A young boy with a prosthetic hand is smiling broadly at the camera. He is wearing a dark blue and white striped sweater over a white t-shirt. The background is a colorful playground with red and green structures under a clear blue sky. The boy's right hand is a prosthetic, and he is leaning forward slightly.

# A Year of Boundless Returns

Children's Medical Center 2007 Annual Report

# Boston and Elliott Smith

## A FUTURE WITHOUT LIMITS

»»» Most annual reports recount a year of investments and profits. But when it comes to an institution that provides some of the nation's most innovative and remarkable care and advancements in pediatric medicine, accomplishments can't be measured just in numbers. Returns are measured in lives saved, families touched and futures created. »»» For Stuart and Rachel Smith, the returns are unending. The hospital's incomparable facilities, extraordinary staff of specialists and available medical options helped them face a rare endocrine disorder — pseudohypoparathyroidism — that would not only threaten the life of Boston, their first child, but also his siblings. Children with the disease are unable to regulate the level of calcium in the blood and also can have muscle spasms, seizures and low energy levels. »»» But low energy clearly isn't an obstacle for these boys. When Boston, 8, and brother Elliott, 5, roughhouse on the neighborhood playground, their rare endocrine disorder is the last thing on their minds. They're not even aware that the intricate system of glands and hormones influencing almost every cell, organ and function of their bodies isn't working properly. »»» The glands that make up the human endocrine system include the hypothalamus, pituitary, thyroid, parathyroids, adrenals, gonads — ovaries and testes — and part of the pancreas. The system is a marvel when it works. But when it doesn't, the consequences can be devastating to a child's health. As you will read in the pages of this report, endocrine disorders can affect everything from breathing, blood circulation and body temperature to growth, mood and reproduction. The most common endocrine disorder is diabetes, but there are many others. »»» Highly specialized care for children with these and other serious disorders — however common or rare — is the greatest investment we can make. The returns are limitless.





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Dear Friends and Supporters:

We are pleased to report that 2007 was an outstanding year for Children's Medical Center.

Our ambitious investment in clinical programs and facilities expansion remains a defining priority. These efforts are aimed at increasing the hospital's ability to provide the best possible medical care to every child who needs us, and that number continues to grow — up 22 percent in the last five years. During this same period, the hospital's charity care provision has risen 62 percent, to more than \$53 million in 2007. As we face this economic challenge, our family of dedicated philanthropists and corporate donors is becoming even more vital to our future. Since 2002, pledges and gifts to Children's are up 40 percent, and we are deeply grateful for this continually increasing level of community support.

As anticipated, 2007 was a highly productive year for the Children's Medical Center Legacy campus. The primary activities centered upon clinical program development, physician staffing collaboration with UT Southwestern, clinical services staffing and final stage construction. The outpatient center, called the Ambulatory Care Pavilion at Legacy, will open by April of this year. The Children's Legacy hospital is on schedule to open in the early fall. We believe this unique campus represents a signature achievement of world-class pediatric care provision in a suburban setting.

Downtown, the new 10-story tower construction advanced significantly and is now emerging as an impressive architectural addition to our Dallas campus. This tower will face Medical District Drive (formerly Motor Street) and will become a convenient, family-friendly main entrance to the hospital. On track to open in the second quarter of 2009, this addition will house The Annette Simmons Heart Hospital, a new neonatal intensive care unit and an expanded cancer center.

Physician recruitment for our growing hospital system is an ongoing and essential cornerstone of our vision toward national preeminence. In 2007, Children's and UT Southwestern were pleased to welcome more than 58 outstanding new pediatric physicians to the hospital medical staff, all of whom either trained here with us or at one of the nation's top medical schools and children's hospitals.

On behalf of the patients and families we serve at Children's, we offer our sincere gratitude for the generosity, advocacy and leadership you provide. It is your support and your investment in our mission and vision that makes our work possible.



Christopher J. Durovich  
President & Chief Executive Officer

John L. Adams  
Chairman of the Board



**TOP:** Affiliated with one of the top medical schools in the country and the two largest not-for-profit adult healthcare systems in the Metroplex, Children's assures the perpetuation of accessible, high-quality pediatric services. The institutions work together to align resources and expertise to provide convenient and comprehensive care for all children. From left are Joel Allison, president and CEO of Baylor Health Care System; Douglas Hawthorne, president and CEO of Texas Health Resources; Christopher J. Durovich, president and CEO of Children's; and Dr. Kern Wildenthal, president of UT Southwestern Medical Center at Dallas. **ABOVE:** The Children's Senior Leadership Team includes: (From left to right) Front row — Dr. Karen Meador, vice president of Research Administration and Physician Corporations; Mazie Jamison, senior director of Public Policy; Pamela Arora, vice president and chief information officer; Clara Bahner, senior director and corporate secretary; Anne E. Long, vice president of Legal Affairs; Dr. Douglas Baker, director of Medical Services; Louis C. Saksen, vice president of Facilities Services; Second row — Jolynn Hanson, senior director and corporate compliance officer; Mary Stowe, vice president and chief nursing officer; Betsy Field MacKay, vice president of Public Affairs; Nancy Templin, senior director and chief accounting officer; Dr. Robert Foglia, director of Surgical Services; Dr. Fiona Howard Levy, vice president of Quality; Ray Dzieszinski, senior vice president and chief financial officer; and Patricia U. Winning, senior vice president of Business Development and Ambulatory Services; Back row — Douglas G. Hock, senior vice president of Operations; Dr. Thomas Zellers, chief medical officer; Christopher J. Dougherty, vice president of Ambulatory Services; T. W. Hudson Akin, executive vice president of Development; David Biggerstaff, vice president and Legacy administrator; James W. Herring, senior vice president of Administration; Brett Daniel Lee, vice president of Ancillary Services; and Dr. Julio Pérez Fontán, senior vice president of Research and Interdisciplinary Programs.

*Children's was named one of the nation's top 10 cardiac services and one of the top 25 pediatric hospitals in the country by Child magazine, and was ranked among the nation's top 30 children's hospitals by U.S. News & World Report.*

# Build it and the best will come

»»» When Josh and Lisa Riddle of Spokane, Wash., learned that their 3-year-old daughter, Kyla, had inherited the genetic mutation responsible for multiple endocrine neoplasia type 2 (MEN2), a precursor to medullary thyroid cancer, they began searching for a specialist who could treat her. Through Internet searches and by asking their friends, family and coworkers, they learned about Dr. Michael Skinner and made their way to Children's.

When the Riddles met Dr. Skinner, they found a surgeon who has an extensive understanding of Kyla's

rare condition. He removed Kyla's thyroid gland — a procedure he has helped to advance — to prevent her from developing cancer in the future.

#### **Drawing top talent**

Recruiting the right mix of pediatric subspecialists to Children's is a key component of the hospital's path to preeminence.

In 2007, Children's and UT Southwestern Medical Center recruited 58 new physicians to the medical staff in numerous areas, including anesthesiology, pul-

monology, orthopedics, neurology, neonatology, critical care medicine, emergency medicine and many areas of pediatric surgery. The Endocrinology department at Children's is an excellent example of these ongoing recruitment efforts, having attracted several highly specialized pediatric endocrinologists and young researchers.

Under program director Dr. Perin White, chief of Endocrinology at Children's and Audre Newman Rapoport Distinguished Chair in Pediatric Endocrinology at UT Southwestern, the department has grown

*In 2007, 58 new UT Southwestern faculty members were recruited to the medical staff at Children's, including top physicians from Children's Hospital Boston, Johns Hopkins University School of Medicine, UCLA and Children's Hospital of Philadelphia.*



from three faculty in 2001 to 13 faculty today.

UT Southwestern's remarkable research programs and established investigators have helped spark the recruitment of the most talented young pediatric endocrinologists and other physicians at Children's, said Dr. George Lister, chairman of the Department of Pediatrics at UT Southwestern and pediatrician in chief at Children's. "This stimulus has been created in affiliation with the growth of Children's Medical Center as a center of excellence for

care in many areas," he said.

"The collaboration and synergy between the two institutions has helped us attract outstanding physicians and scientists trained here and from first-class programs in other parts of the country."

#### **Growing a program**

In 1995, Dr. White, also professor of Pediatrics at UT Southwestern, started a fellowship training program in pediatric endocrinology, which now recruits two pediatricians a year. In addition to clinical

Dr. Michael Skinner, who joined Children's in 2007, performs a variety of pediatric surgeries. He has a special interest in pediatric surgical oncology, including Wilms tumor, medullary thyroid cancer and multiple endocrine neoplasia. Having such experts on the medical staff allows Children's and UT Southwestern to collaborate on research that can be applied at the bedside.

*The UT Southwestern Pediatric Residency Training Program educated 86 pediatric residents and hundreds of rotating residents and medical students at Children's in 2007.*

## Recruiting first-class physicians

Physicians recruited to the medical staff at Children's in 2007 include 12 general pediatricians and physicians in 20 different pediatric subspecialties

Anesthesiology - 7  
Cardiology - 1  
Critical Care - 3  
Emergency Medicine - 4  
Endocrinology - 3  
Gastroenterology - 1  
Genetics - 1  
Hematology-Oncology - 4  
Infectious Disease - 1  
Neonatology - 3  
Neurology - 3  
Orthopedics - 1  
Otolaryngology - 2  
Physical Medicine & Rehabilitation - 3  
Plastic Hand Surgery - 2  
Psychiatry - 1  
Pulmonology - 1  
Radiology - 1  
Rheumatology - 1  
Surgery - 3

training, the program emphasizes the development of teaching and research skills. The department has retained about half of the program's graduates on the faculty.

"It's a pretty good pipeline," Dr. White said. "Our own fellows have been the mainstay of our growth. We're big enough now that we can concentrate on recruiting the very best people, from our program and outside, and provide them with the resources to thrive here."

External recruits have come from some of the best training programs in the country, including Duke University, the University of California at San Francisco and UCLA.

A key advantage in recruiting the best physicians is the affiliation between Children's and the Department of Pediatrics at UT Southwestern, chaired by Dr. Lister. When appropriate, the UT South-

western department provides laboratory space and seed money to get research projects off the ground. The intellectual environment and tradition of collaboration at the medical school are powerful draws for research-oriented faculty.

### On the forefront of discoveries

Physicians at Children's and UT Southwestern, bolstered by its recruitment successes, continue to push the frontiers of genetic research in numerous areas of medicine. The ability to identify patients with genetic diseases by direct DNA testing often allows for early interventions to prevent the consequences of those diseases.

One such discovery is that by prophylactically removing the thyroid from a child like Kyla, who has MEN2, doctors can prevent the patient from developing medullary

**RIGHT:** Under the direction of Dr. Perrin White, chief of Endocrinology at Children's, the department has grown to 13 physicians. The fellowship program created by Dr. White has retained about half of its graduates, including Drs. Michele Hutchison, back left, and Melissa Ham. **OPPOSITE:** Lisa Riddle leans in to get a closer view of the craft her daughter, Kyla, is making with her grandmother, Janet Sheahan, in the Child Life playroom on Kyla's unit at Children's. When children leave their home environment and are thrust into a situation for which they may not have coping skills, time in hospital playrooms and individual play therapy can help them adjust.



*More than 100 pieces of art created by Children's patients through art classes in hospital playrooms were featured in exhibits throughout the Dallas-Fort Worth area.*

thyroid cancer later in life.

Dr. Skinner, vice chair of Pediatric Surgery and the Dr. Edwin Ide Smith Professor of Pediatric Surgery at UT Southwestern, is at the forefront of this work. With an international reputation for performing pediatric endocrine surgeries, and with his special interest in pediatric surgical oncology, Dr. Skinner is one of the many reasons Children's is headed toward prominence not only in pediatric endocrinology, but also in many areas of pediatric surgery.

#### **Rare surgeon combats rare disease**

Recruiting Dr. Skinner to Children's and UT Southwestern reflects a goal of bringing in talented physicians who have expertise that is not readily available elsewhere. Dr. Skinner's appointment to the team in 2007 is making Children's a go-to

*“The synergy between the two institutions has attracted outstanding physicians and scientists trained here and from programs across the country.”*

*– Dr. George Lister,  
chairman of Pediatrics at  
UT Southwestern and  
pediatrician in chief at  
Children's.*

hospital for patients from around the country.

But while Dr. Skinner's special interest lies in uncommon, inherited cancers, he also is highly skilled in other pediatric surgical procedures, having served as chief of pediatric surgery at Duke University Medical Center for nearly 10 years.

“The environment here with the medical school and the hospital allows the potential to take something important, like his work with MEN, and develop it further,” said Dr. Robert Foglia, chief of Surgery at Children's and chair of Pediatric Surgery at UT Southwestern. “This means the development of a multidisciplinary program involved with excellent clinical care, cutting-edge research and educational opportunities for physicians, scientists and other healthcare personnel.”

As Children's recruits specialists in endocrinology and other disciplines, the hospital strengthens its capacity to advance clinical treatment for children with all kinds of diseases. In the coming year, leadership from Children's and UT Southwestern will continue to recruit physicians and researchers like Dr. Skinner. The discoveries they make will solidify the hospital's reputation for preeminence in pediatric healthcare. <<<<



# Kyla Riddle

## LIVING A BRAND NEW FUTURE CANCER FREE

»»» Kyla Riddle inherited her mother's hair and eyes. She got her fearless nature from her father, Josh. The 3-year-old will take off on trails near the family's Spokane, Wash., farm and lead for miles, "just hoping you'll follow," said her mother, Lisa. Kyla also inherited from her father a gene mutation that in the past would have caused her to develop medullary thyroid cancer in her teens or early 20s, as her father did. But thanks to a preventive treatment advanced in part by Dr. Michael Skinner, a surgeon at Children's, Kyla's chances of developing this cancer have been virtually eliminated. With a clean bill of health, Kyla's taking preschool by the reigns and is ready for whatever adventures life brings.





*In 2007, Children's launched the Emergency Department Referral Program, which is staffed by Referral Nurse Coordinators. Each nurse acts as a liaison for families and referring physicians.*

# Changing the future of Diabetes



Bryan Orellana was an otherwise healthy kindergartner when he suddenly began drinking and urinating much more than usual. His mother, Irma, noticed that he also was hungry all the time, so she took him to their family physician for a check-up.

She was in shock when Bryan's doctor told her he had developed diabetes and needed to go to the hospital. Bryan and his parents went to the Emergency Department at Children's.

Every day, physicians throughout the region rely on Children's for the referral of children needing highly

specialized medical care. In Bryan's case, Children's was accessible at a critical juncture in his diagnosis and treatment.

## **Nationally high volumes**

Diabetes, the most common of all endocrine disorders, results from defects in insulin production, insulin action or both, and is marked by high blood sugar (glucose) levels.

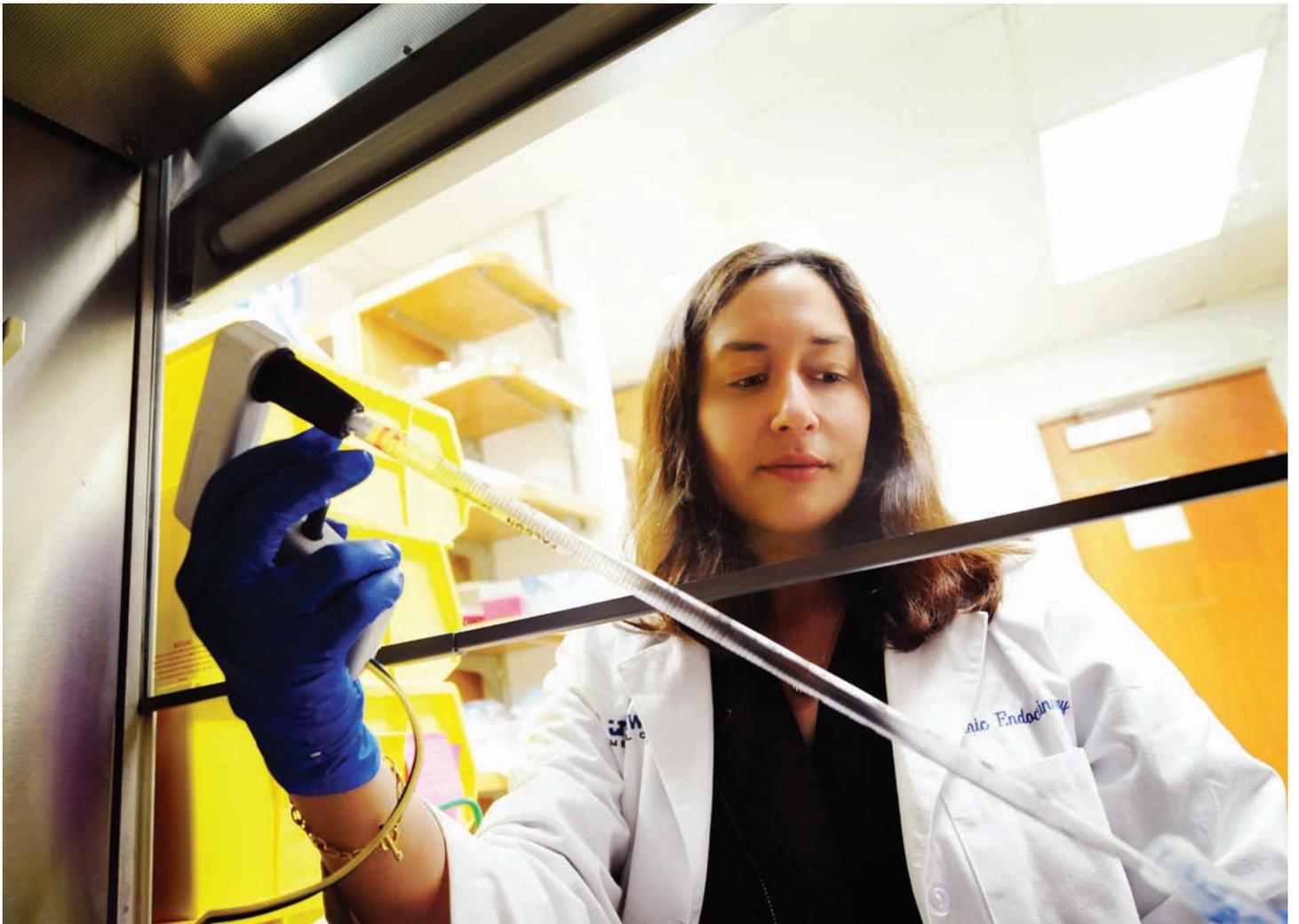
Children's is one of the largest centers for pediatric diabetes in the country. Doctors here follow almost 2,000 patients with diabetes at any time. Approximately 200 children

are admitted each year to Children's with new-onset type I diabetes. Most have had a few weeks of increased thirst and frequency of urination because the body tries to reduce the abnormally high blood levels of glucose by excreting the excess sugar in the urine. Often the children have lost several pounds.

## **Understanding diabetes**

Type I diabetes occurs in about one of every 400 to 600 children and adolescents. In type I diabetes, the body does not manufacture insulin because the immune system attacks

*During the 2007 Texas Legislative Session, the Advocacy team at Children's issued eight CEO action alerts on children's issues, which generated more than 7,000 letters to Congress – the best results in the nation.*



the beta cells in the pancreas that produce the hormone.

Without insulin, glucose — the basic fuel needed by cells — cannot be transported into cells and remains in the bloodstream. Without adequate insulin replacement, cells may be starved for energy immediately, and over time, high blood glucose levels may damage the eyes, kidneys, nerves or blood vessels.

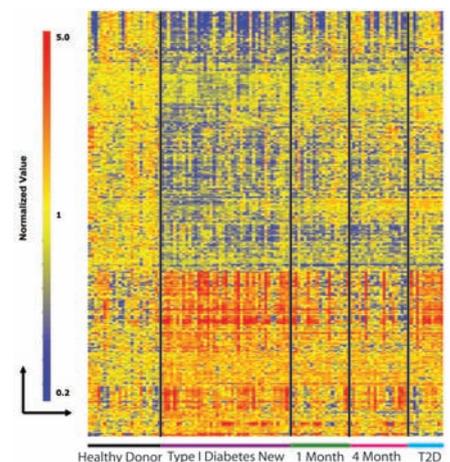
Type 2 diabetes is the more common form of the disease in adults, but it also occurs in older children and teenagers. Type 2 diabetes is associated with obesity,

physical inactivity and family history of diabetes, and occurs more frequently in particular ethnic groups such as Native Americans, African Americans and Latinos. In type 2 diabetes, the body first becomes resistant to the effects of insulin, but as the disease progresses, insulin deficiency develops as well.

#### The role of critical care

While Bryan received medical attention before intensive care was needed, some patients are much more ill when they are diagnosed and admitted with severe dehydra-

**ABOVE:** Dr. Ellen Kaizer uses a device to extract mononuclear cells from a blood sample. She extracts RNA from the samples as part of her research to identify possible ways to treat inflammation of the pancreas associated with diabetes. **BELOW:** Results from a microchip array from Dr. Kaizer's work.



*In 2007, volunteers at Children's contributed 154,306 hours, which is equivalent to the work of 74.2 full-time employees.*

## Only hospital with three disease-specific certifications

Children's has been awarded three disease-specific certifications from The Joint Commission — an honor unprecedented among pediatric hospitals in the United States.

The Joint Commission is the nation's predominant standard-setting accrediting and certifying regulatory body in healthcare.



The three programs at Children's — The Diabetes Program, the Dean Foods LEAN (lifestyle, exercise and nutrition) Families Program and the Asthma Management Program — were awarded the certifications based on a set of nationally approved clinical guidelines and performance standards.

As a leader in pediatric healthcare, Children's has innovative disease management programs that serve as models for hospitals across the nation.

Disease management programs help to improve the quality of life for patients with chronic conditions through education and self-management, thereby reducing the number of costly medical complications, such as emergency department visits and hospitalizations.

tion. They may have abnormally high levels of chemicals called ketones (similar to the solvents in nail polish remover), which make the patients feel ill, cause vomiting and, if very elevated, may induce a comatose state. This condition is called diabetic ketoacidosis. A few patients require overnight treatment in the pediatric intensive care unit.

Once stabilized, patients and their families receive "survival training" from diabetes educators and a registered dietitian to learn basic skills for the patient to be safely managed at home.

### The most vital treatment

During their two-day stay in the hospital, Bryan and his parents learned the basic skills for blood glucose testing and injections from Russell Graham, RN, a diabetes educator. They also learned how to manage dangerous situations such as low or very high blood sugars, and what to do if Bryan became ill. Bryan's parents learned from Beth Ward, a registered dietitian, how to feed him a consistent amount of carbohydrates, because insulin dosage depends on how many carbohydrates the patient eats.

"Children who are newly diagnosed with diabetes face many challenges, particularly with regard to their diet," said Bryan's endocrinologist, Dr. Annie Wang. "What once was a favorite food now needs to be worked into their daily meal

plan. Many patients' lifestyles will need to be more structured at the initiation of diabetes care. For Bryan, this means no more Cheetos® anytime he wants and no snacking after he already has eaten and taken his insulin injection."

Bryan will need to have his blood glucose checked four to six times a day and get at least four injections a day (one at bedtime and three with meals), Dr. Wang said, noting that school also will be different.

"He will need to go to the school nurse before lunch for a blood glucose test and an insulin shot," she said.

### Treating the symptoms

When insulin was discovered in 1921, it was considered a medical miracle that meant survival for individuals with diabetes who previously had been sentenced to waste away from the disease. Today, insulin remains the mainstay of therapy for all patients with type 1 diabetes and many with type 2 diabetes.

"Current diabetes treatment is better than when I became a physician 30 years ago, in the same way that a Lexus is better than a model T," said Dr. Perrin White, chief of Endocrinology at Children's. "We can monitor blood glucose better, we have more options for insulin delivery and we understand the importance of good blood glucose control much better. But the basic principles of treatment really

*Children's is the only hospital in the country to have a disease-specific certified diabetes program awarded by The Joint Commission.*

haven't changed much since insulin was discovered."

### **Treating the disease**

"I believe we're now learning enough about type 1 diabetes to be able to go beyond treating the effects of the disease and to begin to treat the disease itself. Five years from now, we don't want to still be treating type 1 diabetes only with insulin. Instead, we need to be using disease-modifying treatments," Dr. White said. "While it may be many years before we can manage diabetes without using insulin, I think it's very realistic to aim to maintain patients indefinitely with normal blood glucose values. This would have a major impact on quality of life."

At Children's, several smart, young, motivated researchers have

been enlisted to help understand and treat the underlying causes of type 1 diabetes as well as hundreds of other diseases.

In 2007, physicians at Children's were involved in hundreds of research projects, with more than \$14 million in funding from the National Institutes of Health, Children's, public and private foundations and individuals. More than 25 different subspecialties were involved in these projects including oncology, hematology, cardiac services, urology, gastroenterology and neurology.

### **Impact on the immune system**

Dr. Ellen Kaizer's work on the area of the role of inflammation in type 1 diabetes is among these projects.

The immune system's attack on insulin-producing cells in the pan-

creas causes inflammation, much in the way a wound becomes red and swollen as it begins to heal. Unlike a healing wound, however, inflammation in the pancreas is not normal and may be responsible for much of the damage to the pancreas. Dr. Kaizer, a pediatric endocrinologist at Children's and instructor in Pediatrics at UT Southwestern, is trying to identify ways to treat inflammation in patients with new-onset type 1 diabetes.

"One of the biggest hurdles in diabetes research is that the pancreas is not readily accessible for examination," Dr. Kaizer said. "So we have to examine cells of the immune system that are circulating in the blood. We may find new targets for treatment, and we also may be able to develop new testing techniques to see if our treatments are working."



Bryan Orellana, 6, learns about diabetes from Dr. Annie Wang, left, his pediatric endocrinologist, and nurse Sheila Johnson, RN, from his hospital bed on the Endocrinology inpatient unit. Bryan was an otherwise healthy kindergartner in Mesquite, Texas, until he suddenly began drinking and urinating much more than usual. Concerned, his mother took him to his pediatrician for a check-up. His blood sugar levels led the doctor to refer him immediately to Children's.

*Children's received 168 applications nationwide for 30 nursing summer externships. The students accepted were from 18 different universities.*

She isolates mononuclear cells (a type of white cell that mediates much of the immune response) from the blood, and then extracts RNA, which contains genetic information that leads to the synthesis of proteins.

Using microchip technology, Dr. Kaizer analyzes all the RNA present in peripheral blood mononuclear cells at any one time as a way of identifying proteins expressed at abnormal levels. She has found that patients with newly diagnosed type I diabetes have higher than normal levels of certain proteins associated with inflammation in their mononuclear cells. Levels of interleukin-1-beta are very elevated, which is particularly interesting because this protein is known to be toxic to insulin-producing pancreatic cells.

**RIGHT:** Endocrinology nurses Cherie Haverland, RN; Wanda Mayo, RN; and Valerie Jubay, RN, review a patient's medical chart. Nurses play an integral role in patient care, including providing diagnosis information to families, preparing children for procedures and giving in-depth medication instructions.

**OPPOSITE:** Dr. Soumya Adhikari discusses results of a regular check-up with Zachary Huckleby, 15. Huckleby is a participant in the National Institutes of Health TrialNet study, which screens relatives of patients with type I diabetes to identify individuals at risk for developing the disease.

This suggests that treatments targeting interleukin-1-beta might be able to reduce inflammation in the pancreas.

A drug already on the market to treat arthritis, called anakinra, is promising. Dr. Soumya Adhikari, a pediatric endocrinologist at Children's and assistant professor of Pediatrics at UT Southwestern, will, along with Drs. Kaizer and White, soon begin a study to treat children newly diagnosed with diabetes. The trial will examine whether anakinra along with insulin helps preserve insulin production and secretion by decreasing inflammation.

The choice of insulins used may be important as well. In analyzing existing data from patients at Children's, Dr. Adhikari found that children treated from diagnosis with a

modified insulin called insulin glargine had better blood glucose values for about a year after diagnosis than children treated with standard insulin. He is conducting additional studies to see if this beneficial effect is paralleled by temporary, partial preservation of the patient's own insulin secretion.

### **A collaborative approach**

It is likely that a single drug will not be sufficient to control the destruction of insulin-producing cells in type I diabetes.

Dr. White predicts that treatment might eventually include several drugs, such as one to modulate the autoimmune reaction against insulin-producing cells in the pancreas, a drug to decrease inflammation (such as anakinra), a



*Massage therapists at Children's provided 850 massages, including manual lymph drainage, craniosacral therapy and deep-tissue massage to hospitalized children in 2007.*

drug to improve survival of remaining insulin-producing cells (several drugs already used for type 2 diabetes may have such an effect) as well as continued insulin treatment.

"I think treatment for type 1 diabetes may evolve in a way that's roughly analogous to what happened with childhood leukemia," Dr. White said. "The cure rate for that disease has improved tremendously without any new drugs being discovered. Instead, the hematologists learned to more effectively use combinations of the drugs they already had. This took years of collaborative trials involving many institutions."

#### **Funding a future breakthrough**

To move research forward in numerous medical areas, Children's

*“We’re now learning enough about type 1 diabetes to be able to go beyond treating the effects of the disease and to begin to treat the disease itself.”*

*– Dr. Perrin White,  
chief of Endocrinology*

needs a reliable funding stream for its research efforts, clinical trials and patient care delivery.

Having a steady source of funding, especially locally or regionally, would mean the ability to initiate and conduct clinical studies without delays and without the sometimes frustrating efforts required to obtain federal funding.

For example, there is a “tremendous opportunity for in-state collaboration” on diabetes studies with one or two other regional partners, Dr. White said. Because Texas has such a large proportion of children with diabetes in the United States, such a collaborative effort could reach a minimum of five percent of the nation's children with diabetes, he added.

Local or regional funding might enable Children's to place many more children on study protocols.

“It would be amazing what you could accomplish with a few hundred thousand dollars a year,” Dr. White said.

#### **Diagnosis is just the beginning**

After diagnosis, families have ongoing needs for education. At Children's, patient family education is a significant part of a patient's care plan and manifests itself in numerous innovative ways throughout the hospital. Programs such as Asthma Management, for example, provide



*Children's provided orientation to 430 new nurses during the year, and more than 2,000 nurses and staff participated in ongoing education classes.*



**ABOVE:** Certified diabetes educator Gloria Young, RN, right, is involved in teaching school nurses like Chandra Ellis, RN, from Thomas J. Rusk Middle School in Dallas, about diabetes and how to treat students under their care. As part of that training, the diabetes education staff at Children's has created a tool kit for nurses and unlicensed personnel in schools that may not have a nurse in residence. **RIGHT:** Using an insulin pump allows Sarah Cox the freedom to go from cheerleading to band and then to basketball or volleyball without having to take insulin injections or methodically keep track of proteins and carbs — the pump does all of that for her. The Ennis seventh-grader, diagnosed with type 1 diabetes three years ago, learned all about her pump at diabetes classes at Children's.



*Children's provides the most comprehensive eating disorders program available in Texas and is the only inpatient program for eating disorders including medically compromised patients and children with feeding tubes.*

intensive training for families.

In Endocrinology, education is an essential step in improving the quality of life for children with type 1 and type 2 diabetes because it empowers patients and their families to self-manage the disease. In fact, the hospital's diabetes education program holds the prestigious American Diabetes Association Recognition Certificate.

Like many parents of children recently diagnosed with diabetes, Irma and Jesus Orellana struggled with food choices for Bryan and with handling the realities of the disease and how it will affect them all. "I'm still in shock," Mrs. Orellana said, while Bryan was still in the hospital. "All the information, it's just so overwhelming."

But fortunately, the educators' job doesn't end at discharge. Children's experts remain in close contact with the families through weekly reviews of blood glucose logs. They also take patients' calls to provide an avenue for both routine and unexpected questions to be addressed.

Many parents will call several times each week for the first few weeks after diagnosis as they become accustomed to their new roles as medical caregivers. Additionally, families attend an all-day follow-up class called "Diabetes 101" a week or two after discharge.

*Nurses at Children's were instrumental in backing the passage of a bill by the Texas legislature that mandates unlicensed school personnel be trained in diabetes care.*

#### **Infusion pump program**

Certified diabetes educators work with the infusion pump program established in 2000. Today, there are more than 300 patients who use the device, which is about the size of a deck of cards. The pump allows insulin to be injected at any time with the touch of a button, without the patient having to give themselves an extra injection. The most advanced pumps can accept wireless information from blood glucose meters or continuous glucose monitors; store information on the car-

bohydrate content of common foods; and can suggest the appropriate dose of insulin to administer before any meal.

#### **Changing a lifestyle**

"Working with a pediatric population is both challenging and rewarding," certified diabetes educator Marilyn Cox, RN, said. "As a diabetes educator, my goal is to not only provide education on basic diabetes self-management skills, but also to recognize the developmental stages of the patient and how those stages may impact diabetes care."

One of the goals of diabetes education is to teach lifestyle modification that involves the entire family, often including extended family members. Family support is crucial to the success of diabetes management, and the lifestyle changes to behavior, exercise and diet can be beneficial to everyone in the family.

#### **A future begins**

Bryan is again a bundle of energy in his kindergarten classes at Galloway Elementary in Mesquite, Texas. His recent diagnosis and hospitalization haven't slowed him down. Bryan will be able to have a healthy childhood with the help of the physicians, diabetes educators and nurses at Children's. <<<<

# Jasmine Amerasekera

## CREATING HER OWN POSSIBILITIES

»»» For Jasmine Amerasekera, a sixth-grader at Parish Episcopal School in Dallas, the possibilities are endless. The 12-year-old is a gifted writer, is inspired to paint, takes piano lessons and loves to read. She isn't sure exactly what she wants to be when she grows up — maybe a scientist who finds the cure for diabetes, or an author. With her activities, Jasmine has to maintain a strict regimen to manage her type 1 diabetes. She receives regular care from specialists at Children's, which includes education on how to manage her insulin pump, a convenient medication-administration device that allows Jasmine much more freedom to pursue her interests. Jasmine and her mother, Anoma, have volunteered at "Diabetes 101" education classes at Children's as a way to give back for the care she receives here. They talk to children about Jasmine's experiences and bring materials to help educate families.





*Surgeons at Children's performed 18 heart transplants in 2007 – including one on Christmas Day. Children's ranked in the top 10 in the nation for the number of pediatric heart transplants performed in 2007.*

With an alarming increase in diagnoses, type 2 diabetes is becoming an epidemic. Children's engages researchers, educators, physicians and families to change that.

# Lean, mean family machine



To hear Cynthia Bishop tell it, one might think her family had been on a reality television show such as “Extreme Makeover.” Two of her boys, Ryan, 10, and Dylan, 8 — both of whom were overweight — lost 30 pounds combined. And Ryan, once diagnosed as borderline for type 2 diabetes, now has a healthy blood sugar level. His cholesterol has dropped significantly, as has his blood pressure.

“We’ve had a complete lifestyle makeover,” Bishop said.

Her family made this healthy

turnaround by participating in the Dean Foods LEAN (lifestyle, exercise and nutrition) Families Program at Children's.

The program, administered through the hospital's Clinical Nutrition department, was established in 2006 through a \$1.25 million gift from the DEAN Foods Company. It provides patients and their families with intense weight-management therapy while encouraging healthy habits for life.

Through programs like LEAN Families, the Bishops and others can

gain the tools to prevent or reverse obesity-related health issues.

## **Growing concerns**

Years ago, most doctors thought type 2 diabetes was a disease of adults. Even now, of the more than 200 children diagnosed annually with diabetes at Children's, only 50 to 60 have the type 2 form.

“Of course, a few years ago, it was 10 a year,” said Dr. Perrin White, chief of Endocrinology.

No truly representative data exist for the number of young peo-

*In 2007, seven surgeons traveled to Children's from six countries to observe Dr. Warren Snodgrass, chief of Urology at Children's, perform the tubularized incised plate hypospadias urethroplasty, which has become internationally known as the "Snodgrass Repair."*



## A slippery slope: the potential for complications of type 2 diabetes

Children with type 2 diabetes not only must manage the consequences of the disease itself, but also as they grow up, its many potential complications:

- Heart disease and stroke
- High blood pressure
- Blindness
- Kidney disease
- Nervous system disorders
- Amputations
- Dental disease
- Complications of pregnancy
- Worse prognosis from illnesses such as pneumonia and influenza

For 10-year-old Ryan Bishop, center, and his brother Dylan, 8, family picnics now include fresh veggies and fruit instead of high-fat junk food. By participating in the Dean Foods LEAN Families Program, Ryan and Dylan lost more than 30 pounds combined. Families participating in the 12-week program work with a team of physicians, dietitians, social workers and physical therapists who help kids and their parents set goals to make healthy lifestyle changes. Prior to joining the program, Ryan was borderline for type 2 diabetes and had high cholesterol and high blood pressure.

*Twenty-six percent of direct care nurses at Children's have specialty certifications compared to the national average for all Magnet hospital direct caregivers nationwide (22 percent).*



**ABOVE:** Dr. Jon Oden, a pediatric endocrinologist at Children's, reviews patient charts with Dr. LeAnn Kridelbaugh, medical director of the hospital's Dean Foods LEAN Families Program. Dr. Oden created a screening protocol for insulin resistance that doctors outside the hospital can follow to identify patients at risk for developing type 2 diabetes. **RIGHT:** Endocrinology clinical manager Loretta Oshel, RN, talks with Brandon Montgomery-Harden and his mother, Cheree Harden, during a visit to Children's. Brandon has the markers for type 2 diabetes, and Children's experts are working to prevent the disease from progressing.



*The Palliative Care Program at Children's provided 38 family consultations in 2007. The program, launched in 2006, helps to address the emotional, social and spiritual needs of families who have children with life-limiting or chronic conditions.*

ple with type 2 diabetes, but national and local healthcare leaders are concerned the disease has reached epidemic proportions.

"No one knows if we've hit the crest of the wave yet. Is the curve linear? Exponential? I don't know. No one does," Dr. White said.

### A costly epidemic

In Texas, the incidence of type 2 diabetes is forecast to triple in children over the next 25 years. A recent report to the state legislature says type 2 diabetes is growing at a rate of 3 percent to 5 percent per year and already is the second most prevalent chronic disease in Texas children after asthma.

For each Texas child who was diagnosed in 2000 with type 2 diabetes, he or she will incur an estimated \$500,000 in healthcare costs over his or her lifetime.

If the number of young Texans diagnosed with type 2 diabetes continues to increase at the current rate, lifetime costs would be \$15 billion. If action is taken now, however, the state can expect to save some \$1 billion for every 10 percent decrease in type 2 diabetes.

In 2001, to try to detect children at risk of developing type 2 diabetes, Texas began requiring school screenings for a skin condition called *Acanthosis nigricans*. This type of dark, rough, thickened skin around the neck and under the arms may be a marker for insulin

## Seeking answers through genetic research



Dr. Kamal Bharucha is part of a new generation of gene explorers. Their avenue of study, called model organism research, focuses on the common fruit fly, which is helping the researchers build the foundation for future discoveries.

The fruit fly, *Drosophila melanogaster*, is one of the most studied organisms in biological research, particularly in genetics and developmental biology. About 75 percent of known human disease genes have a recognizable match in the genetic code of fruit flies, and 50 percent of fly protein sequences have mammalian analogs.

Currently, the fruit fly is being used as a genetic model to study mechanisms underlying a number of human diseases, including the neurodegenerative disorders Parkinson's, Huntington's and Alzheimer's disease, as well as obesity, diabetes and cancer.

Dr. Bharucha, a physician at Children's and assistant professor of Pediatrics and Pharmacology at UT Southwestern, and his research team are exploring the way that

fruit fly genes control the mobilization of fat from the fat tissue, as well as other genes of interest within the fruit fly genome that may affect fat accumulation.

"We can now genetically create flies that are fat, which gives researchers many opportunities to explore basic questions of metabolism," Dr. Bharucha said.

One of the strengths of using the fat tissue in *Drosophila* is that it is very easy to work with. Researchers can dissect out the fat tissue at every stage in the flies' development. Fruit flies even have insulin-producing cells and store fat in a manner similar to the way humans do.

Dr. Bharucha is excited about the practical applications of the team's research.

"While type 2 diabetes was a rarity in kids even a couple of decades ago, it's now becoming increasingly common. Our team is poised to discover new genes that may contribute to the cause of obesity and diabetes in all children," Dr. Bharucha said.

*In 2007, the School Services department made 2,118 consults, enrolled 210 students in the Dallas Independent School District and coordinated tutoring for more than 400 patients.*

*In Texas, the incidence of type 2 diabetes in children is forecast to triple over the next 25 years. A recent report says type 2 diabetes is growing at a rate of 3 to 5 percent per year and already is the second most prevalent chronic disease in Texas.*

resistance — a reduced ability of body tissues, particularly muscle, to respond to insulin — a condition that can predispose patients to type 2 diabetes.

Because so many children have *Acanthosis* — 15 percent of South Texas students ages 8 to 15 in a pilot screening program — the challenge is to identify those at particularly high risk of associated medical problems. Treating those problems presents additional challenges because, depending on which ones a given patient has, a primary care physician might need to refer that patient to an endocrinologist for diabetes, a cardiologist for high blood pressure, a lipid specialist for high cholesterol and a gastroenterologist for fatty liver disease.

#### **Screening protocol**

To address this situation, Dr. Jon Oden, a pediatric endocrinologist at Children's and assistant professor of Pediatrics at UT Southwestern, created a screening protocol for insulin resistance that can be followed by physicians outside the hospital. Those patients can then be referred to the Center for Obesity and its Consequences in Health, or COACH, Clinic.

Referrals to the COACH Clinic originate from several sources, including school nurses and primary care physicians. Once a child has been identified as obese, it is a simple matter of obtaining a few

screening studies to ensure the child is appropriately assigned to care.

A systematic approach is used to evaluate and treat these obese children, including detailed diet and exercise histories and recommendations for new regimens based on a child's health needs. If type 2 diabetes is diagnosed on a glucose tolerance test, the patient and family are given diabetes education and appropriate medications.

#### **Research opportunities**

The hundreds of obese children seen yearly in the COACH program represent a tremendous opportunity to conduct clinical research on the causes, detection and treatment of pediatric obesity and type 2 diabetes.

For example, oral glucose tolerance tests are cumbersome to perform in comparison to a simple blood test. Therefore, Dr. Oden, Dr. Bassil Kublaoui, a physician at Children's and assistant professor of Pediatrics and Internal Medicine at UT Southwestern, and their colleagues are studying a new type of blood test to see if it might be useful in detecting mild type 2 diabetes in obese children.

Another project, funded by the Children's Medical Center Foundation, is examining whether insulin resistance in obese children is related to abnormalities in the regulation of growth hormone secretion. The goal of these efforts is to better predict which children are at great-

*The Hematology-Oncology specialty pharmacy makes an average of 300 doses of chemotherapy per week.*

## Understanding the brain and appetite regulation

The genetics of mice that are grossly overweight and those that appear normal in size make up the research world of Dr. Bassil Kublaoui, a physician at Children's and assistant professor of Pediatrics and Internal Medicine at UT Southwestern.

The super-sized mice have been genetically altered to model characteristics that one day may help researchers achieve a greater understanding of how the endocrine system, particularly the part of the brain called the hypothalamus, which regulates eating behavior, controls energy balance and thus how humans become overweight.

Dr. Kublaoui began his research project, which is supported by competitive grants from the National Institutes of Health, after doctors identified a new form of obesity in a 6-year-old morbidly obese patient of a pediatric endocrinologist at Children's.

Based on a prenatal screening of the mother, the child was found to have a rearrangement involving two of her chromosomes, suggesting the presence of a genetic defect. The compromised gene, called SIM1 (single-minded 1), functions in the hypothalamus and is one of only six genes implicated in human monogenic (involving only one gene) obesity.

"The long-term significance of this work is focused on understanding how the brain regulates appetite, and once understood, we can then intervene with drugs that counteract the genes that increase appetite or help those genes that reduce appetite," Dr. Kublaoui said.



est risk for developing diabetes so that medical resources could be concentrated on their treatment.

### A family affair

Children and families who are interested in more intensive efforts to make therapeutic lifestyle changes also are invited to enroll in the Dean Foods LEAN Families Program. The 12-week educational program is the first for pediatric obesity to win disease-specific certification from The Joint Commission.

By participating in LEAN Families,

the Bishops, including Ryan, Dylan and oldest son Colt Andrews, 13, have learned what was contributing to the boys' poor health — and how to fix it. They've discovered "all-the-time foods," such as lean meats and high-fiber/low-starch vegetables vs. "sometimes foods," like sweets and high-starch vegetables. They've replaced salt with Mrs. Dash® and other spices. They've learned to cut TV time and bump up time spent playing football and basketball.

But the Bishops have done more than simply learn about these lifestyle

choices. They have incorporated them into their daily routines. They're such a part of the boys' lives that Ryan and Dylan have convinced some classmates to switch from chocolate or whole milk to two-percent or skim.

Perhaps just as important as what LEAN Families patients lose is what they gain: the tools to make healthy decisions about diet and physical fitness. These tools can give families a new outlook on life.

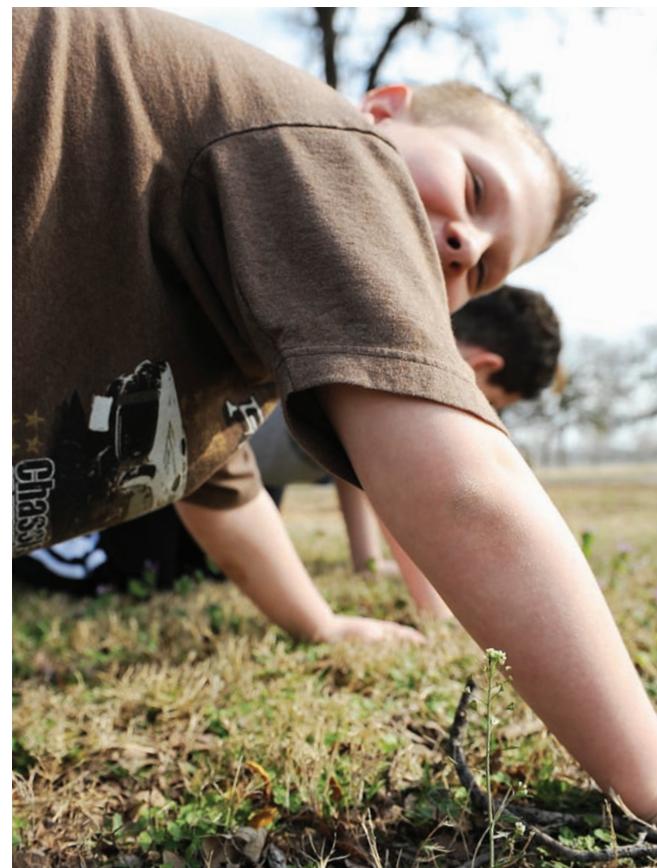
"Everything is different," Bishop said. "These changes seem so normal now." <<<<



# Ryan Bishop

## PUTTING THE POWER OF FAMILY TO WORK

»»» Sometimes, 10-year-old Ryan Bishop would like to kick his mother out of the kitchen. Since participating in the Dean Foods LEAN Families Program at Children's, he and his brothers have become quite the chefs, seasoning vegetables with Greek or Creole spices and helping their mother prepare dinner each night. Even though his mother, Cynthia, prefers to be head chef — “I don't like people in my kitchen,” she said — she loves that her three sons pitch in to make family dinners. Involving her boys — Dylan, 8, Ryan, and Colt Andrews, 13 — in meal preparation has empowered and encouraged them to make healthy food choices, not only at home but also at school or friends' houses. The family also enjoys exercising together. The lessons learned through the LEAN Families Program have been life-changing for the boys, especially Ryan, who had high cholesterol, was borderline for type 2 diabetes and had high blood pressure. Seeing these physical improvements only increases the family's motivation to keep moving. For at least 60 minutes a day, the boys ride bikes, play football, jump on the trampoline or race each other through the neighborhood. “The best part of all this,” Cynthia said, “is that we all do this as a family.”



*In 2007, the hospital admitted 1,429 trauma patients and saw more than 13,000 trauma cases. Children's is the only pediatric hospital in the Southwest designated as a Level I trauma center. The closest centers outside Dallas are in Denver and Indianapolis.*

# Happy campers

Counseling, camp experience help kids with diabetes take control of their disease.

»»» For most of the year, the lives of children with diabetes are unavoidably different from their friends.

While their peers indulge in whatever sweets strike their fancy, children with diabetes are told what, when and how much to eat. And they're usually the only ones in the class taking breaks to check their blood glucose and take insulin.

But at Camp Sweeney, children with diabetes get the chance to spend several weeks in the company of hundreds of others with the same condition. And they get to do so in a traditional camp environ-

ment — they sleep in cabins and participate in activities such as canoeing, water skiing, hiking and roller hockey.

"The diabetes child has barriers," said Dr. Bryan Dickson, medical director of Endocrinology at Children's and Camp Sweeney. "A child has to be cool at school. Or he or she has to put on a facade. But at camp, they can break down those barriers. They're more positive. They're reassured. And they're not ashamed of diabetes."

When treating a child with a chronic illness, medical and clinical

staff must consider both the physical and emotional dimensions of care.

At Children's, a consultation program through the hospital's psychiatry program, and support programs such as play therapy through the Child Life department, help equip children to cope with a chronic illness or traumatic injury.

Studies at Children's have shown that depression is more common in children with diabetes and that disease complications are worse among those who are depressed. Left untreated, depression in children and teens with diabetes can

*An estimated 118 million households watched the 20th edition of the Neiman Marcus Adolphus Children's Parade Dec. 1.*



lead to poor school performance, substance abuse, social withdrawal, eating disorders, poor control over their diabetes and an increased risk of being hospitalized.

### **Staying in tune**

That's why caregivers stay acutely in tune with their patients' emotional health. This is not an easy task, given that many adolescents, healthy or otherwise, often don't communicate openly with adults.

"We spend a large proportion of our time discussing psychosocial issues with our patients with

diabetes," said Dr. Annie Wang, an endocrinologist at Children's and assistant professor of Pediatrics at UT Southwestern, "which is why there is a great need for collaboration between our department and the department of psychiatry."

To address this issue, the Endocrinology department at Children's currently has a psychology intern, working under the supervision of the psychology staff. The need for emotional support for children with diabetes is so pronounced that Endocrinology is seeking funding for a full-time,

More than 1,000 children with diabetes nationwide attend summer and winter sessions at Camp Sweeney, a privately funded camp for which Children's helps recruit the volunteer medical staff. The setting — cabins, cookouts, talent shows, hiking and canoeing — allows children with a chronic disease to be normal kids in a medically safe environment where other children share the challenges of diabetes.

*In 2007, Children's opened a comprehensive multidisciplinary Pain Management Center to treat children with chronic muscle, bone and nerve pain.*

dedicated psychologist.

In addition to physicians and psychologists, diabetes educators play an integral role in caring for the psychological health of patients.

“Over the last year, we performed a study that looked at the effect of extra diabetes education in teens with poorly controlled diabetes,” Dr. Wang said. “Preliminary data show that extra sessions with diabetes educators have a positive effect on blood glucose control. And the patients feel better about their ability to manage their diabetes as well.”

### Disease correlations

Through the collaboration of Children's and UT Southwestern, researchers are working to uncover the best methods of caring for the emotional needs of children with diabetes.

**RIGHT:** Dr. Ernie Fernandez, a pediatrician at Children's and clinical assistant professor of Pediatrics at UT Southwestern, started working at Camp Sweeney as a medical student and now serves as camp director. During the summer, Dr. Fernandez overnights at the camp and makes daily trips back and forth from Camp Sweeney to Dallas (150 miles roundtrip). Campers go home from camp in better control of their disorder, and “that's the goal of the program,” Dr. Fernandez said. **OPPOSITE:** Dr. Annie Wang, left, Endocrinology, and Sunita Stewart, Ph.D., Psychology, have conducted studies showing the relationship between psychological function and complication of diabetes in children. “The evidence is clear that physical and psychological health go hand in hand,” Stewart said.

Sunita Stewart, Ph.D., chief psychologist at Children's and associate professor in the Department of Psychiatry at UT Southwestern, has worked with Dr. Perrin White, chief of Endocrinology at Children's, to study the relationship between psychological function and diabetes complications. They found that family counseling and behavioral interventions are promising in terms of improving the self-care and emotional well-being of children. Their work recommends that community pediatricians be alert to symptoms of depression in children with diabetes and refer them to psychiatrists if necessary.

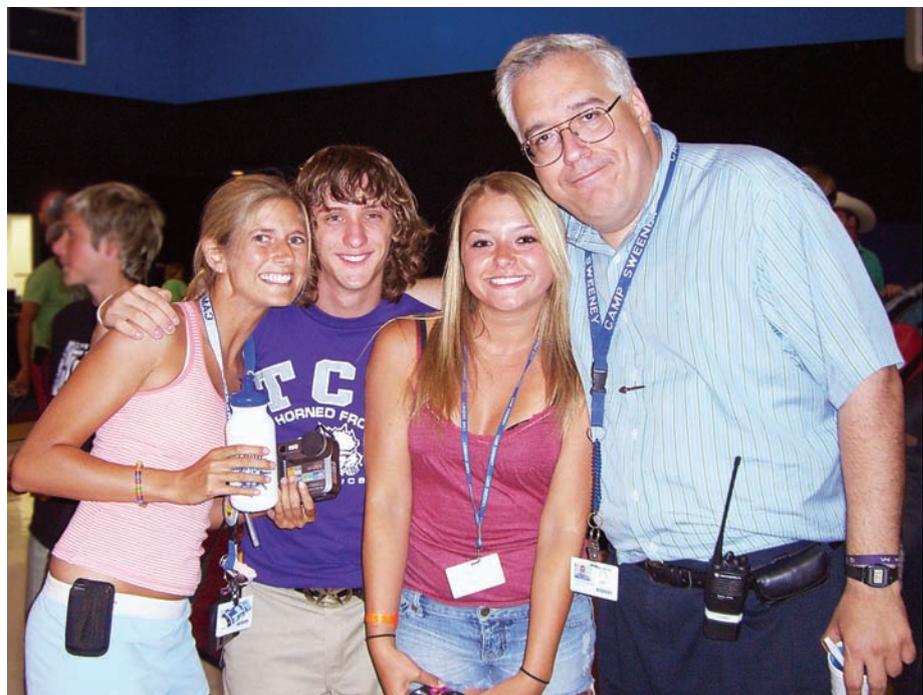
“The evidence is clear that physical and psychological health go hand-in-hand,” Stewart said. “Our studies show that depressive symptoms in teenagers predicted whether they would be hospitalized

for diabetes complications up to two years later. By supporting young people's psychological needs we are, in effect, helping them take better care of their diabetes.”

### Camp — a unique therapy

Camp Sweeney, which is owned and operated by a private diabetes-related foundation, is just one of numerous camp opportunities for patients at Children's.

Other camps, in part sponsored by Children's, give opportunities for young people with numerous diseases and disorders — such as cancer, kidney disease and asthma — to link to other kids with like circumstances in a safe, medically controlled environment. These camps offer a unique form of therapy that has amazing potential to improve a child's quality of life, and to provide opportunities for campers to build



Approximately 18,000 children were treated in Orthopedics in 2007. More than 7,000 casting procedures were performed and more than 1,400 children underwent surgery for orthopedic-related injuries.

relationships and gain the confidence to help manage their own diseases.

Many of these camps are supported by the Chip Moody Child Care Fund and Endowment at Children's. The endowment is funded by the annual Children's Medical Center Chip Moody Classic, a golf tournament and auction party.

### Improving self-care

For children with diabetes, camp is more than a place for recreation and socializing. Situated in Gainesville, Texas, about 75 miles north of Dallas, Camp Sweeney, for example, is a lifestyle program that builds self-esteem and confidence through recreational activities and by involving each camper in his or her own medical management. Campers learn the skills to help them not only control their diabetes



through diet and insulin injections, but also to thrive in life despite the challenges of their illness.

### Concrete results

A recent study indicates that camp is meeting this goal for pediatric diabetes patients. Dr. Wang compared blood glucose levels of adolescents who had been to Camp Sweeney to others who had not attended. She found that those who had been to camp had improved blood glucose control for at least several months after camp, compared to those who had not been to camp. Dr. Wang's study was published in the January 2008 issue of *Pediatric Diabetes*.

### Commitment from Children's

Results like this would not be possible without the volunteer commitment of Drs. Ernie Fernandez and Bryan Dickson. As camp director, Dr. Fernandez, who worked at Camp Sweeney as a medical student, is responsible for Camp Sweeney's employees and oversees operations. As camp medical director, Dr. Dickson recruits the camp's volunteer medical staff and collects medical supplies for each session. Approximately \$250,000 in supplies, including insulin and glucose meters, are donated from pharmaceutical and medical supply companies. These donations allow the staff to provide the best medical care to campers. <<<<

## NIH study looks at high depression rate in teens with diabetes



Research has shown that as children with diabetes transition into adolescence, management of the illness declines and levels of depression increase.

Deborah Wiebe, Ph.D., MPH, professor in the Department of Psychiatry at UT Southwestern, is the principal investigator of a study to examine how parental involvement in a child's diabetes management changes during adolescence and how it affects the child's emotional well-being.

"As the parent-child relationship changes across this transition, parents change from more hierarchical lines of authority to more egalitarian," Wiebe said. "It's important for that to be reflected in how parents interact with the child around diabetes."

To study this process, Wiebe has secured a \$2.8 million grant from the National Institutes of Health. The study also will look into how the process differs among various socioeconomic and ethnic populations.

The goal of the study, which should be completed in 2010, is to identify child, parent, family and provider factors that could lead to interventions to promote successful adjustment.

# Gibran Juarez

## GIVING BACK WHAT WAS GIVEN TO HIM

»»» Diagnosed with type 1 diabetes at age 9, Gibran Juarez had trouble keeping his blood glucose under control. But that changed after spending three summers at a camp for children with diabetes, beginning when he was 15. “Camp taught me to control my diabetes,” said Gibran, now 18. But it changed him in other ways, too. “It made me become a better person and taught me to be positive about life and understand that diabetes can’t hold me back from any opportunities in life.” That would include his favorite sport, soccer. As a freshman at Richland Junior College, Gibran now plays for his school’s team. “I can’t say, ‘I’m diabetic. I can’t do that,’” he said. “Camp made me live life, love life — and taught me to open my heart, be myself and smile.” This positive outlook will serve Gibran well in the profession he plans to pursue: nutrition. Having spent so much time with nutritionists in the medical setting and at Camp Sweeney, he understands on both a clinical and personal level how to help people, including children, achieve their nutrition goals. This is something he learned about himself as a camper. “At camp, the younger kids really look up to you. It’s pretty cool to be a role model for them.” With his diabetes under control and the go-for-it attitude he developed at camp, he’s just the guy a newly diagnosed child with diabetes should look up to.





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*The Children's Advocacy team delivered health education messages to more than 70,000 children and families at 72 community outreach events in Dallas and Collin counties. Topics included obesity prevention, diabetes prevention and Children's Health Insurance Program/Medicaid education.*

# Taking charge

As the center of the endocrine system, the tiny pituitary gland can cause big problems when it malfunctions. It takes the expertise of Children's to set things right.

»»»» When Larissa Spence was referred to Children's at age 5, she was 3 feet, 3 inches tall, placing her below the third percentile for height.

But extensive testing revealed that Larissa's problem encompassed much more than short stature. Larissa was diagnosed with a pituitary disorder that had affected her growth hormone output, and if left untreated, would have affected her body's ability to produce the hormones needed to go through puberty.

To treat her condition, caused by abnormal pituitary anatomy, Dr.

Bryan Dickson, medical director of Endocrinology at Children's, prescribed medications to correct the hormone levels produced by her pituitary gland. Dr. Dickson treats Larissa with hydrocortisone, thyroid replacement hormones, growth hormone, estrogen and progesterone. Today, at 17, Larissa stands 5 feet, 8½ inches tall.

"Dr. Dickson has been a lifesaver for us," said Reesa Spence, Larissa's mother. "He knew immediately what to do, and we had no doubt that Larissa would be taken care of every step of the way."

## **Heart of the endocrine system**

A tiny gland — the pituitary — can cause big problems when not working correctly.

The pituitary gland is located at the base of the brain. Though no bigger than a pea, it is one of the most important parts of the endocrine system. It makes hormones that regulate many other endocrine glands in the body. The pituitary produces hormones that stimulate the growth of bone and body tissues, activates milk production in breastfeeding women, and regulates metabolic rate, the body's ability to

*In 2007, Children's performed the most liver transplants in Texas. Nineteen liver transplants were performed with 100 percent patient survival.*



**ABOVE:** Thanks to Dr. Grace Tannin, an endocrinologist at Children's, Brookhaven college student Helen Gaytan, center, received treatment that will allow her to fulfill her dream of having a large family someday. **LEFT:** Dr. Tannin visits with Helen at Children's. Helping patients like Helen underscores that the mission of Children's isn't simply to treat a patient's condition — it's to make life better for her. "It really involves focusing on the whole person — finding out their fears or concerns," Dr. Tannin said.

*The Children's nursing internship program is highly competitive; there is a ratio of five-to-one between applications received and nurses accepted. In 2007, Children's selected 52 nursing interns from the December graduating classes and 67 interns from the May class.*



**ABOVE LEFT:** Endocrinologist Dr. Bryan Dickson examines Alex Millican, 16, in the outpatient unit. **ABOVE RIGHT:** Cordell Betts, 21, stands tall (almost 6 feet), next to his endocrinologist, Dr. Michele Hutchison. Cordell is a natural at basketball, but without the treatment he receives at Children's for growth hormone deficiency, shooting hoops wouldn't be the same. He has a passion for helping others and hopes to work in healthcare someday. For now, thanks to his treatment at Children's, Cordell plans to continue perfecting his slam dunks.



respond to stress, puberty, reproduction and thirst, water intake and urine output.

### Fulfilling a dream

Like Larissa, Helen Gaytan and her mother came to Children's seeking answers. Maria Conejo knew that something was wrong with Helen, who had not begun menstruating or developing breasts even though she was entering her late teens.

"At the age of 16, I had the body of a 12-year-old," Helen said.

Dr. Grace Tannin, an endocrinologist at Children's, had the answer.

Helen had a rare genetic disorder called Kallmann Syndrome, which causes delayed puberty.

"This is a classic kind of delayed puberty, where the hypothalamic hormone that controls pituitary hormones, which, in turn, tell the ovaries or testes to go into puberty, doesn't work right," said Dr. Tannin, also an associate professor of Pediatrics at UT Southwestern.

With the help of synthetic hormones, Helen's body has developed into that of a beautiful young woman. Although she may need fertility treatments in the future to

*The Central Pharmacy provides 2.1 million doses of medication for patients each year.*

become pregnant, chances are high, Dr. Tannin said, that Helen will be able to conceive.

“The biggest dream I have is to be a mother,” said Helen, now a 20-year-old student at Brookhaven College in Dallas.

### **Standing tall**

The fact that children grow is a truism often taken for granted.

At Children’s, approximately 600 children are seen each year for growth issues. Cordell Betts is one.

Nearly 6 feet tall and growing, He came to Children’s at age 15 standing 4 feet, 10 inches tall — less than the third percentile for his age.

“My goal is to make sure that each child reaches his genetic potential, which is in large part determined by the heights of the parents” said Michele Hutchison, M.D., Ph.D., an endocrinologist at Children’s and assistant professor of Pediatrics at UT Southwestern. “I worry far more about the growth rate than the absolute height, because some children are just late bloomers.”

For the past six years, Cordell has received injections of a synthetic growth hormone to replace the one that his body fails to produce naturally. Because Cordell’s growth plates remain open, he still is a candidate for pediatric dosing of the synthetic hormone, despite his age.

“I would much rather be at Children’s than an adult hospital. The atmosphere, people, every-

*“My job is the best of both worlds. I get to make diagnoses and work with kids, and I get to make discoveries in the lab that might benefit those kids some day.”*

*– Dr. Michele Hutchison, endocrinologist*

thing is better,” he said.

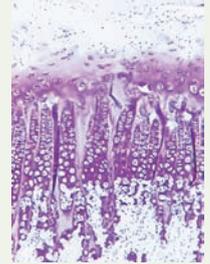
In addition, some children who seem to make enough growth hormone but still don’t grow well now have alternative therapies available to them. A hormone made by the liver in response to growth hormone, called insulin-like growth factor-1, or IGF-1, is being used to treat children with growth failure.

“My job is the best of both worlds. I get to make diagnoses and work with kids, and I get to make discoveries in the lab that might benefit those kids some day,” Dr. Hutchison said. <<<<

## **Cell studies center on growth failure**

Sometimes finding answers means visiting unusual places and going to great lengths. For Dr. Michele Hutchison, that means gathering research material from a local slaughterhouse.

“To understand how bones grow, one must examine a highly specialized part of the juvenile bone called the growth plate,”



Dr. Hutchison said. “Much of the growth plate research done to date has used rodent models, and while the resulting data are important, the bones of rats and mice are fundamentally different from those of humans. I chose to use growth plate material from young calves to better approximate what we see in a growing child.”

A technology that uses tiny microchips to examine thousands of proteins in a single sample has made it possible to understand how the growth plate cells receive growth signals, and even regulate their own growth.

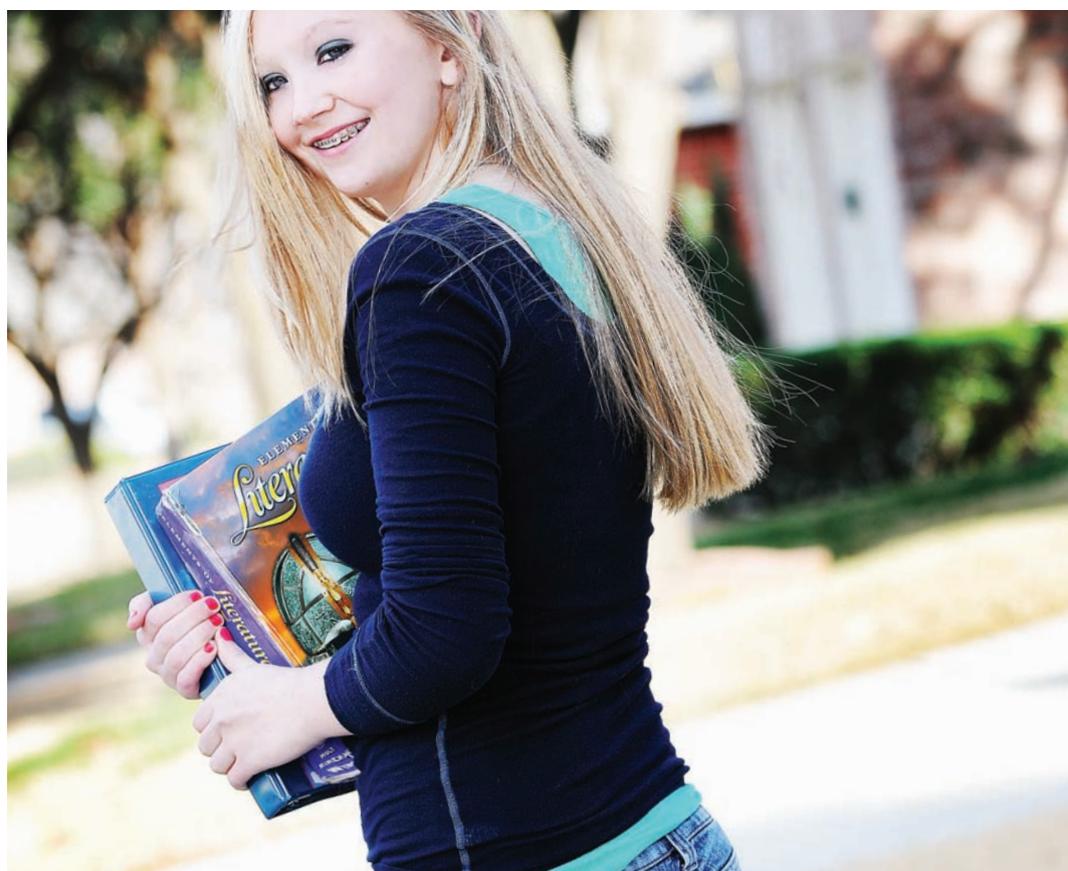
It is not uncommon to see Dr. Hutchison picking up the bones that are otherwise discarded. She extracts the cells from growth plates in the leg bones and uses the cells to study the developmental pattern that these specialized cells must undergo to make a bone grow. Her research studies are supported by a competitive grant from the National Institutes of Health.

“Because we are able to extract large numbers of growth plate cells, far more than could ever be extracted from a mouse, we can subject the cells to a large array of analyses,” Dr. Hutchison said.

# Larissa Spence

## A MODEL EXAMPLE OF FUTURE RETURNS

»»» Larissa Spence, 17, shines when she is in front of the camera. The Flower Mound High School senior enjoys modeling, serves on the student council and is an avid bike rider. She also loves to help people and sees herself as a physical therapist someday. When Larissa came to Children's at age 5, she was tiny — landing in less than the third percentile in height for her age. Girls younger than Larissa stood inches above her. At Children's, specialists discovered that she had a rare pituitary disorder. With years of treatment, Larissa now thrives in the 95th percentile in height and currently stands at 5 feet 8 ½ inches. Larissa's development has not only boosted her self esteem, but also has enabled her to pursue her dream of modeling. "Dr. Dickson has changed my life," Larissa said. "I wouldn't be the same today without him."





*In 2007, Children's opened a dedicated Level III neonatal intensive care unit.*

# Critical diagnosis

Children with adrenal failure require prompt treatment from the experts.



Three-year-old Liberty Ingram is always on the go. At any moment, she can be found playing with her dog, Jack, or helping her four older brothers and parents milk the cows at their dairy farm in Windthorst, Texas. But just a couple of months ago, sudden life-threatening symptoms stopped Liberty in her tracks.

Liberty had suddenly become listless and her breathing was shallow. Her mother, Michelle, immediately called the paramedics and rushed her to the local fire station. There, she was noted to have an extremely low blood glucose level.

Her condition quickly worsened to generalized seizures. When an ambulance failed to arrive, Michelle and Tony Ingram drove Liberty to a nearby hospital. There, Liberty was diagnosed with Addison's disease — primary adrenal deficiency — which causes low blood pressure and low blood sugar.

#### **Multiple specialists needed**

"Liberty was extremely sick upon arrival at the outside hospital," said Dr. Perrin White, chief of Endocrinology at Children's and one of the doctors who treated Liberty

after she was transferred to Children's. "Her body was in a state of severe shock and she had dangerously low blood pressure, low blood sugar and swelling of the entire body, including her brain."

While at the other hospital, Liberty also developed a blood clot in the femoral artery in her leg. Because that hospital was not equipped to treat this problem, Liberty was transferred to Children's — the only pediatric hospital in North Texas that provides interventional radiology. Children's also had a team of specialists ready to attend

*The Evelyn and Keith Acton Center for Pediatric Dentistry received 8,749 visits in 2007. The Center is the only hospital-based dental service in North Texas that provides comprehensive dental care for medically compromised and developmentally delayed children.*



to her Addison's disease.

As soon as the helicopter landed and Liberty was brought to the pediatric intensive care unit at Children's, endocrinologists, radiologists and critical care specialists assembled to assess her condition and begin treatment.

Dr. Nancy Rollins, chief of Radiology at Children's and professor of Radiology and Pediatrics at UT Southwestern, performed a highly specialized procedure requiring an X-ray-guided catheter delivering medication to resolve Liberty's clot and restore blood flow to her leg.

Once complete, endocrinologists, infectious disease and surgical specialists, neurologists and the critical care team continued to treat Liberty, who was hospitalized at Children's for nine days.

"My husband normally isn't into hugging, but when Tony heard the news, he immediately reached out to give Dr. Rollins a hug," Michelle said. "Once we stayed at Children's, we thought it was an amazing hospital — it was amazing how many people stopped by to check on Liberty and the amount of knowledge they had."

Dr. Nancy Rollins, chief of Radiology at Children's, is a nationally renowned interventional radiologist. In Liberty Ingram's case, Dr. Rollins was the only physician in North Texas with the expertise to dissolve the clot that had developed in Liberty's femoral artery using an X-ray-guided catheter technique to deliver medication.

*Forty-six managers from all areas of Children's participated in the Children's Leadership Academy in 2007.*

### Keeping it up

Liberty continues to receive treatment at Children's to stay ahead of Addison's disease. She takes hydrocortisone to keep blood sugar levels up, and fludrocortisone, a salt-retaining hormone, to help her retain normal levels of sodium.

Although Liberty experienced some persistent effects in her brain from the low blood pressure and low glucose levels, she has been making a steady recovery with physical therapy.

"Liberty is a very happy, loving child," Dr. White said. "I expect her to lead a fulfilling life as she continues to make progress."

### Prompt diagnosis, treatment

Failure of the adrenal glands, or Addison's disease, can be life-threatening, but it usually responds readily if

it is promptly diagnosed and treated.

"Addison's disease is typically diagnosed by specialists," said Dr. White. "It is not unusual for kids to have had one or more episodes of low blood sugar or feeling bad without anyone knowing the reason. These episodes sometimes recur over years before a catastrophic event occurs that requires medical attention."

That was the case with Liberty. She had low blood sugar and a seizure a few months before her acute episode, but doctors didn't suspect adrenal failure at the time.

The adrenals are thumb-sized glands located above the kidneys. The medulla — the middle part — makes epinephrine (adrenaline) and helps the body react to stress in a matter of seconds. The cortex — the outer part — makes a number

of steroid hormones. The most important hormone is cortisol, which helps the body respond to stress over minutes and hours by raising blood sugar and by increasing the strength with which the heart pumps blood. The adrenal cortex also makes aldosterone, which maintains normal levels of sodium and potassium in the blood.

### Inherited diseases

Some children are born with inherited diseases that prevent them from making hormones or prevent the adrenal glands from developing properly. Congenital adrenal hyperplasia (CAH) is an inherited inability to synthesize cortisol. Most patients are also unable to synthesize aldosterone. As a result, infants with CAH can have sodium and potassium imbalances which can be fatal

**RIGHT:** Dr. Perrin White, chief of Endocrinology at Children's, is an international authority on the adrenal gland. Dr. White's research led to the identification of the genes involved in six inherited disorders, including congenital adrenal hyperplasia. **OPPOSITE:** Sterling Moore, 6, loves springboard diving. When he isn't playing T-ball or soccer, the kindergartner often is on the diving board. Because he receives regular care at Children's, Sterling is an active boy in spite of his congenital adrenal hyperplasia, which can cause fatal imbalances of sodium and potassium.



*In an emergency, such as a quarantine of the hospital, Food Services could provide 13,500 meals and 4,500 half-liter bottles of water over a period of seven to eight days.*

if not treated.

In addition, the adrenal glands of children with CAH secrete high levels of androgens (male sex hormones), which can interfere with normal genital development in infant girls. DNA testing, based on Dr. White's research, can detect CAH prenatally or after birth.

CAH occurs in a severe form in 1 in 16,000 children. Texas screens every newborn infant for CAH (as well as for many other diseases), but sometimes babies become ill before test results are available.

### Crucial care

This was the case with Sterling Moore.

He came to Children's 10 days after birth already in crisis. Sterling had stopped breathing by the time he arrived at the Emergency De-



partment at Children's, where pediatric emergency medicine specialists revived him after some tense minutes when he had no vital signs.

"He had dangerously low levels of sodium and high levels of potassium in the blood, typical signs of CAH in infants," said Dr. White.

Sterling, however, gets to be an active, curious 6-year-old in spite of his CAH.

He takes two medicines to replace the hormones he is unable to synthesize, has regular blood tests and sees his endocrinologist at Children's every three months. Like other children with CAH, Sterling must be given extra attention when it comes to common illnesses and stressful situations such as injuries, so his parents make sure that every new school nurse, daycare nurse, teacher or school administrator is educated about the signs that he might be going into an episode or CAH crisis. His mother tells them: "He just acts differently. You'll just know."

But Sterling doesn't let his disease slow him down. He plays T-ball and soccer and loves springboard diving.

The Moore family, which includes 2-year-old sister Kendall, two cats and a bearded dragon named Spike, live in Colleyville, Texas. "If it were up to Sterling, he'd have 1,000 animals," his mother said. Right now, he's very insistent that they get a burro. <<<<

## Strong leadership essential to growth

When Dr. Perrin White came to Children's in 1994, he had one goal: to develop the Children's Endocrinology program to a point of international reputation. Fourteen years later, Dr. White has built a strong program that is on the path of gaining such acclaim.

Dr. White was recruited to Children's from Cornell University Medical College and is the first holder of the Audrey Newman Rapoport Distinguished Chair in Pediatric Endocrinology at UT Southwestern. He is recognized as an international authority on the adrenal gland, including his identification of the genes involved in six different inherited disorders, several of which affect levels of the adrenal stress hormone cortisol.

He attended Harvard Medical School and did pediatrics residencies at Johns Hopkins and New York Hospital, and a fellowship in developmental and molecular biology at Rockefeller University in New York.

He has published more than 200 scientific papers and textbook chapters. Dr. White has received more than \$7.5 million in funds from the National Institutes of Health over the past 15 years and he is currently one of only two scientists at UT Southwestern to be supported by the Juvenile Diabetes Research Foundation. Awards for his research accomplishments include the Ernst Oppenheimer Award from the Endocrine Society, a MERIT award from the National Institutes of Health and the Mead Johnson Award from the Society for Pediatric Research.

# Liberty Ingram

## TEAMWORK GAVE HER A FIGHTING CHANCE

»»» Three-year-old Liberty Ingram's laughter is music to her family's ears. Only one week before Christmas, Liberty experienced sudden life-threatening symptoms at their dairy farm and was rushed to a local hospital, where she was diagnosed with Addison's disease — adrenal deficiency that causes extremely low blood pressure and low blood sugar. After developing a blood clot, she was transferred to the Children's pediatric intensive care unit, where a team of multidisciplinary experts — endocrinologists, radiologists, neurologists, and critical care, surgical and infectious diseases specialists — attended to her every need. Now, Liberty is back at the farm in Windthorst, Texas. She loves to ride the tractors, help her four older brothers milk the cows and play with her dog, Jack. To stay ahead of her disease, she continues treatment at Children's — quick to dole out hugs and high fives to her doctor. Liberty recently celebrated a late Christmas, and she is well on her way to riding in style on her new pink pedal tractor.





*Construction of the hospital's 10-story tower and the new 146-foot long bridge across Medical District Drive has used 26,000 cubic yards of concrete, 3,200 tons of rebar and 750 pre-cast pieces.*

# Gateway to care

New facilities, expanded services increase access to the best in pediatric medicine



The creation of new buildings and service expansions is a response by Children's to the growing needs of an ever-increasing North Texas population. In 2007, Children's made headway on new facilities that will enhance the hospital's ability to provide the best clinical care to children in North Texas.

## **Ten-story tower allows for service expansion**

On the Dallas campus, construction of Tower IIIB remains on schedule, with the facility set to open in the second quarter of 2009. The new 10-story tower, which has nearly 400,000 square feet, will house expanded cardiac, surgical, cancer, intensive care and neonatal units. Perhaps the most obvious change to the Dallas campus is the addition of the purple-and-blue bridge that will provide pedestrian and vehicular access from Tower IIIB to the Green Park visitor garage. The bridge's purple arches create a gateway to the hospital — a welcoming architectural cue that lets pedestrians

and motorists know they are on the Children's campus. Tower IIIB will create a new front door for Children's, shifting the entrance to Medical District Drive (formerly Motor Street). Workers also are in the process of widening the street to accommodate increased traffic.

## **Outpatient care in Legacy relocates, expands**

Children's Medical Center Legacy also has grown by leaps and bounds throughout 2007. While the main hospital is set to open in fall 2008, many outpatient services already are available to residents in the five-county Legacy area that includes Collin, Cooke, Denton, Fannin and Grayson counties. These services are offered in the Children's Ambulatory Care Pavilion at Legacy, a 12,000-square-foot facility, which was previously located at 7800 Preston Road. The new Pavilion at 7609 Preston Road will open in April and is adjacent and connected to the future hospital, located at the corner of Preston and Hedcoxe roads.

With the Pavilion's move comes expansion. The new Pavilion will have the largest number of pediatric subspecialties in one building north of Dallas. The Pavilion includes 48 exam rooms where patients can receive care in more than 20 pediatric specialties. The facility also houses a full range of therapeutic and diagnostic services including Laboratory and Radiology.

## **Legacy inpatient facility opening fall 2008**

The inpatient part of the new facility will begin a phased opening in fall 2008. When fully opened, the hospital will include an urgent/emergency care center, four operating rooms and 72 beds.

Upon completion, Children's Legacy will offer the latest advances in medical technology and the reputation of more than 94 years of service to the Dallas community. Add in the access to specialists from UT Southwestern, and Children's Legacy will be a seamless extension of the Dallas hospital. <<<<

*By 2010, the growth rate of the pediatric population in the Legacy service area is estimated to be 11 times the national average.*



**TOP:** A purple-and-blue bridge on the Dallas campus will provide pedestrian and vehicular access from the new 10-story tower to the Green Park visitor garage. **LEFT:** Work continues on the lobby of Children's Medical Center Legacy in Plano. The inpatient facility will open in fall 2008. **ABOVE:** Finish-out of the new Children's Ambulatory Care Pavilion at Legacy is near completion. The outpatient facility will open on the Legacy campus later this spring.

*Understanding that Children's is a private, not-for-profit, academic pediatric medical center and that it does not receive any county tax support, more than 9,500 contributors chose to invest in the Children's mission.*

In 2007, the Pauline Allen Gill Foundation gave \$10 million to Children's — a transformational gift in support of patients in the Center for Cancer and Blood Disorders

# Investing in the mission

»»» Pauline Gill Sullivan lived her life with a spirit of appreciation and thankfulness. That generous spirit will continue to touch the lives of patients at Children's far into the future, thanks to a \$10 million gift from the Pauline Allen Gill Foundation in support of the Center for Cancer and Blood Disorders.

It is the largest single gift ever made to Children's other than bequests.

The Pauline Allen Gill Foundation gift will be used to fund construction and renovation of the hospital's sixth floor, which will be named the

Pauline Allen Gill Center, in honor of Sullivan.

"Excellent healthcare is one of the most important pillars in a community, and Children's is a jewel that offers quality care," said Nancy Seay, daughter of the late Pauline Gill Sullivan. "The Center for Cancer and Blood Disorders already has a world-class team of doctors and nurses in place, and this gift will give them an unsurpassed facility in which to care for their patients, creating a whole new level of clinical care and research in pediatric cancer and blood disorders. My

mother was an exceptional woman whose focus on family, concern for the needs of children, and courageous battle with her own cancer make this an appropriate gift in her honor."

#### **Taking it to a new level**

One in 400 children is diagnosed with cancer each year. The number of patient visits to the CCBD at Children's has grown steadily over the past several years because the pediatric population of the North Texas region is growing faster than the national average.

*Thanks to many parents who actively teach their children the importance of giving back to help others, children of all ages chose to collect money or toys on their birthdays and then give them to the patients cared for at Children's. The monetary value of these generous gifts is estimated at \$4,000.*



**ABOVE:** Pauline Neuhoff, granddaughter of the late Pauline Gill Sullivan, Dr. George Buchanan, chief of Hematology-Oncology at Children's, and Nancy Seay, daughter of the late Pauline Gill Sullivan, help Maykela Burchfield, 9, choose paint colors to decorate her pumpkin. Neuhoff and Seay visited the playroom on the Hematology-Oncology inpatient floor to see first-hand how their gift will impact the lives of patients in the Center for Cancer and Blood Disorders at Children's. **LEFT:** Pauline Gill Sullivan with 11 of her 14 great-grandchildren.

*Recognizing that Children's is a worthy investment, the community gave more than \$30 million to support the life-saving work provided each day at Children's.*

## Philanthropy highlights 2007

### **Darling Homes**

A \$250,000 pledge to support Children's Medical Center Legacy.

"The Collin County community deserves the kind of service Children's provides," said Bill Darling, president of Darling Homes. "Children's stepped up to meet the need. Darling Homes wanted to assist early in the process, and we will follow through with our support."

### **Paul P. and Dorothy H. Middleton**

A \$3 million estate gift added to an existing endowment fund to support the general charitable and educational purposes at Children's Medical Center Dallas.

### **Plano Sunrise Rotary Club**

A \$200,000 contribution was given to support Children's Legacy.

"We understand that some of the most important missions in a community involve those of families and children in crisis," said Chris Roach, a Plano Sunrise Rotary Club officer. "With the introduction of Children's into our community, we felt this would be a beautiful opportunity to create a partnership to give us a platform to reach out and do more for those special individuals in our own backyard."

### **WR Starkey Mortgage**

#### **Community First Foundation**

A \$300,000 gift was dedicated to support Children's Legacy.

"I want to ensure that people who live in far North Texas have the same facilities that my son had when he was sick," said Bill Starkey, chairman of WR Starkey Mortgage. "A big part of our Foundation's focus is on the youth of today. We believe every child should be given the chance to lead a normal and healthy life. I feel our commitment to Children's will enhance this opportunity."

### **Mr. and Mrs. Richard R. Lee Jr.**

A generous estate gift to make life better for children.

*“The Center for Cancer and Blood Disorders has a world-class team of doctors and nurses in place, and this gift will give them an unsurpassed facility in which to care for their patients.”*

*– Nancy Seay, daughter of the late Pauline Gill Sullivan*

In 2006, doctors diagnosed 229 patients with cancer.

More than 50 patients are treated every day in the CCBD outpatient unit, which means that the facility is often crowded. Last year, patient visits to the CCBD outpatient unit topped 12,000. The impact of the gift will quadruple the outpatient capacity of the new Pauline Allen Gill Center.

### **Growing needs**

"The Pauline Allen Gill Foundation recognized both the challenges brought on by our region's growing pediatric population and the urgent need to expand the inpatient and outpatient facilities at the Center for Cancer and Blood Disorders," said Chris Durovich, president and chief executive officer of Children's. "With this transformational gift from the foundation, the Pauline Allen Gill Center will allow Children's to take the specialized treatment of

our most critically ill patients to a new level."

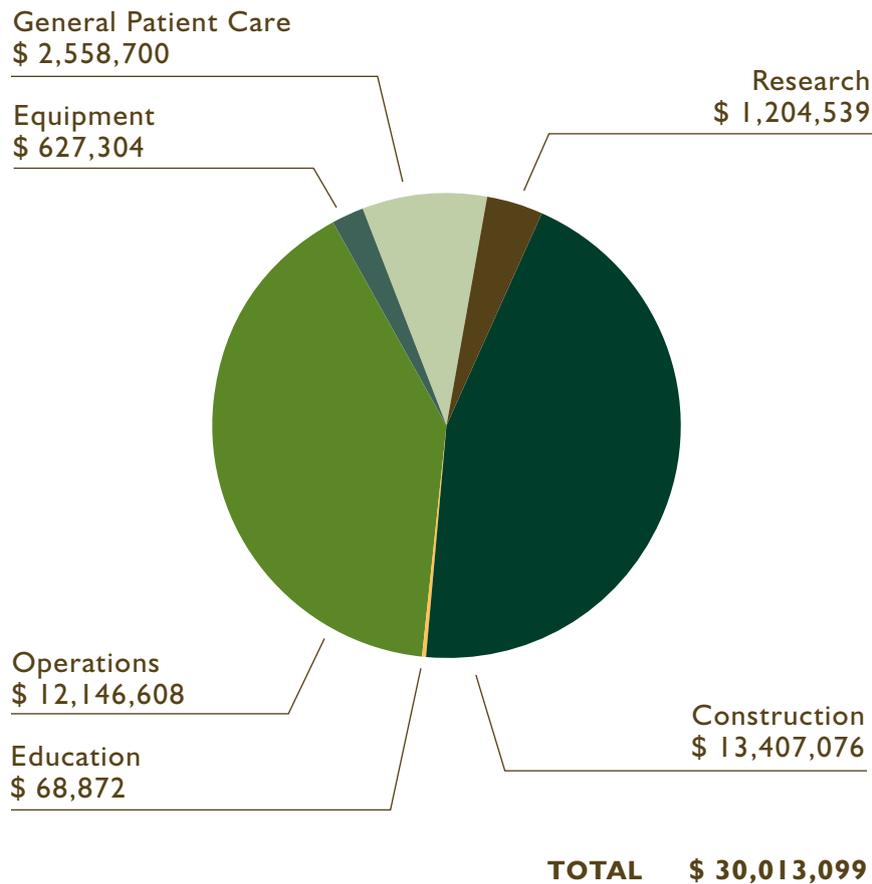
With a long-term vision to have all Hematology-Oncology services on one floor, Children's has initiated an expansion of the CCBD to create a user-friendly facility providing seamless services to the patients and their families.

"The intent of the gift is to see an expanded, well-planned center with an environment for optimum care and comfort of the children being treated, and support for the exceptional team of doctors, nurses and staff," Seay said. "It is a privilege for the Gill Foundation to provide a gift that enables the hospital to make this shared dream a reality."

The CCBD also follows more than 1,400 patients in the After the Cancer Experience, or ACE, program, which offers long-term monitoring for children, adolescents and young adult survivors of childhood cancer.

*The 2007 Children's Miracle Network Radiothon raised more than \$831,000 to benefit North Texas children. During the event 320 community and business leaders volunteered on the phone bank.*

## Contributions by fund designation



## Contributions by constituency

Individuals/Family Foundations/Closely-held Corporations  
\$ 17,316,281

Corporations/Corporate Foundations  
\$ 2,513,571

Associations/Organizations  
\$ 3,510,208

Estates/Bequests  
\$ 5,778,770

Other Foundations  
\$ 894,269

**TOTAL**  
**\$ 30,013,099**

"Fighting cancer as an adult is hard enough," said Dr. George Buchanan, Chief of Hematology-Oncology at Children's and professor of Pediatrics at UT Southwestern Medical Center. "It is extremely difficult to be a child faced with this terrible disease, visiting the hospital regularly to receive arduous treatments. Our goal is to make the whole experience as positive as it can be, for both the patients and their families, and to get them out of the hospital healthy."

### Touching hearts, changing lives

The Pauline Allen Gill Foundation, created by the late community leader and philanthropist Pauline Gill Sullivan, has provided support for many Dallas-area organizations. The \$10 million gift to Children's represents the largest single grant ever made from the Pauline Allen Gill Foundation to any nonprofit organization.

"My mother created the foundation in 1975 as the entity she would use to share her financial blessings with nonprofit organizations in our area that were

bringing relief to suffering, enrichment through education and the arts, and improvement in addressing quality of life and faith issues," Seay said.

"The foundation has evolved into a vehicle to encourage her descendants to continue to give back. I hope the gift says that we must not take for granted that Children's is there for us, but rather that we have a role to play in ensuring Children's continues to be the premier healthcare provider for our own children and grandchildren." <<<<

*Children's received nearly 30 new commitments of \$100,000 or more, representing more than \$23 million.*

Children's Medical Center gratefully acknowledges the following individuals, families and organizations whose charitable contributions in 2007 helped to further our mission to make life better for children.

**THE BRADFORD SOCIETY**  
Children's Medical Center is thankful to the following individuals who have named Children's as a beneficiary in their wills or life-income gifts, such as charitable trusts and gift annuities.

Anonymous (10)  
Mrs. Ruth E. Adler  
Mr. Charles R. Baldwin  
Anella Slaughter Bauer\*  
Mrs. Theodore Beasley\*  
Mr. and Mrs. Gene H. Bishop  
Mr. A. Wade Black  
Dr. Alison Black  
Jacqueline and Richard Bowman  
Ms. Carole A. Bragg  
Frank and Marie Agnes\* Bray  
Ms. Betty G. Brown  
Mr. and Mrs.\*John S. Brown, Sr.  
Ms. Lillie Brumit  
Mr. and Mrs. Victor Bychok  
Ms. Ardella Campbell\*  
Fran and Bill Carter  
Mr. and Mrs. Larry W. Carter  
Mary Lee Casey  
Mr. and Mrs. Brent E. Christopher  
Mr. and Mrs. Andrew J. Cicherski  
Mr. and Mrs. Bill Cicherski  
John and Joyce Conroy  
Jay and Stephanie Courtney  
Bruce and Janiece Crozier  
Shelby and Scott Dabney  
Dr. Juanita Dale  
Mr. L. Sprague de Camp\*  
Mrs. Joe M. Dealey\*  
Ms. Bonnie Dixon  
Robert and Patricia Doffing  
Mrs. Fay J. Ebeling\*  
Frances and David Eisenberg  
Jim and Betty Farnsworth  
George and Wanda Farr  
Mr. and Mrs. Chester A. Fischer  
Mary Fisher\*  
Jacqueline W. Franey  
Ms. Gloria B. Graham

Judith E. Grant  
Don and Jayne Grimes  
Mr. Steve P. Hagemann  
Ms. Louise H. Hanaway  
Mrs. Mary L. Harding\*  
John W. and Marlys L. Harris  
Amelia Lay Hodges\*  
Mr. and Mrs. Oscar C. Hollis  
Mrs. Margaret W. Hopkins  
Mrs. Rebecca R. Horner  
Mr. Noble Hurley\*  
Mrs. Ruth S. Ince  
Ms. Jeanne R. Johnson  
Mr. Harvey D. Jones  
Mr. and Mrs. Robert J. Kowalski  
Cynthia and David Krause  
Mr.\* and Mrs.\* Edward J. Kremer  
Mr. and Mrs. Hans Kunz  
Ms. Kay R. Lang  
Britt and Beth Langford  
Mr.\* and Mrs. George A. Linskie  
Mr. and Mrs. William R. Lorenz  
Ms. Wanda Lyday\*  
Kay and Dennis S. Magill  
Sharon and Mike McCullough  
Mr. William W. McGinnis  
Ms. Marilyn D. McJinsey  
Ms. Melanie Medanich  
Mrs. Pauline Minton\*  
Mrs. Lois T. Montgomery\*  
Frankie E.\* and John D. Montgomery

Mr. and Mrs. James A. Moore, Jr.  
Dr. S. Halcutt Moore, Jr.  
Dr. and Mrs. Gary C. Morchower  
Jan and J. Marc Myers  
Sandy Kahn Nachman  
Carol L.\* and Carol J. Neaves  
Hisashi and Lynn Nikaidoh  
Jack and Nancy Oliver  
Mr. Paul M. Oliver  
Mark and Lynn Oristano  
Tina and Duffy Oyster  
Ms. Maurine Pearson  
Sally W. Lyon and  
Christopher J. Pfeiffer  
Mr. and Mrs. Judson C. Phillips  
Natalie S. Potter

Deborah Price, Au.D.  
J. Phil\* and Ruth Pringle  
Donna and Gary R. Rahn  
Mr. and Mrs. Jackson Lee Raley  
Patty and Ben Retta  
Mrs. Sallie J. Roberts  
Greg and Joey Robertson  
Robbie and Lynore Robinson  
Janice and Richard Rogers  
Mrs. Jennifer S. Rowley  
Mr. Joseph A. Salgado  
Mr. and Mrs. S. William Schauer, II  
Ms. Beverly Jean Schey  
Charles E. and Sarah M. Seay  
Ms. Katherine E. Shaffer  
Cindy Brinker Simmons  
David and Carol Slover  
Mrs. Miriam G. Starr  
Mrs. Sally Seay Stout  
James S.\* and Alta A. Sweeney  
Mr. and Mrs. Bruce B. Swenson  
Mrs. James R. Terrell  
Joyce and Bennett Tibbs  
Victor A. and Margaret Trubitt  
Ms. Sandra K. Turner  
Mr. and Mrs. Doug Vanderslice  
Ms. Patty Weyand  
Mrs. Martha R. Wheeler  
Gail White  
Mr. Lewis Whitlock\*  
Joanie and Johnny Williams  
Mr. Ivor P. Wold  
Mr. and Mrs. Blair P. Woodall  
Lousanne Wise Yandell  
Ms. Hallie M. Young  
\* Deceased

**ESTATE GIFTS**

Children's Medical Center is grateful to the following individuals for gifting their estates to help those cared for at Children's.

Estate of Roberta D. Barton  
Estate of Hazel E. Broughton  
Estate of Ardella V. Campbell  
Estate of Willadene Caperton  
Estate of Mary Harding  
Estate of Marilyn J. James  
Estate of Adele B. Lee  
Estate of Wanda W. Lyday  
Estate of Dorothy H. Middleton  
Estate of Aline K. Porter  
Estate of Eric G. Schroeder

**ENDOWMENTS**

Permanent funds at Children's Medical Center produce annual income for a variety of uses, including patient care, medical education, psychosocial programs, research and capital equipment. Named endowments are restricted to a specific use by the contributors who create them. General program endowments are restricted by Children's based on identified funding needs.

**Alexander F. Adler Endowment**  
For support of general charitable purposes.

**The Eleanor W. Allen and Marjorie A. Tranchin Endowment**  
For support of the Craniofacial department.

**Augur Endowment**  
For support of the Child Life department.

**Billie and Bill Aylesworth Endowment**  
For support of general charitable purposes.

**Wade and Alison Black Endowment**  
For support of the Emergency Transport department.

**Stephanie Michele Brant Endowment**  
For support of the Intensive Care Unit.

**Capital for Kids Endowment**  
For support of the ARCH Center.

**Cindy Brinker Endowment**  
For educational support of the CCBD.

**Jean Ann and Stephen W. Brock Endowment**  
For support of the Social Work department.

**Suzy and John S. Brown, Sr. Endowment**  
For support of general charitable purposes.

**Mr. and Mrs. Stephen Butt Endowment**  
For support of the Chaplaincy department.

**Clarlyn and Victor Bychok Endowment**  
For support of the Child Life department.

**Fran and Bill Carter Endowment**  
For support of general charitable purposes.

**Keeley and William Cawley Endowment**  
For support of the REACH Clinic.

**Meredith Chesler Endowment**  
For research support of the Neuro-Oncology department.

**Sharon and Robert Van Cleave Endowment**  
For support of the REACH Clinic.

**Clendening Family Endowment**  
For support of general charitable purposes.

**Harold G. Cole and Ester F. Cole Endowment**  
For support of the Genetics department.

**Conroy Family Endowment**  
For support of the CCBD.

**Jackson David Crowe Endowment**  
For support of the Intensive Care Unit.

**Craig Alan Davis Endowment**  
For support of the Cardiology department.

**James M. and Nancy Fears Endowment**  
For educational support of Nursing staff.

**James Farnsworth Scholarship Fund**  
For scholarship support of medical education.

**George Farr Endowment**  
For support of general charitable purposes.

**E.E. Fogelson and Greer Garson Fogleson Endowment**  
For support of the Craniofacial department.

**Lisa and Joseph Forbess Endowment**  
For support of the Cardiology department.

**John K. Hall Endowment**  
For support of the Anesthesiology department.

**Halsell Endowment**  
For support of the ARCH Center.

**Arthur L. and Mary L. Harding Endowment**  
For support of general charitable purposes.

**Andrea and David A. Hart Endowment**  
For support of the Child Life department.

**Heath Family Endowment in Honor of Sharon Worrell**  
For support of the REACH Clinic.



Bradford Society members John D. Montgomery, who became a member of the prestigious society when he named Children's in his will, joins other Bradford Society members Jayne Grimes and Carol Schauer at the 2007 Bradford Society luncheon, where members were honored and thanked for their generous support of Children's. The Bradford Society recognizes those who embrace the mission and work of Children's by naming the hospital as a beneficiary in their personal financial and estate plans.



From left, Ken and Pam Sumrow and Debbie and Ric Scripps celebrate as recipients of the 2007 Distinguished Service to Children Award. For two decades, these families have been affiliated with Children's through philanthropy and service.

*Philanthropists who give \$10,000 or more annually to  
Children's are recognized as members of the Children's Circle  
of Care (CCC). In 2007, 213 members made up the CCC.*

**Robert S. Hendler, M.D. and Kathleen Muldoon Endowment**  
For support of the Psychiatry department.

**Amelia "Mimi" Lay Hodges Endowment**  
For support of the Child Life department.

**Holmberg Family Endowment**  
For support of the Child Life department.

**J.L. Huffines Endowment**  
For support of the Social Work department.

**Mr. and Mrs. Keith Hughes Endowment**

**Jane and Noble Hurley Endowment**  
For support of the Chaplaincy department.

**Alice Jenkins Endowment**  
For support of the Epilepsy Monitoring Unit.

**Sue R. Justice Family Endowment**  
For support of the Social Work department.

**Anne King Memorial Endowment**

**Harlan and Amy Korenvaes Endowment**  
For support of the Child Life department.

**William Joseph Kowalski Endowment**  
For support of the Physical Therapy department.

**Grace Lee Endowment**  
For educational support of Nursing staff.

**H. Lee and Ann Hobson Endowment**  
For support of the Trauma department.

**Steven R. and Janet C. Leonard Endowment**  
For support of the Social Work department.

**Leah McCulloch Endowment**  
For support of the Child Life department and CCBD.

**Bernice and Brudus Meyerson Endowment**  
For support of the Chaplaincy department.

**Paul P. and Dorothy Middleton Endowment**  
For support of general charitable purposes.

**Mike and Charla Miller Endowment**  
For support of the Child Life department.

**Mr. and Mrs. Robert S. Miller Endowment**  
For support of the Child Life department.

**Les Femmes du Monde Endowment**  
For support of the Child Life department.

**John D. and Frankie E. Montgomery Endowment**  
For research support of the CCBD.

**Paul F. and James Moore Endowment**  
For research support of the CCBD and Child Life department.

**Philip and Eloise Morlan Endowment**  
For support of the Child Life department.

**John Marc Myers Endowment**  
For research of the CCBD and Child Life department.

**Chip Moody Endowment**  
For support of the Child Life and Social Work department.

**Morgan Family Endowment**  
For support of the Social Work department.

**Robert E. Morgan Endowment**  
For support of general charitable purposes.

**Mr. and Mrs. Charles Nearburg Endowment**

**Thomas H. and Judy A. Neuhoﬀ Endowment**  
For support of the Child Life department.

**Lauren E. Newman Endowed Fund for Cancer Research**  
For support of research through the CCBD.

**Dr. and Mrs. Hisashi Nikaidoh Endowment**  
For support of the Chaplaincy department.

**Lena Palmore and Charles K. Davis Endowment**  
For support of the Speech and Audiology department.

**Pausic Endowment**  
For support of the Pain Management center.

**Pittet Family Endowment**  
For support of the Cardiology department.

**Pogue Family Master Clinicians Endowment**  
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From left, Love for Children, Inc. vice president Stacy Hicks helps Children's patient Alexis Smith, 13, paint a mural in the C4 Child Life playroom while Love for Children, Inc. president Michelle Fraser and Love for Children, Inc. secretary and treasurer Jennifer Jones work with Children's patient Jacob Lane, 16. Love for Children, Inc. pledged \$250,000 to support Children's Medical Center Legacy. Founded in 2003, Love for Children, Inc. is a volunteer, non-profit organization committed to helping children in crisis and making life better for children.



From left, Jordan Case, Gary Venner, Jim Carter (event co-chair) and Neill Grossman of Park Place Dealerships celebrate the 20th annual Children's Chip Moody Classic at the Children's Auction Party at the Frontiers of Flight Museum. In its fifth year as the presenting sponsor, Park Place Dealerships helped celebrate the evening featuring a live jazz band, interactive activities and a live and silent auction. The event raised more than \$250,000 to directly benefit the patients cared for at Children's.

*The Children's Medical Center Chip Moody Classic celebrated its 20th year in 2007 and raised more than \$250,000.*

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A number of local and national corporations will match its employees' gifts to Children's Medical Center. Thanks to the generosity and initiative of our supporters, Children's received matching gifts in 2007 from the following:

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Kristin Brikmanis of Aledo serves another ace at the 17th annual *Children Helping Children* Junior Singles Tennis Tournament presented by Capital One Bank. The tournament has raised more than \$2 million for clinical research and treatment programs to fight pediatric cancers.



With the proclamation in hand, Mayor Leppert officially declared Texas Stampede Week to be Nov. 4-11, 2007. From left, Rob Farrell, Texas Stampede Founding Cowboy; Steve Hanson, vice president of Operations at Tom Thumb Food & Pharmacy; Dalton Blazek, Children's patient and Texas Stampede patient ambassador; Tom Leppert, City of Dallas Mayor; Christopher J. Durovich, president and chief executive officer of Children's; and Gifford Touchstone, Texas Stampede Founding Cowboy; celebrate Texas Stampede Week.

*In 2007, The Children's Trust grew to nearly 650 members and gave \$100,000 to support the construction and equipping of a room in the neonatal intensive care unit.*

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The Women's Auxiliary to Children's raises funds to support the hospital through five major efforts: The Children's Corner, the hospital's gift shop; sales of greeting cards; sales of cookbooks; Breakfast with Santa; and Family Night at Six Flags. To the many sponsors who supported the Auxiliary's fund-raising efforts in 2007, thank you.

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**New Year's Eve/ Mother's Day Dinner**  
Gini Florer  
Michelle Hefner  
Mary Elise McGowan  
Rachel Rankin

**Newsletter**  
Lisa Kroencke

**Nominating**  
Becky Lacour

**Programs**  
Alison Solomon

**Family Night at Six Flags**  
Margaret Cowan  
Jenny Esquivel  
Courtney Madden

**Special Events**  
Shirley Cohn  
Charlotte Kelley  
Becky Renard

**Staff Appreciation**  
April Jordan  
Diane Mizerany

**Yearbook**  
Jane Switzer

**\$100,000 - \$499,999**

Costco  
Dallas and Fort Worth Area Credit Unions  
Marriott International  
Meritage Homes  
RE/MAX Valero  
\$50,000 - \$99,999  
Crossmark  
Dairy Queen  
Sam's Club

**\$10,000 - \$49,999**

ACE Hardware  
Allied Solutions  
American Airlines Federal Credit Union  
Brookshire's Grocery Stores  
Fort Worth Community Credit Union  
Golden Corral  
Goody's  
Kroger  
Love's Country Stores  
Money Mailer  
RE/MAX Dallas Suburbs  
RE/MAX Masters  
USA Gymnastics

**\$5,000 - \$9,999**

Boston's Gourmet Pizza  
Kiwaniis International  
McLane Food Service  
RE/MAX DFW Associates I  
RE/MAX DFW Associates II  
RE/MAX DFW Associates III  
RE/MAX DFW Associates IV  
Security Finance  
Texans Credit Union  
Underwater Explorer

**\$1,000 - \$4,999**

American Legion  
Blockbuster  
Chevron Products Company  
Combined Federal Campaign  
Delta Community Credit Union  
Dallas Telco Federal Credit Union  
Express Personnel Services  
Extra Life for Kids  
First Class American Credit Union  
Fort Worth City Credit Union  
Foresters  
Fred's Stores  
Golf Galaxy  
Great Clips  
Hershey's  
Independent Charities of America  
Metro Medical Credit Union  
Miss America Corporation  
My Credit Union  
Nissan Motor Acceptance  
Phi Mu Fraternity  
RE/MAX Advantage in Fort Worth  
RE/MAX Associates of Arlington and Mansfield  
RE/MAX Cross Country  
RE/MAX DFW Associates V  
RE/MAX Integrity  
RE/MAX of Corsicana  
RE/MAX Pinnacle Group Realtors  
RE/MAX Premier  
RE/MAX Premier IV  
RE/MAX Premier Properties  
RE/MAX Premier Properties I  
Texaco  
Texas Woman's University - Dance Marathon  
United Supermarkets/Market Street

*Every attempt has been made to ensure the accuracy of this list. However, we ask that you contact us at 214-456-8360 with any corrections so that we may update your information.*



John Garcia, a 10-year-old Children's patient from Longview, holds the NASCAR Nextel Cup racing helmet he designed, along with Denny Hamlin, the #11 driver for the FedEx Chevrolet NASCAR Nextel Cup team at a FedEx Kinko's-sponsored event Nov. 1 at Children's.

*The Advocacy team coordinated CHIP/Medicaid application assistance outreach events at 16 Minyard/Carnival stores in February 2007 and at 14 Minyard/Carnival stores in October 2007. These events helped 1,500 families apply for coverage for more than 4,000 children.*

# Balancing fiscal responsibility with investment in community needs



At Children's Medical Center, our primary concern every hour of every day is with the health and well-being of all children. This concern encompasses prevention, research, education, clinical excellence and advocacy.

However, challenges come from rising healthcare costs and increasing numbers of uninsured children as well as reduced revenues from Medicaid, insurance and other sources. In 2007, Children's provided \$53.9 million in verified charity care.

## Strong financial reputation

In spite of such challenges, Children's outperforms the median ratios for other major children's hospitals and "Aa3" hospitals nationally in the majority of ratings categories. Moody's Investor Service has given Children's its top "Aa3" rating, an indication of the hospital's outstanding financial strength.

The rating, affirmed in June 2006, is based on the strong cash position of Children's combined with several other factors, including the hospital's governance/management structure, medical staff, services and service area, competition, financial resources and legal structure.

## Education and outreach

Through a combination of programmatic initiatives, organizational affiliations and community events, Children's provides area children the needed access to a better quality of life. Children's invests its resources in the community in numerous ways.

The highlights include:

- Participation in the Dallas Area Coalition to Prevent Childhood Obesity.
- Educating coaches, parents and athletes with sports injury prevention workshops and materials through area sports leagues.
- Leadership of the Dallas Area Safe Kids Coalition, the local chapter of Safe Kids Worldwide.

- Participation in the Know Before You Go water safety and drowning prevention campaign.
- Founding member and sponsor of the Coalition for North Texas Children, which works to keep children's issues top of mind for policy makers and the public.
- Collaboration with the Dallas Area CHIP Coalition to reach uninsured families with the message of the Children's Health Insurance Program.
- Publishing of *Beyond ABC: Growing Up in Dallas County*, a biennial quality-of-life report on the children of Dallas County.

## Patient volumes 2002-2007

In 2007, Children's saw patient volumes increase in inpatient admissions, outpatient visits, Emergency Center visits and surgical cases.

	2002	2003	2004	2005	2006	2007	% increase 2002-2007
Inpatient volume	16,141	17,229	18,402	20,682	21,108	22,436	39.0%
Outpatient volumes	269,251	280,815	281,659	306,703	307,250	321,930	19.6%
Surgical cases	15,003	17,545	18,177	19,687	19,147	19,936	32.9%

The Injury Prevention staff conducted 18 car seat seminars, 12 water safety seminars and led 14 pedestrian safety meetings in 2007. In all, the staff interacted with more than 31,200 community members at 20 major community events.

## Consolidated financial summary

For the periods ending December 31, 2007 and 2006.  
Dollars in millions.

Summary Income Statement	2007*	2006
Net Operating Revenues	\$ 643.3	\$ 579.9
Operating Expenses	(592.3)	(541.2)
<b>Income from Operations</b>	<b>51.0</b>	<b>38.7</b>
Disproportionate Share, GME Revenue	26.4	23.8
<b>Operating Income</b>	<b>77.4</b>	<b>62.5</b>
Investment Income	17.7	25.9
<b>Net Income</b>	<b>\$ 95.1</b>	<b>\$ 88.4</b>

### Summary Changes in Net Assets

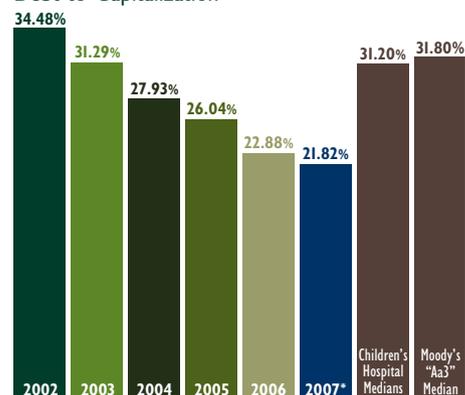
Current Assets	192.4	\$ 197.3
Property and Equipment, Net	562.6	446.0
Investments	286.7	269.1
Net Assets of Foundation	260.1	234.9
Other	16.9	23.4
<b>Total Assets</b>	<b>\$ 1,318.7</b>	<b>\$ 1,170.7</b>

Current Liabilities	(135.1)	(109.7)
Long-term Liabilities	(258.3)	(242.8)
<b>Total Liabilities</b>	<b>\$ (393.4)</b>	<b>\$ (352.5)</b>

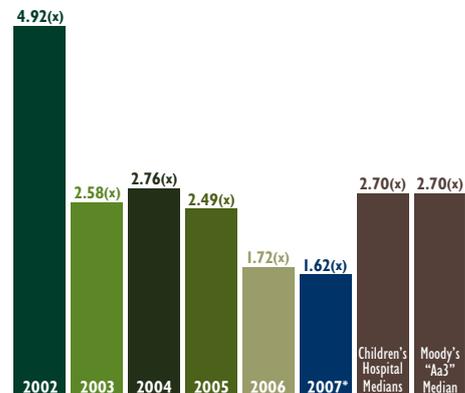
<b>Net Assets</b>	<b>\$ 925.3</b>	<b>\$ 818.2</b>
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\* Figures are unaudited at time of printing.  
Visit [www.childrens.com](http://www.childrens.com) for quarterly financial statements.

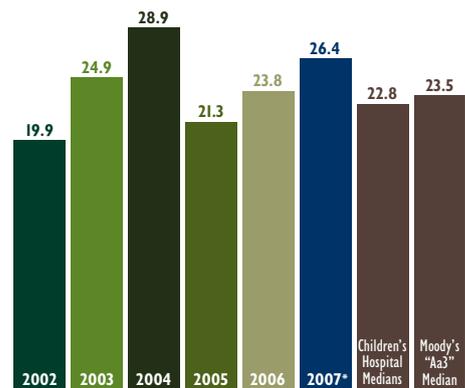
### Debt-to-Capitalization



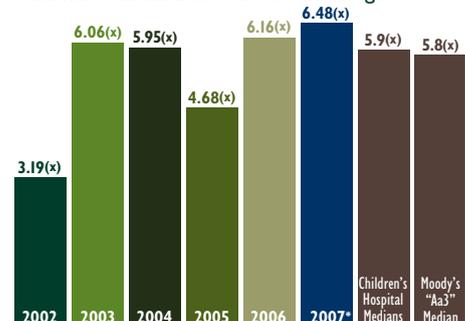
### Debt-to-Cash Flow



### Cushion Ratio



### Maximum Annual Debt Service Coverage



# Our leadership

Children's Medical Center Dallas is a not-for-profit pediatric hospital governed by a community volunteer board jointly appointed by Children's Health Services of Texas, Baylor Health Care System and Texas Health Resources. Children's is affiliated with The University of Texas Southwestern Medical Center at Dallas and is UT Southwestern's primary pediatric teaching hospital. Children's is accredited by The Joint Commission and approved by the Council of Medical Education of the American Medical Association and the American Dental Association. Children's also is accredited by a variety of educational programs in related healthcare fields. Children's is a member of the American Hospital Association, the Texas Hospital Association, the Children's Hospital Association of Texas, the National Association of Children's Hospitals and Related Institutions and the Council of Teaching Hospitals.

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The One for Children<sup>SM</sup>

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