a buzzword, VR has real-life applications for children and expectant mothers in our care—and the excitement is quickly spreading to hospitals around the world. How thrilling to see a cross-section of individual donors, corporations, foundations, Auxiliaries, and researchers all coming together to bring this idea to life!

What most excites you about Packard Children’s? I would love to hear from you. Let me know at ceo@lpfch.org.

With gratitude,

Cynthia J. Brandt, PhD
President and Chief Executive Officer
Lucile Packard Foundation for Children’s Health
SHE WROTE HIM SEVERAL LETTERS requesting help with no success. Meanwhile, mold crept further up the walls and the back of their couch, and green slime coated the clothes in their closets. Her youngest son, Sergio Ramirez Jr., started to have serious breathing problems from inhaling the musty air. He was 5 years old at the time. Her daughter, Atzhiry Ramirez, who was 2, developed a persistent rash.

During an appointment at the Ravenswood Family Health Center in East Palo Alto, their pediatrician, Dana Weintraub, MD, asked about their home life. That’s when both women made the connection between the mold and the family’s deteriorating health. Weintraub wrote a letter to their landlord expressing her concern. Still, the landlord refused to take any action.

Caring for Our Community

Thanks to you, Packard Children’s provides a safety net for families

BY JODI MOURATIS

Patricia Jimenez didn’t want to object too loudly, because if she did, she feared her landlord would evict her family from their apartment on the border of East Palo Alto.

Someone on Their Side

Then Weintraub told Patricia about the Peninsula Family Advocacy Program (FAP), a collaboration between Lucile Packard Children’s Hospital Stanford and the Legal Aid Society of San Mateo County. Weintraub co-founded FAP with Legal Aid in 2004 to provide no-cost legal services to low-income pregnant women and families from Santa Clara and San Mateo counties whose children are receiving medical care at our hospital and several community clinics. Since the program’s founding, Legal Aid lawyers have provided advice, representation, or referrals to more than 4,000 individuals and families through FAP and trained hundreds of health care providers annually.

“Someone on their side is a children’s hospital, our responsibility is ensuring the health of all children. We’re a pillar of safety and security.”

BARAKA FLOYD, MD

Patricia’s attorney convinced her landlord to finally get rid of the mold.

“As when you’re Hispanic and an immigrant, I thought, ‘You’re asking for problems if you get a lawyer,’” she says. “But when my doctor told me about FAP, I thought that maybe it was okay because she was telling me about it. You don’t think you’re going to find that kind of help through a doctor. I never thought the two would be affiliated.”

It makes a lot of sense since patients often feel comfortable confiding in their doctor, and pediatricians like Weintraub, clinical associate professor of general pediatrics at Stanford University School of Medicine, are trained to recognize and help address the social problems that impact children’s health.

“In pediatrics, we can’t ignore the social context,” says Lisa Chamberlain, MD, MPH, associate professor of pediatrics, Arline and Pete Harman Faculty Scholar.
and associate chair, Policy and Community Engagement. “If we know the stress level in a family, the support and resources we provide will be directed toward that child and change their outcomes.”

**Rising Rents**

Despite the affluence of Silicon Valley, 17.1 percent and 21 percent of children in Santa Clara and San Mateo counties, respectively, are living in poverty. New census figures show that California has the highest poverty rate in the nation because of its affordable housing crisis.

Chamberlain says families are coping by either leaving the Bay Area to find lower rents or staying but bringing another family into a two-bedroom apartment or taking another job. “People are finding alternative housing—you see it on El Camino Real with the RVs of people living there,” she says.

Fortunately, Packard Children’s cares for all children in our community, regardless of their economic circumstances. Approximately 40 percent of patients at our hospital rely on public insurance such as Medi-Cal. Expectant mothers and children from families of all income levels receive the same level of specialized care.

Packard Children’s also supports a network of community clinics located in East Palo Alto, Mountain View, Sunnyvale, Palo Alto, Atherton/Redwood City, and San Mateo to form an important safety net for low-income families.

“As a children’s hospital, our responsibility is ensuring the health of all children. We’re a pillar of safety and security,” says Baraka Floyd, MD, who leads the doctors at Gardner Packard Health Center, which serves many low-income children from Redwood City.

**Care on Wheels**

When youth in need can’t reach a community clinic or are uninsured, there is one more resource. For them, the Teen Health Van mobile clinic visits multiple sites from San Francisco to San Jose to provide comprehensive health care services. Each year, the Teen Health Van treats approximately 400 homeless and uninsured youth ages 10 to 25 free of charge. Philanthropy helps cover the $750,000 annual operating cost.

“When I started this program 22 years ago, I thought the problem of youth homelessness would be solved by now,” says Seth Ammerman, MD, medical director for the Teen Health Van.

Instead, Ammerman says, the problem is getting worse. To address the need, the Teen Health Van recently added sites at Mountain View High School and San Mateo High School.

**Through the Cracks**

Other children who could fall through the system’s cracks are those with medical complexity, but Karen Wayman, PhD, director of Family Centered Care at Packard Children’s, won’t let that happen. Our hospital treats some of the sickest children anywhere, and while they survive major illnesses or cope with chronic conditions, their ongoing needs for care are immense.

“They are one of our most vulnerable populations who need help and are less likely to have the skills to access the health care system,” says Wayman.

Children with medical complexity have multiple medical visits with different doctors and therapists and take many medications. Their parents struggle to handle their care along with managing the rest of family life, says Wayman. Often one parent must give up employment to focus on their child’s care.

That’s when the CORE (Coordinating and Optimizing Resources Effectively) program jumps into action. CORE goes to the clinic or bedside to provide care coordination and communication between the patient’s family and their multiple
Because of this proactive approach, CORE has been bringing to lawmakers evidence of how devastating it is for children in terms of their neurodevelopment and toxic stress. “Families are bypassing things that they are legally entitled to have because of fear," says Chamberlain. “The formal food safety net includes things like free and reduced-price school lunches and CalFresh, California’s food stamp program. As that normal food structure falls apart, which is happening right now, then the informal food safety net—the one you don’t have to register for—becomes really important.”

In 2011, Chamberlain founded the Summer Lunch Bridge program in East Palo Alto to address hunger when students are on summer break. Now called Lunch at the Libraries, the program has grown to serve kids and adults in Santa Clara and San Mateo counties. Anyone who shows up eats for free. No questions asked. “Being able to fund a small, innovative pilot project like the one in East Palo Alto makes a difference," says Janine Bruce, DrPH, MPH, who helped start Lunch at the Libraries with Chamberlain. “Small-scale things can have a ripple effect. This little thing we did feeding families through the libraries has become the norm. Something that starts small can potentially have a big impact.”

Next, Chamberlain hopes to offer free lunches for families in need while they’re in our hospital. “Packard Children’s has a general mission for the health and well-being of children and their families," says Wayman. “And if you’re dedicated to health, then you also have to address the other things that can impinge upon their health.”

Beyond helping individual families, physicians band together to shape policy at the state and national levels. One issue right now is family separation at the border, and Stanford doctors have been bringing to lawmakers evidence of how devastating it is for children in terms of their neurodevelopment and toxic stress.

No One Goes Hungry
Overall, immigration concerns place added stress on families. In some cases, children are born here and are U.S. citizens, but someone close to them might be undocumented. Out of fear and uncertainty, families may avoid public benefits like food stamps and the Special Supplemental Nutrition Program for Women, Infants, and Children. “Families are bypassing things that they are legally entitled to have because of fear," says Chamberlain. “The formal food safety net includes things like free and reduced-price school lunches and CalFresh, California’s food stamp program. As that normal food structure falls apart, which is happening right now, then the informal food safety net—the one you don’t have to register for—becomes really important.”

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Talk, Read, Sing
Through their work in the community, pediatricians can also influence important issues such as literacy. Children in low-income families often start school at a disadvantage. In East Palo Alto, only 13 percent of kids are ready for school at age 5, compared to 90 percent in Palo Alto, according to Chamberlain. “They’re starting behind in one of the biggest social determinants of health, which is education," she says. “What kind of interventions can pediatricians be offering parents so that their children can be ready to start school?”

One effort is Talk, Read, Sing, a public awareness campaign offered by Packard Children’s and the community health clinics that provides parents with resources to guide how they play with their child to boost their early brain and vocabulary development. The Auxiliaries, which raise funds for undercompensated care at our hospital, donated more than $124,000 last year to Packard Children’s Talk, Read, Sing efforts. “We want to start seeing a culture shift in the community," Chamberlain says. “A big part of being a parent is this interaction with your child every day.”

How You Can Help
With more philanthropic support, Packard Children’s could do more to reduce poverty’s impacts on children’s health. Chamberlain hopes to introduce several innovative programs such as a subsidized diaper program and tax assistance at health clinics to help families claim their Earned Income Tax Credit. But she needs seed funding.

“Ideally we would have a suite of interventions to address poverty," she says. “It’s about moving money back into people’s pockets.”

Thanks to FAP, Patricia Jimenez received the help she needed, and, more importantly, she learned how to advocate for the care and education of Atzhiry, now 9, who has autism. Patricia returned to Legal Aid for help resolving another landlord dispute and obtaining needed services for Atzhiry’s education.

“They told me about her rights and mine as a parent," she says. “They gave me the security and empowerment to advocate for her. It’s important to make sure all kids have the same opportunities.”

The family now lives in a low-cost four-bedroom townhome adjacent to their old apartment and a busy freeway. Patricia stays home to care for Atzhiry and is taking classes to become a medical assistant. Her husband, Sergio Ramirez, works in construction. Their eldest son, Kennedy Jimenez, 19, goes to community college with aspirations of becoming a tech engineer, and Sergio Jr., 12, attends middle school in Menlo Park.

Atzhiry is now thriving in third grade at a special needs school in Menlo Park. She is an avid reader, especially of books about princesses, and she likes to wear pretty bows in her long brown hair.

“Perhaps donors can’t imagine the impact their donation could have on families like mine," says Patricia. “Honestly, it is so important to families. My daughter has been able to get the services she needs. It might change our lives moving forward. It’s a huge impact.”

Lunch at the Libraries feeds families during school breaks. caregivers, and among the caregivers themselves. Because of this proactive approach, CORE has reduced emergency department visits by 30 percent and inpatient admissions by 20 percent for the 400 children currently enrolled and 200 graduates of the program.

“How can donors can imagine the impact their donation could have on families like mine,” says Patricia. “Honestly, it is so important to families. My daughter has been able to get the services she needs. It might change our lives moving forward. It’s a huge impact.”

Lunch at the Libraries feeds families during school breaks.
Virtual Reality

Your support of an innovative program means less pain and anxiety for children and expectant mothers

Making a Very Real Difference for Patients

BY MEGAN ALPERS-RASCHEFSKY

Nine-year-old Blaine Baxter was so nervous, he was pale and sweating.

THE DREADED ROUTINE was starting yet again—nurses, doctors, anesthesiologists, and fellows would gather around his hospital bed to begin the dressing changes. Blaine’s pain and anxiety associated with the changes were almost unbearable.

Blaine had endured this procedure up to four times a day since undergoing surgery after a go-kart racing accident nearly severed his arm. To his parents, Dustin and Tamara, it felt like torture watching Blaine in distress.

“He had so much anxiety over the procedures that he would fight to push the team away,” remembers Dustin. “Blaine had adverse effects to many of the anti-anxiety drugs or had been on such high doses of other drugs for extended periods that Tamara and I were concerned about the long-term effects. We couldn’t stand to see our son so sedated multiple times per day to have these dressing changes completed.”

Then pain management specialist Elliot Krane, MD, suggested something that would change everything.

“He pulled me aside and asked, ‘Can we try virtual reality as a diversion tactic to help Blaine with his anxiety?’” Dustin recalls. The doctor wanted to immerse Blaine in a virtual world free of pokes, prods, and rooms full of strangers. It worked and became a mainstay in Blaine’s dressing changes.
The Stanford Chariot Program exists only because of donors like you. You can help expand the program and bring the latest technology to more patients.

MAKE A GIFT NOW AT supportLPCH.org/Chariot.

FUND A FULL-TIME RESEARCH FELLOW to study the impact that technology has on reducing pain and stress in children. To learn more about this and other funding opportunities, contact Stacy Neiman at (650) 723-7738 or Stacy.Neiman@lpfch.org.

You Can Help

You make stories like Blaine’s possible. He and his family are deeply grateful.
CHRISTOPHER DAWES, the longtime president and CEO of Lucile Packard Children’s Hospital Stanford and Stanford Children’s Health, retired in August. Dawes joined the hospital in 1989 prior to its 1991 grand opening and served as CEO from 2000 to 2018. Known for his easygoing, unflappable style, he worked well with everyone, whether it was a parent or a Stanford University official.

“Under his guiding hand, we went from being a very lovely community hospital, nicely designed and family-friendly, to a world-class children’s hospital, drawing patients from across the United States and around the world,” says Susan Packard Orr, Lucile Packard’s daughter, who served on the hospital’s board of directors from 1993 to 2017.

Dawes, in turn, credits this transformation to donors like you who believed in the hospital and made its growth possible. “A children’s hospital is as good as its community wants it to be,” he says. “In our case, the community has spoken loud and clear—they’ve made us one of the nation’s best.” In a display of gratitude by our hospital and Foundation’s boards of directors, leadership, and friends, the new entry garden at Packard Children’s Main building is now named the Dawes Garden.

1991 Chris Dawes (left, fourth row) leads the grand opening of Lucile Packard Children’s Hospital as the Director of Transition. He becomes chief operating officer in 1996. 2000 Dawes becomes president and CEO of Packard Children’s. 2005 Dawes dresses in a chicken costume for the hospital’s Trick-or-Treat Trail for patients.

2008 Dawes and Susan Ford Dorsey (far right) cut the ribbon on the Ford Family Surgery Center, the hospital’s first operating suites. With Dawes’ vision and generous community support, the hospital attracts over 100 top faculty members, builds world-class clinical programs, and becomes one of the nation’s best children’s hospitals.

2010 Dawes, Gov. Arnold Schwarzenegger, and Apple co-founder and CEO Steve Jobs meet at the ceremonial signing of SB 1395, legislation that makes it easier for Californians to affirm their preferred organ donor status. 2012 Physician-in-Chief Hugh O’Brodovich, MD, and Foundation board members Susan Packard Orr and Elizabeth Dunlevie join Dawes to break ground on Packard Children’s expansion, which will deliver outstanding care to more children and families.

2013 Dawes enjoys Summer Scamper with Pat Rice and Claire Fitzgerald, who have volunteered in the hospital for more than 20 years. 2017 Dawes watches as the first patient moves into the new Main building. 2018 Packard Children’s new entry garden is named the Dawes Garden.

WHAT’S NEXT? Paul King was recently named the hospital’s new president and CEO. Learn more at supportLPCH.org/PaulKing.
THE BONNIE UYTENGSU AND FAMILY SURGERY AND INTERVENTIONAL CENTER opened in August, adding six surgical suites and six interventional treatment rooms, and nearly doubling Lucile Packard Children’s Hospital Stanford’s capacity for pediatric surgical procedures. Packard Children’s now has pediatrics-dedicated nuclear medicine, interventional radiology, and surgical facilities all under one roof. For the first time, our hospital also has pediatrics-dedicated cardiac catheterization labs, offering minimally invasive diagnostic and treatment techniques.

The new surgery center is part of the greater Treatment Center, which also includes the Cynthia Fry Gunn and John A. Gunn Imaging Center and is in the Main building that opened in December 2017. After arriving, a patient can check into the Treatment Center and go from service to service within one area without being transferred between buildings, a big win for patient safety.

“Ultimately, the capabilities of these surgical and interventional radiology suites will translate to less radiation exposure, less time under anesthesia, and shorter recovery times for patients,” says Dennis Lund, MD, interim CEO and chief medical officer for Packard Children’s and Stanford Children’s Health.

Improving Efficiency and Outcomes
The exciting new capabilities include hybrid operating and interventional radiology rooms, where multistage procedures can now be performed at one time and location. For example, when a patient is having a brain tumor removed in the neuro-hybrid suite, surgeons can immediately take MRI images in the same space to confirm that they removed the entire tumor before closing the surgical site. Previously, surgeons had to complete the surgery and wait to take scans to confirm the outcome, which could mean the patient had to undergo additional surgeries.

“It’s very simply faster and safer for patients,” says Gerald Grant, MD, FACS, chief of pediatric neurosurgery. “Immediately following a procedure, I am able to assure a family we’ve successfully removed a tumor.”

The neuro-hybrid suite is the only one of its kind in Northern California dedicated to pediatric patients, and according to Grant, it’s a huge advantage in providing the best care.

The seven original operating rooms in the Ford Family Surgery Center, located in the hospital’s West building, are also undergoing upgrades, and by early 2019, the hospital will have a total of 13 cutting-edge pediatric operating rooms.

Support from donors like you ensures that more patients have access to these operating rooms and advanced technology, which, Lund says, results in safer care and better experiences for patients and families.

BRINGING ADVANCED TECHNOLOGY TO MORE PATIENTS
The Future of Surgery Has Arrived

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Come tour the new hospital!
See for yourself the difference you have made for children and families.
Every day, donors like you make gifts of all sizes to build a healthier future for children and expectant mothers. Your support makes our hospital a special place for our patients and families, and we are tremendously grateful.

Little Wishes Grants Cancer Patient’s Wish for a Guitar

OVER THE PAST YEAR, Little Wishes has donated $29,100 to grant more than 190 wishes at Packard Children’s Betty Irene Moore Children’s Heart Center. In July, Little Wishes expanded to grant its first wish in the Bass Center for Childhood Cancer and Blood Diseases. Packard Children’s nurse and pediatric cancer survivor Sarah Sisk, RN, granted 6-year-old patient Avaylnn’s little wish for a guitar.

Little Wishes empowers care providers at Packard Children’s to grant patients’ “little wishes” of up to $500. All wishes are granted in-hospital and give a child something significant and happy to look forward to during their visits. “We hope to bring as much happiness as possible to Packard Children’s patients,” says Laura Euphrat, RN, Little Wishes co-founder and president. “I’ve witnessed firsthand the therapeutic effects these wishes have by lifting a child’s spirits and improving their overall outcomes. Little Wishes celebrates children’s passions. Instead of losing their identity to illness, Little Wishes helps patients to focus on something positive and what makes them special.”

Asian Box Donates Proceeds from Grand Opening

ASIAN BOX’s new Campbell location generously donated all proceeds from their grand opening last July to support patients and families at our hospital. Thank you, Asian Box and your patrons!

The Greathouse Family Funds Neurofibromatosis Research

THE GREATHOUSE FAMILY FOUNDATION awarded a multi-year clinical research grant to Cynthia Campen, MD, to support her research in neurofibromatosis type 1 (NF1), a rare genetic disorder that causes tumors to grow on nerve tissue and various organs of the body.

After hearing about Campen’s work from friends whose child has the disease, the Greathouse Family Foundation selected Stanford’s Neurofibromatosis Clinic to launch a pilot program in NF1 research. The grant will allow Campen to gain a better understanding of NF1 by studying white matter tracts in the brains of NF1 patients.

Packard Children’s is one of the few hospitals in the United States investigating neurocognitive deficits caused by NF1, and Stanford has one of the most extensive collections of NF1 patient data in the country. The Greathouse Family Foundation hopes the research it is funding will support new discoveries in the field.

“We are excited to support Stanford, Packard Children’s, and Dr. Campen to advance the understanding of NF1,” said Jeff Greathouse, executive director of the Greathouse Family Foundation. “Our family knows that cures for rare diseases are hard to find, and we are thrilled to provide support to the NF1 community through this grant.”

First Tech Federal Credit Union Shows Patients They’re Superheroes

IN AUGUST, First Tech Federal Credit Union sponsored the Superhero Summer Party at Packard Children’s. Our patients participated in a day of superhero-themed activities. Highlights included making power bracelets, a Capes4Heroes superhero cape-making station where patients received custom gear in a pattern of their choice and emblazoned with their initials, and a PlayStation booth where patients could play the latest superhero video games.

“Events like the Superhero Summer Party are a way to help normalize the hospital environment,” says child life specialist Alyssa Pentingill, MS, CCLS. “We constantly want to bring a sense of normalcy to patients’ lives amidst the treatments and procedures they are undergoing here, and what better way to do that than to bring in some fun?”

Thank you to First Tech Federal Credit Union, PlayStation, and Capes4Heroes for celebrating our superheroes!
Little Giants Foundation Funds Immunology Research

THE LITTLE GIANTS FOUNDATION gave a generous $25,000 gift to support groundbreaking research by David B. Lewis, MD, professor of pediatric immunology at Packard Children’s, in Schimke immunoosseous dysplasia (SIOD), a rare and serious genetic disease that causes several conditions, including vascular and kidney disease, a weakened immune system, and short stature. Life expectancy for children with SIOD is 11 to 16 years.

After their daughter Emily was diagnosed with SIOD at age 4, Erin and Joe Koesters joined the Little Giants Foundation, which Troy and Michelle Cupps founded in 2009. “We found the Cupps family by way of the foundation and joined their mission,” says Erin Koesters. “Their son, Mitchell Cupps, earned his angel wings on January 19, 2010, and in 2014, Joe and I took over leadership of the Little Giants Foundation and have furthered its mission to serve as a voice for those with SIOD and other rare forms of dwarfism.”

In addition to advocacy, the Little Giants Foundation funds research and testing to help prolong the lives of children with SIOD. Thank you, Little Giants Foundation, for your gift to support this important research at Stanford.

Margaret and Michael McCaffery Help Patients Return to School

MARGARET AND MICHAEL MCCAFFERY pledged $250,000 to support our Hospital Educational Advocacy Liaisons (HEAL) program. The couple’s gift will establish a scholarship fund to assist families in paying for expensive neuro-psychological testing for patients transitioning back to school.

Children who have experienced a chronic illness may find themselves dealing with the ongoing cognitive effects of their hospitalization and treatment and often face new obstacles when returning to school. HEAL’s dedicated staff works closely with parents and school administrators to help them understand how a child’s medical condition can affect their learning. A critical component of this work is neuro-psychological testing for children.

“We are proud to initiate a scholarship fund that will support families who need access to neuro-psychological evaluations,” says Margaret McCaffery. “We hope this will encourage others to support the scholarship fund and help ensure that a child’s return to the classroom is positive and successful.”

Grateful for Our Auxiliaries

THANK YOU to all members of the Rotaract, San Francisco, Charter; San Mateo-Burlingame, San Jose, Palo Alto, and Allied Arts Guild Auxiliaries. In 1999, forward-thinking Auxiliary members worked with leadership at Packard Children’s and the Lucile Packard Foundation for Children’s Health to create the Auxiliaries Endowment to benefit our hospital. Initially, they established the Auxiliaries Endowment with two bequests totaling $6.4 million from Auxiliary members. As these endowments grew thanks to the Stanford Management Company and Auxiliary members who made additional contributions, the Association of Auxiliaries added more endowed funds to support areas at our hospital, including the Teen Health Van, Family Guidance and Bereavement, social services, and critical clinical programs.

As of March 2018, the Auxiliaries Endowment had a market value of $21,717,951. In 2018, these funds awarded $1,017,413 to programs and grants supporting several areas of need at Packard Children’s. Through the dedication of our Auxiliary members, these endowments continue to grow and support special programs that serve our patients and their families.

Our Auxiliary members inspire us daily with their service, commitment, and extraordinary generosity!
Google Glass Helps Kids with Autism

CHILDREN WITH AUTISM IMPROVED their social skills by using a smartphone app paired with Google Glass to help them understand the emotions conveyed in people’s facial expressions, according to a pilot study by researchers at Stanford University School of Medicine.

The researchers, led by Dennis Wall, PhD, associate professor of pediatrics (systems medicine), of biomedical data science and, by courtesy, of psychiatry and behavioral sciences, named the new therapy “Superpower Glass.” The therapy uses a Stanford-designed app that paired with Google Glass to help them understand the emotions conveyed in people’s facial expressions, according to a pilot study by researchers at Stanford University School of Medicine.

In case you missed it …

Blood Test for Pregnant Women Can Predict Premature Birth

A NEW BLOOD TEST for pregnant women developed by researchers at Stanford University detects with 75 to 80 percent accuracy whether their pregnancies will result in premature birth—a challenge that affects 15 million infants worldwide each year. The technique can also be used to estimate a fetus’s gestational age—or the mother’s due date—as reliably as and less expensively than ultrasound. Until now, doctors have lacked a reliable way to predict if pregnancies will end prematurely and have struggled to accurately predict delivery dates for all types of pregnancies, especially in low-resource settings.

Blood samples collected during pregnancy are used to measure the activity of maternal, placental, and fetal genes, which provide signals about gestational age and prematurity risk. The research team found that a handful of genes is highly predictive of which women are at risk for preterm delivery.

“This work is the result of a fantastic collaboration between researchers around the world,” says Stephen Quake, PhD, Lee Otteson Professor of Bioengineering, senior co-author of the study. “It’s really team science at its finest.”

CDC Releases a New Guideline for Pediatric Concussions

THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) released a guideline on diagnosing and managing concussion in children. The guideline recommends earlier, gradual return to activities following two to three days of rest, including return to physical activity exclusive of contact-type play. Evidence now shows that prolonged rest and isolation can be detrimental.

“Having a truly evidence-based guideline should help clinicians personalize the care that children receive,” says Angela Lumba-Brown, MD, clinical assistant professor of emergency medicine and of pediatrics, co-director of the Stanford Concussion and Brain Performance Center, and the first author of the guideline.

California Improves New Moms’ Survival Rates

RECENT COVERAGE ON NPR and in the San Francisco Chronicle highlights the successes of the Stanford-based California Maternal Quality Care Collaborative (CMQCC), the engine behind the state’s dramatic reduction in pregnancy- and childbirth-related deaths over the past decade.

California’s maternal mortality rate peaked in 2006 at 16.9 maternal deaths per 100,000 births. As of 2013, the most recent year for which the rate is reported, it had declined to around seven deaths per 100,000 births for the state. This is significantly below the still-increasing rate of 22 deaths per 100,000 births for the United States as a whole.

The CMQCC has taken a four-pronged approach to reducing preventable maternal deaths among California women: analyzing public health data, convening an array of public and private health groups, creating a data system for hospitals to measure their progress, and developing health interventions for use across the state.

“It’s all of the above—that’s what it takes to move the dial at the population level. You can’t just have one approach. You have to whack-a-mole all at once,” says Elliott Main, MD, clinical professor of obstetrics and gynecology (maternal fetal medicine) at Stanford, and medical director and executive committee chair of the CMQCC.
NICU Nurse and Former Patient Reunite 28 Years Later

A HEART-WARMING REUNION at Packard Children’s between neonatal intensive care unit (NICU) nurse Vilma Wong, and one of her former patients has gone viral.

Brandon Seminatore, MD, was born at Stanford 28 years ago at just 29 weeks’ gestation and was cared for in the NICU for over a month before his parents could take him home to San Jose. During that time, they developed a close relationship with Wong, Brandon’s primary care nurse.

Fast forward nearly 30 years: Seminatore is healthy and is currently a second-year pediatric neurology resident at Packard Children’s. During his morning rounds on the NICU Wong recognized his name.

“I was in shock initially but overjoyed to know that I took care of him almost 30 years ago, and now he’s a pediatric resident to the same population he was part of when he was born,” Wong says.

“Meeting Vilma showed me the dedication and love she has for her career,” Seminatore says. “She cares deeply for her patients, to the point that she was able to remember a patient’s name almost three decades later. Not all of us will get the chance to see our patients grow up, and I was so happy to be able to share that moment with her.”

“Although it is a very challenging profession, being a NICU nurse is also very rewarding,” Wong says about her 32 years of dedicated service. “I consider myself very lucky to be in a profession that I love, and to make a difference in somebody’s life.”

State Approves $15 Million for Mental Health Centers

A YEARS-LONG EFFORT to launch open-to-all integrated youth mental health clinics in Santa Clara County took a critical step forward in August, securing $15 million in funding approved by the state’s Mental Health Services Oversight and Accountability Commission.

The clinics’ model is the product of a partnership between Santa Clara County and Stanford Psychiatry’s Center for Youth Mental Health and Wellbeing, directed by Steven Adelsheim, MD, clinical professor of psychiatry and behavioral sciences. A portion of the funding, approximately $3 million over four years, will be allocated directly to Stanford for implementation support and direct clinical care. Together, they plan to open two clinics—one in San Jose and one in Palo Alto or Mountain View—to make mental health services more accessible to young people ages 12 to 25 years old, regardless of their ability to pay.

A key component of the model is to also work with private health insurance plans to develop contracts for youth who are privately insured. The clinics will focus on early prevention and intervention for young people with mild to moderate mental health and addiction issues and will connect young people and families with services for those with more severe mental illness.

In addition to this generous state funding, $5 million in philanthropy will be needed over the next five years to develop the clinics’ model and expand it to many other interested communities in California and across the country.

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