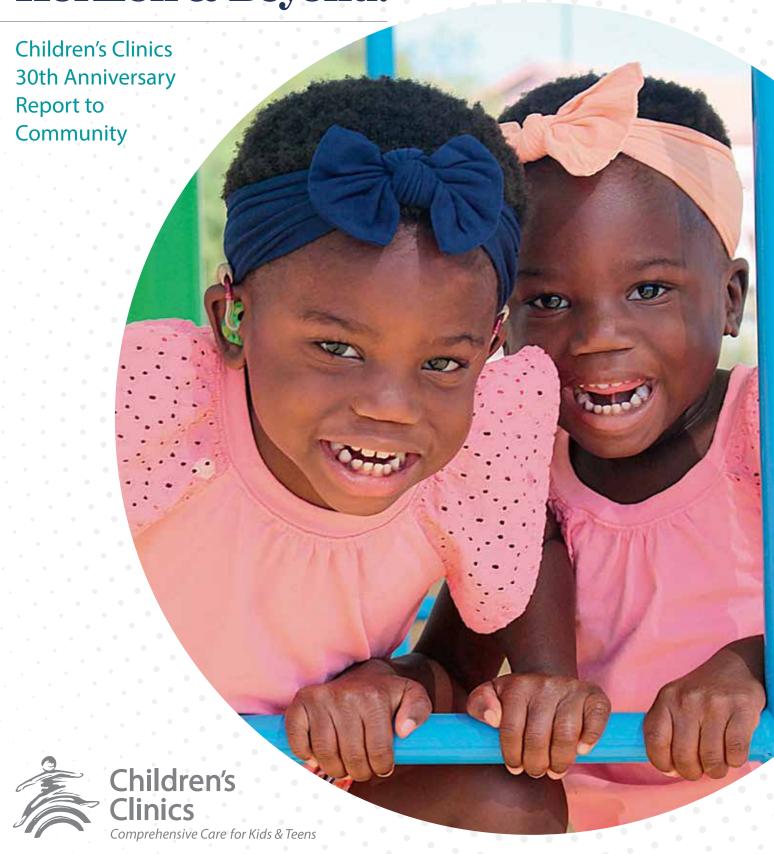
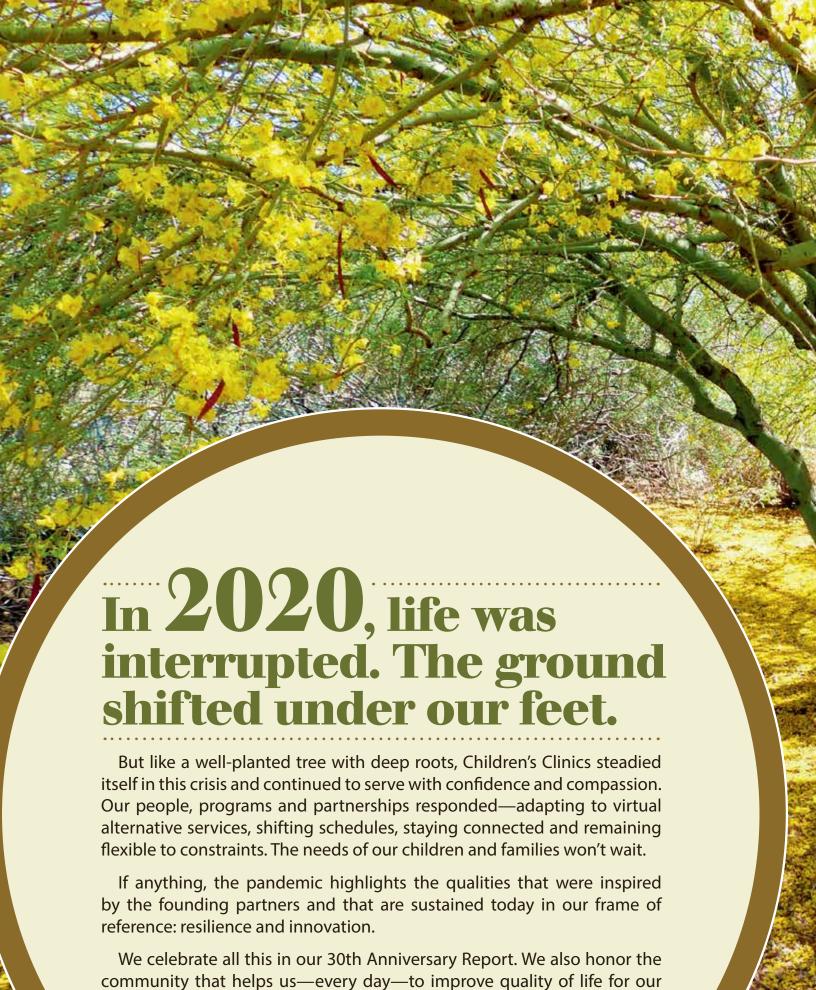
Over the Horizon & Beyond:





children and their families.



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The stories and photos* found in this commemorative report were generously created by writer Monica Surfaro-Spigelman and photographer Jay Rochlin.

Thank you, Monica and Jay for sharing your artistry with Children's Clinics.

*some photos from other sources



Shared Vision

JARED PERKINS

Chief Executive Officer

TRACY NUCKOLLS

President, Board of Directors

f ever there was a community where compassion and collaboration foster quality of life—we find it at Children's Clinics. If ever there was a more extraordinary time to highlight the value of these attributes—it is now.

Step into our hallways; visit our therapy rooms; participate in our clinics. You will discover the remarkable care and experiences that nurture wellbeing every day in our medical home, often in ways we hardly notice.

These experiences fuel our culture and our storytelling. More than ever, it is important to pass on these everyday stories. This Report invites you to celebrate with us, as we share a collection of stories commemorating our people and achievements over three decades.

Many of these stories revolve around our mission to be a comprehensive medical home for children with complex medical conditions and their families. This mission continually challenges us to ask the question, what really are the special needs of our kids?

The answer is multi-faceted and ever-changing. It reminds us—although compassion and quality are constants—that care must remain flexible to adapt to evolving needs. Our medical home model presents us with this integrated approach, and nowhere is the power of this effort more apparent than in our 13 multi-disciplinary clinics. Beginning on page 10, our Cleft Lip and Palate Clinic discusses how teamwork develops its optimal plan to improve the lives of their children and their families.

Commitment to caring for the whole child came full circle this summer when we opened the Angel Charity Center for CARE (Comprehensive Autism and Rehabilitative Excellence). Selected in 2019 as an Angel Charity for Children, Inc. grant beneficiary, Children's Clinics was able to complete a \$1.5 million facility remodel and realize our role as a fully comprehensive multispecialty clinic for children with complex conditions.

Over the last few years we began to recognize that children with significant, and/or life-threatening physical health conditions often have delays in the diagnosing and treatment of co-occurring conditions such as social communications disorders, like autism. We began to see the importance of ensuring that the clinic had the capacity for the earlier assessment and treatment of the complex physical and neurological needs of our families in a single treatment plan.

Our newly remodeled space uses important approaches honed from medical research over the years regarding touch, sound, even lighting. The center is dual-purposed, serving autism treatment as well as rehab needs. Read a conversation with our Medical Director Dr. Sydney Rice on page 6, to discover more about how our new Angel Charity Center for CARE is engaging kids and readying them for treatment.





There's more than mission in that deep well from which Children's Clinics draws strength.

Our legacy is another key ingredient. Inspired by our founding partners Ted and Daisy Walker along with a supportive group of fellow Freemasons, this legacy is sustained by Square & Compass, the nonprofit driver that built and owns our building. Square & Compass allows us to link the Children's Clinics mission to a physical environment's delivery of healthcare excellence. This generous legacy not only provides us with in-kind rent that commits to upkeep our physical home, but also fulfills hundreds of requests for medical items necessary for our children's quality of life, annually. We honor the generosity of the founding partners and Square & Compass' continuing commitment, on page 28.

People are what define our unified purpose as much as place. Every day, our physicians, therapists, nurses

and staff create quiet miracles of unique care in our medical home. There are our College of Medicine physicians, town physicians, sub-specialists, dentists, nurses. therapists, counselors and support staff-almost everyone with lengths of service that underscore the investment our community has made in

As we commemorate our 30th anniversary, we look ahead confidently, knowing all horizons are possible for our families, and for Children's Clinics.

Children's Clinics. It is not unusual to hear someone from the community remark how their parent was a founding specialist of the Clinic. It seems everyone has a story of being connected, in service to our children.

The list of our specialty care physicians appears on page 30. Please also read about Dr. Duke Duncan, one founder of our primary care practice, on page 17.

With more than 40,000 visits per year (see data chart on page 30), we know that good outcomes depend on the care of the whole family. Several years ago, we decided that parents and siblings of children with complex health conditions also needed our attention, because families often don't take the time to get good care for themselves. So, our programs encompass family needs, including care of siblings in our primary care. We

strongly believe that <u>whole</u> family care is <u>better</u> care. We celebrate our families, and profile three of them, beginning on page 18.

Natural outflows of our 'total child focus' are our Childhood Experience and Adaptive Recreation programs. Encompassing everything outside of medical care, these programs provide kids with experiences of typical childhood. The pandemic has stretched our creativity in this year's scheduling of programs and events, but we're finding ways to give our kids their experiences—the feeling of strapping on a new backpack or the freedom of riding a bike on their own for the first time, or the shared family enjoyment of adaptive Halloween spaces and toy drives.

Total child wellbeing is everything, including participation in sports teams, or performing in a dance studio. Our role in each child's life is not just medical;

it is quality of life. The story of our Childhood Experience and Adaptive Programs begins on page 24.

The Children's Clinics mission has evolved over three decades, and so have the demographics of our families. Many are from our region's refugee populations and speak languages

from all over the world. Finding translators to assist doctors in complicated conversations, staying sensitive to cultural components, or exploring how to support rural families with limited transportation—all this involves innovation and technology. You will read more about innovation in Dr. Sydney Rice's conversation on page 6, and in the centerfold pages 18 and 19.

Collaboration is how we innovate and respond to the needs of our children. Our partnerships are what make Tucson unique. When we first reached out about the need for our new Angel Charity Center for CARE, our town's pediatric hospitals came together and said, *let us solve this problem together*. Our partners at Banner University Medical Center and TMC Healthcare brought their expertise to deal with autism as it relates

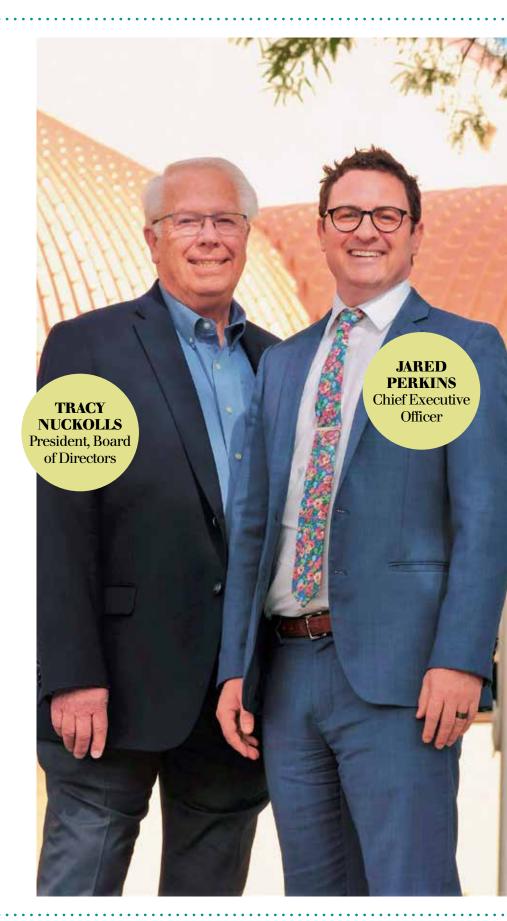
to complex medical conditions. They helped us create something remarkable. Read more about how our partners help fulfill our mission, from Fayez K. Ghishan, MD, University of Arizona's Chair of the Department of Pediatrics and Banner Diamond Children's Center Physician in Chief, and TMC Healthcare's Senior VP and COO, Mimi Coomler, beginning on page 14.

What continues to inspire us: The immense compassion of volunteers, individual donors and sponsors. Their generosity allows us to continue our care, knowing that our home is far more than just medical treatment.

We rely more and more on donors and sponsors, as wellbeing for the whole child evolves. One dollar of every 12 we have is philanthropic. This dollar pays for all that is valuable, but not covered by insurance. With support from volunteers, donors and sponsors, we may continue these holistic priorities. Read about the contributions of stewardship on page 28. We also introduce you to one volunteer-donor, Anthony Barrasso, on page 22.

Ultimately, it is all about 'thankfulness.' There's thankfulness to our providers, staff, volunteers and donors. And there is the thankfulness that comes from and to our families. Remembering thankfulness is what energizes our legacy and our mission.

In 2020, Children's Clinics is full of this energy, as well as hope and partnership. A pandemic may have interrupted our world and put profound unknowns ahead of us. But, because Children's Clinics always has successfully adapted to change, this year's curve ball has not diverted our focus. As we commemorate our 30th anniversary, we look ahead confidently, knowing all horizons are possible for our families, and for Children's Clinics.



Im Where I Need To Be

Children with special needs are always in her heart. Looking at her history, how could this not be so?

At the University of Arizona College of Medicine, where she graduated in 1991, Dr. Sydney Rice worked with physicians in the UMC pediatric clinic and was inspired by their care of children with complex medical needs. After this, Dr. Rice spent a decade in other states, dedicating her research and career efforts to the needs of these challenged children. She returned to Tucson in 2005. Today, as Professor of Pediatrics, University of Arizona and as Children's Clinics Chief Medical Officer, Dr. Rice leads with both her heart and a visionary eye, focused on treating the whole child and the whole family—even in the context of shifting healthcare regulations and increased adverse conditions for children and families.

Dr. Rice knows that there are core principles in a care plan for a child with special health care needs that enhance health and well-being. The best and the brightest of these principles come together at Children's Clinics, she believes. Her thoughts on these principles were shared during a recent conversation:

Why is Arizona and Children's Clinics where you want to be?

I grew up south of Yuma on the Arizona-Mexico border. Arizona is part of who I am. My family is a ranch farm family, and my grandfather homesteaded in the Yuma area.

With a scholarship from National Health Service Corps, I was able to attend medical school at the University of Arizona. In clinic I worked with physicians specialized in caring for complex children. I learned there are no easy lists to follow for these children. In trying to figure out what to do with my life here, I recognized that I wanted to focus on children with complex medical disease.

Then my service commitment for the scholarship put me back in Nogales, where my patients again included children diagnosed with autism and cerebral palsy. An opportunity to work at Children's Clinics, where I cared for complicated kids, made me want to learn more about how I could make a difference in the lives of these children and their families.

Research and a fellowship in Developmental Pediatrics took me to Virginia and away from Arizona for several years...but my focus always remained on children with complex medical conditions. Sydney Rice, MD Chief Medical Officer Children's Clinics

Clinically I treated children with spina bifida, traumatic brain injury, autism, cerebral palsy and other disabilities. When I arrived back in Arizona, Dr. Ghishan (see page 14) allowed me to realize my dream to return to Children's Clinics.

How does the clinic process of the medical home best serve the needs of complex kids?

Children's Clinics has broadened the definition of what a medical home should be. Here, the best outcomes and highest-quality service are achieved through the dedicated efforts of a team addressing multiple needs.

When a challenge is encountered, you can get the team around you. You're able to make a difference in achieving the goal of the whole child through a multi-disciplinary team approach.

As a physician, you're also able to feel that people truly benefit from what you have to offer. Our doctors recognize that we make a difference in treating children with profound medical conditions.

The coordinated team approach also provides our specialists with support that ensures special systems and accountability. In private practice, there's so much behind-the-scenes work. At our clinics, this work happens seamlessly because of staff on site. Our specialists are needed for their expertise, not for their administrative capabilities. They feel fulfilled because they are doing what we signed on to do.

A great example of the success of the coordinated team approach is illustrated by our ability to spend time with the child and the family. If it takes an hour to see a kid in clinic, that's what our doctors are doing.



So, communication is a key in the process.

Communication sounds simple, but it is incredibly difficult. When you have a team of 10 providers, and have them all in the same room for several hours working together on behalf of the same patient, it is one of the more incredible blessings that we have in medicine. You can have brilliant providers, but if they're just off on their own path, that's often not what's best for the child. So, with our model, every child receives their own individualized care plan, modified for the individual family needs.

I am on other teams, where I'll see a patient, and then need to keep track, remembering to call another doctor for follow up. If one is not available to talk it can be challenging. Our coordinated team model holds it all together. Our nurses and therapists on site are the glue, making sure that what was decided by the team is followed through.

How does Children's Clinics reach out to support emerging needs? Will you give us a few examples?

We owe it to our families to always be looking ahead. When there's a need, I know that Children's Clinics provides the support and the process to take that need to the next step.

We see this as we assess needs in our rural communities. That has led us to look more at telemedicine—how we can help a family several hundred miles away. For example, Tucson does not currently have a pediatric rheumatologist, and so we identified a rheumatologist in Costa Rica, who now connects with us virtually to help our kids. Telemedicine technology is advancing, and this will only improve the care in rural communities. How do we work with this technology and our specialists to determine what is next?

Another area involves data. Healthcare right now is moving far more into collecting data, to better understand a child's social determinants of health. What is their housing? Do they have food and schooling? Are they at risk in any way? In asking those questions we've had to introduce new technology to collect and input data into our electronic health records. The amount of data may seem overwhelming but it's also what is making healthcare more integrated, holistic and comprehensive. Data helps us investigate the future with our partners, to develop research that impacts care.

There are other examples showing how we identify and respond to needs. Our Down Syndrome Clinic was not required or expected by the state, but because there was the need we implemented it. Our Palliative Care Solace Clinic is helping families make the most of their lives. Our children are living longer, healthier and happier lives...but our children's' conditions are devastating. So, we need to support them to make the needed choices. This Clinic demonstrates how we work with families, looking for ways to make our children happier, ease pain, live a better quality of life.













Will you give us some background on the decision to pursue the Angel Charity for Children grant, and ultimately open the Center for CARE this summer?

About five years ago we had a wake-up call, through our research looking at the autism population with complex medical needs. We saw that we were saving lives, but that sometimes we were not looking beyond the child's main physical condition. Having something like cerebral palsy, for example, is not protective against autism. The research told us we needed to look closer. If you don't look, you don't see more behavioral aspects. Today almost 500 of our 5000 children also are diagnosed with autism.

To plan what would be our transformative remodel for the CARE center, we combined the expertise of national advisors with that of our local Banner and TMC Healthcare partners—all in the context of the special needs of our challenged children. The results of this effort now live in our CARE center.

The new space, which opened this summer, includes six physical and occupational therapy gyms, three sensory rooms, two feeding therapy rooms, and seven consult rooms for speech therapy, nutrition and audiology. It is set up around a central staff area with space for therapists to collaborate. There are cabinets with toys. An outdoor multi-use therapy space was created, and experiential activities were installed in our lobby area. It is not just treatment space; it's a hub for communication. There are bare spaces for children who have a lot of equipment. All rooms have swings...so in

the middle of a visit, a child can relax. The walls have different textures, so children with vision differences can explore. The goal is to eliminate all sensory obstacles so the child can be fully engaged in the needed treatment.

Autism is just as complicated as some of the other diagnosis we deal with. There is a constantly evolving approach to the modality of how you treat autism, and our Center of CARE will remain flexible so we can continue to be a center of excellence in treating medically challenged children with autism.

Certainly, this collaborative effort proves that Children's Clinics is not flying solo in Tucson.

Partnership has allowed the best of all in our community to come together. Our teams enjoy each other. It is an opportunity for medical providers to communicate across the community. I am a developmental pediatrician who has learned so much from the providers I work with.

Through long-term relationships with our partners, we're able to leverage a close alignment with pediatric hospitals and the University to improve the health of our challenged children. Dr. Ghishan allows his faculty to support us. We're able to find common ground and support the University's research, collecting data in a cost-effective way.

Together we're finding that the clinic model is the future of medical healthcare. Certainly—Teams are future, because working in silos doesn't work. Ultimately, at Children's Clinics, everyone is passionate about what we can do together, to make a difference.



The next generation of team-centered healthcare is already at work at Children's Clinics, pushing boundaries in providing coordinated care for extraordinary kids and their families. What sets our multi-disciplinary clinics apart are the team members themselves...compassionately engaged with families, executing ongoing treatment protocols of sequential medical care, and managing social services, surgery and therapy in an approach not found anywhere else in Tucson.

Meet the Cleft Lip and Palate Clinic team—helping families maneuver and succeed through treatments for cleft-affected children. Orofacial clefts are among the most common birth defects, annually affecting thousands in the United States. The treatment starts at birth, with the team supporting both child and family in a journey that ensures quality of life through all aspects of care—from ear, nose and throat issues, to dental and feeding challenges, as well as the full spectrum of overall social development. The team is there to help families maneuver and succeed.

Verity Quiroz, RN, Care Coordinator

It is a shared, transformative experience:

The Cleft Care Team was carefully designed to meet the healthcare requirements of children who are affected by cleft lip, cleft palate, or cleft lip & palate. The lip is what the public first sees of the child, and so for families, it's always a big deal when they have their lips repaired. Cosmetically, they go from lip deformity to a more normal appearance. We start with these babies from when they are days old, transforming and working with them through their teen years, when they start to have their orthodontic work. Our team sees 25-50 Cleft Affected patients every month. The plastic surgeon performs approximately 50 cleft related surgeries per year. So, we watch them grow up, from the time they're born to graduating high school and beyond.

The interdisciplinary model works in cleft care:

The model of care is best for children and their wellbeing because it offers comprehensive health care for the patient and family by a trained team of specialists. Our team supports families across physical, emotional, social, and behavioral growth. We use a single integrated electronic medical record, which makes it easier for patients and families to access test results and communicate with their providers. Families and children obtain care in one place. The care is consistent, reliable, and staffed by specialists. We routinely evaluate our program to ensure we are complying with ACPA standards.

David A. Parry, MD, Ear Nose and Throat

It is about teamwork's contribution to quality of life:

These kids are complicated kids. There are both cosmetic and functional challenges which have significant consequences throughout their lives. One purpose of our team is to optimize quality of life so these children can do things like eat and communicate. You really couldn't achieve this properly without everyone here around the conference table, focused completely on each child. Each team member's input is critical and impacts my work. For example: Lots of children come from situations where there are real social challenges, so social work is part of team, and there's audiology because they kids can have hearing problems. There are also speech issues. So, having this whole group together every month to talk about these kids individuallyhelps us focus on the total needs of each child. It's not just about if the surgery went well, or if there were any complications. It's about how her speech is coming along, or how his feeding is.

It's about how else we may intervene to make their lives as full and as pleasant as possible. Everyone here has a unique skillset they bring to the table, and our shared goal is to make sure these kids have every opportunity to not have cleft lip and palate problems.

Lauren Schenk, SLP, Speech Therapist

A multi-disciplinary focus draws you to the team:

I started as a student intern, so I was trained up for this clinic. I had an opportunity to do rotations at other places...but I didn't see the collaborative aspects, or the progress you see here in our patients. So much of what we do relies on another member of team doing his or her job. Some kids need the surgery to address an autonomic aspect, so I can't work on speech early on. Instead, in the first months of life, my role is to work on feeding. Working closely with nutrition to best support brain development and growth of a child is critical in the first three years. I'm happy because speech therapy really works across the lifespan. Early years focus on the feeding skills, like safely swallowing and chewing. There's also speech development and communications. Whatever our role, the team works together, adjusting as needed for each child. Prior to each clinic we come up with things to talk about, and bounce ideas off each other during our monthly conferences. There isn't collaboration like this anywhere else.





A wonderful part of my job is telling parents they can stop staying up at night worrying about how many calories a child is taking, because they're finally growing appropriately!



John Day, DMD, Dentist

It's a unique approach to complex issues:

Development of a child extends over 20 years, and orthodontic services are important for both physical and social development. I have 35 years with the Children's Clinics, and my role is to see that these children receive the best care they can, and that they are able to participate to the best level of their abilities. I'm concerned with oral health literacy, because teeth may be missing or malformed in our cleft patients. I am focused on establishing and maintaining the oral health of each child while coordinating care with overall team.

Ours is a unique approach. So many programs across the country are disease-focused or procedure centered. We work as a medical home. And the idea of this home is one-stop care for the children. Our providers work hand in hand to give each child the best, most comprehensive quality service. We are not focused on one specialty but are globally focused on the total child.

Colleen McDonald MSW, Medical Social Work

Our roles are multi-faceted:

Whether the children are receiving care here in the clinic or living their everyday lives in their communities, the Children's Clinics team is ready to make sure our children and families are supported. If they are in school, we help ensure the children are keeping up with schoolwork as well as the needed protocol of care, which may be extensive for these kids. Some children visit Children's Clinics multiple times a week, on a schedule that extends for years. Because the care plan may be difficult for families, we are here to help them

coordinate and integrate care into their life routines. That may mean helping parents get time off from work for the treatments or getting them to see where they are in accepting the child's condition. I try to knock down barriers...if, for example, families have problems adhering to the schedule. We also look at their home situation. Do they have enough nutritious food? Do they have transportation to get to treatments?

It's a matter of working together to help families accept protocol of care, to know what's coming and what to expect.

Our work is sequential. Sometimes the work of Dr Day depends on the work of Dr. Parry. So, it is especially important for all members to grow in our team relationship...to help each other and help each child be ready for next step.

Brittany Robertson, RDN, Dietitian

Responsibilities shift according to the child's needs:

My role changes throughout the child's time with the Clinic. Pre-surgery, many children have significant eating difficulties and growth failure as a result. We need to make sure the kids are nutritionally optimized, so they can heal. That's before surgery. And after surgery, I have a transitional period as children are healing. A wonderful part of my job is telling parents they can stop staying up at night worrying about how many calories a child is taking, because they're finally growing appropriately! This model is so special from the nutrition standpoint, as progressively we see their feeding difficulties diminish. I worked in a hospital and I would see kids come in not in any position to heal

because they were so severely malnourished, with deficiencies and poor surgical outcomes as a result. Not so here at Children's Clinics. I can see children months ahead of surgery, to put them in the best position for surgery. That is super special, I think.

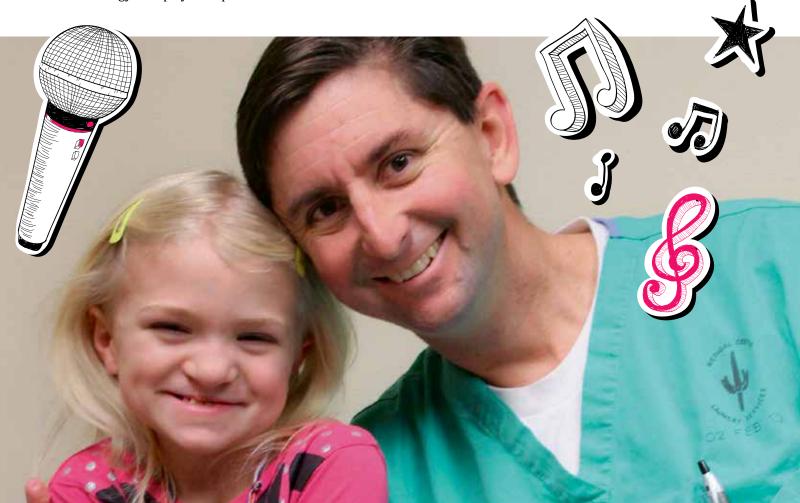
Alisha Severson, AuD and Marisa Corta, Speech & Hearing

There's always the rewarding part:

We work together with our ear, nose and throat physicians to ensure the child's ears are working properly for hearing, so when they go to speech therapy they can learn to speak.

Children with a cleft palate or cleft lip and palate are likely to have longer-term difficulties with their hearing, so audiology does play an important role. But sometimes it is overlooked in the management and treatment. Not so at Children's Clinics, where we are focused on the impact of cleft on speech and language development. Hearing impacts listening, language and learning. As audiologists, we have personal satisfaction in knowing we have an important role. We see these children as newborns, before they have had any repair surgery, and it can be serious in the beginning. The parents are so fearful, but you work through that, encouraging and testing before repair. The rewarding part is seeing them afterwards. There is such a sense of relief for parent and child. The child looks and feels better and importantly their systems can function better.

Always our team has the question: What is best for the child? With our care plan in place, the team can respond to the needs with a full range of team skills that are shared from the child's birth until they are into their twenties.









Partner Profiles

A Community's Call to Action Is Through Collaboration

Great things are accomplished as Children's Clinics works together with strong and valued partners, not only in clinical care, but also in education of future pediatricians and in research innovation to impact care of our children with complex medical conditions. Here are three stories that demonstrate the importance of our community's shared commitments:

Burris "Duke" R. Duncan, MD

Professor of Public Health,

Mel & Enid Zuckerman College of Public Health,

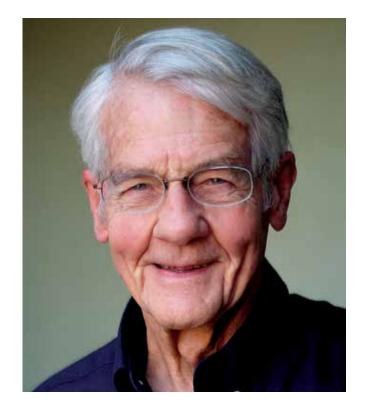
University of Arizona

ne key to being a good pediatrician: "listening and putting yourself in a child's shoes." That's a life-long mantra for Dr. Duke Duncan, a pediatrician with more than 35 years on the University of Arizona faculty. Now a full professor of Pediatrics, Dr. Duncan spent nearly two decades with Children's Clinics, where his dedication to children with disabilities took root.

"When I came to the University faculty there needed to be more teaching focused on medical care for children with disabilities, and the way to do this was through Children's Clinics," he begins.

Dr. Duncan underscores those early years of bringing residents and medical students to Children's Clinics, to learn about children with disabilities: "I remember how comprehensive you could be, with the facility and the support you needed to provide care." Along with other University faculty, Dr. Duncan helped start primary care at Children's Clinics, so that "children being seen for specialized care would also have the ability to get primary care in the same place."

There was a hallmark of compassionate communications practiced throughout the Clinic, which continues as a distinctive Children's Clinics care



characteristic today, Dr. Duncan confirms. The notion of a 15-minute appointment just doesn't work," he says. "If a mom has a child in a wheelchair, she has tremendous responsibilities in preparing that child to get to clinic. So, if you only had 15 minutes with your doctor, it wouldn't be enough. I wasn't limited back then, and I know the care is the same today. I am grateful for the license I was given, just to do what was needed for the child."

Primary care physicians were on call 24/7, notes Dr. Duncan: "If a child had to be hospitalized, we were there.

These were unique situations, with medically fragile children who have such complicated conditions. Our doctors become like part of the family. It was always a privilege."

And when the physician really knows the family and the child, the best decisions are made, he continues.

Dr. Duncan's work at Children's Clinics has influenced several of his current research projects involving children with disabilities. One National Institutes of Healthfunded project is looking at the effectiveness of physical therapy on children with cerebral palsy mobilizing and stimulating neurons of young children with cerebral palsy to take over function of damaged neurons which cause the motor abnormality. Another project, based in Nogales, trains and hires people with disabilities to build medical devices they themselves will use. The project already has resulted in the fabrication and distribution of 470 prosthetic legs and more than 800 hearing aids. People with disabilities contribute to the program and take ownership, Dr. Duncan confirms.

"My experiences at Children's Clinics now prompt my current priorities in the classroom," he says, in reflecting on the Children's Clinics 30th Anniversary. "I remind the students and residents now how important it is to find out about their patients. You won't just learn from a sterile atmosphere of clinic.

"Children's Clinics molded my life as a pediatrician. It continues to be a place of care where doctors and future doctors can learn from."



Fayez K. Ghishan, MD

Medical Director for the Clinical and Translational Sciences Research Center (CATS) at the University of Arizona Health Sciences Chair of the Department of Pediatrics, Director of the University of Arizona Steele Children's Research Center Physician-in-chief at Banner Diamond Children's Medical Center.

hat is the consequence of data? When you are a physicianscientist-educator who is passionate about children's health, evidence-based medicine is essential to treatment of children with complex medical conditions.

Dr. Fayez Ghishan, newly appointed medical director for the clinical and translational research center (CATS) at the University of Arizona Health Sciences, has made pursuing new and more effective therapies for children's health his life's work. As Professor of Pediatrics and Head of the Department of Pediatrics at The University of Arizona Medical Center, Director of the Steele Children's Research Center, and Physicianin-Chief of the Diamond Children's Center who joined U of A in 1995, he now mobilizes others in achieving common goals on behalf of children.

"At the end of the day, we create knowledge and translate that to our patient's care," says Dr. Ghishan, ever the pediatrician focused on the well-being of the whole child. Dr. Ghishan has worked with Children's Clinics as a gastrointestinal specialist since his arrival in Tucson in 1995. "I am a physician for 53 years," he continues, adding with words directly from his heart: "And if I see just one child today, I will help that child and may make a discovery that will help millions around the world."

Dr. Ghishan's research in pediatric gastroenterology has exposed issues of GI tract as the basis of many disorders which impact children



with complex medical conditions. His research infrastructure has been continuously funded by the National Institutes of Health for more than 30 years, with merit awards given to only the top 1 percent of scientists in the US.

"My goal has always been to advance research, take care of children and teach the next generation of physicians and scientists," Dr. Ghishan says.

No doubt, Dr. Ghishan's energy and compassion were nurtured in his youth. The eldest of nine, he grew up in small town in Jordan, where only two doctors serving the community. "My mother did not know how to read or write, but she would buy the newspaper regularly and ask me to read it to her. She wanted her children to be educated," Dr. Ghishan smiles, and continues. "All nine of her children went on to PhDs."

A photo of Dr. Ghishan as a child, dressed in a white jacket with tie, carrying a briefcase, still sits on his desk, reminding him of his mother's early wishes. "My son, I would like you to be a doctor," he recalls. "Doctors, are hakim, meaning wise man, she would remind me."

When he was 16, his mother gave him \$50, put him on train to Turkey, and told him to become a doctor. Dr. Ghishan learned the Turkish language and was accepted into med school.

Seeing so many children with imperiled GI disorders, from long-term malnutrition to diarrhea and IBD, was heartbreaking for Dr. Ghishan and influenced his focus on pediatric gastroenterology. He came to the US for training, eventually studying at Vanderbilt, where he honed research skills.

"I had big dreams—dreams to make Arizona a beacon of science devoted to improving children's health through research," he recalls, when he arrived in Tucson in 1995.

He realized his life's pursuit with the building of the Banner Diamond Children's Medical Center. The National Institute of Health's published ranking of 140 schools of pediatrics lists Banner Diamond Children's Medical center as 31—ahead of schools like Yale and University of Chicago.

Science moves fast, Dr. Ghishan knows, and there is an urgency to his research studying gut microbiome in health and disease. His work in sequencing bacterial DNA in the body, helping to understand the community of bacteria that inhabits the intestines and influences the immune system, is groundbreaking and has brought visibility to UA research efforts. His work is showing how diet and lifestyle influence health, chronic inflammation in the intestinal tract and the links between the human microbiome and disease, including obesity, inflammatory bowel disease, arthritis and autism.

But don't let a discussion of DNA sequencing of genomes overshadow the heartfelt, compassionate side of this physician, whose gaze of kindness and enthusiasm is what is most apparent each time he greets a Children's Clinics patient.

"We have found that the life of a physician-scientist is incredibly rewarding, but we recognize that it is often daunting to navigate the long path toward becoming one," Dr. Ghishan comments when discussing educating the next generation of pediatricians.

"We need to ensure that the brightest young doctors can contribute to further advancements in their field, using science to change lives," he says.

"With Children's Clinics, we are helping to improve the lives of these complex children, by what we call bench to the bedside, and bedside to the bench," he explains. "Knowledge in the lab is from the bench...and it is then translated to the children. We blend science and clinical medicine as we look for the solutions to improve the lives of our children."

The healthcare profession needs physician-scientists who bring compassion and care for the total child to medical research and education. Thankfully, there is Dr. Ghishan, whose work and personal commitments make this dream a reality in Tucson.



Maureen "Mimi" Warwick Coomler

Senior Vice President, Chief Operating Officer, TMC Healthcare

t is through the blended lens of nurse, scientist and administrator that Mimi Coomler sees the world. At the focal point of her lens are the children and families served by TMC Healthcare, and identifying what keeps them healthy.

"I always wanted to be a scientist, but I couldn't see myself strictly in the lab," Mimi recalls. "I needed the human side. So, nursing became this lovely blend of science and people for me."

After graduating in 1998, Mimi headed out west to work at a wilderness camp for adjudicated kids. From there she went to New Mexico's only level 1 trauma center, where she cut her teeth as nurse. "I worked as part of a multi-disciplinary team that published guidance on the hanta virus, and learned what professionalism in nursing looks like," she continues.

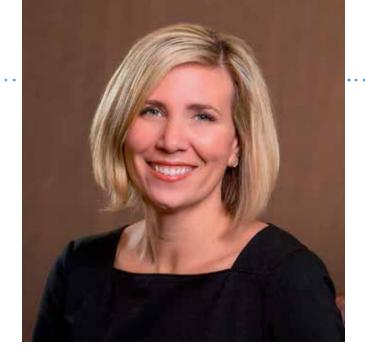
Then, in Sierra Vista, Mimi developed critical business skills in a rural area cardiac care and coronary intervention. This is where she was introduced to the significance of non-profit community hospital work and how it improves the health of community.

Coming to TMC HealthCare was an opportunity to put her talents to work in a large-scale nonprofit community hospital. But her return to Tucson is also a personal story, and one which first connects Mimi to Children's Clinics.

"My son was diagnosed with Type 1 diabetes when he was 4," Mimi explains. "The notion of what happened to my son really connects you to the network of support that helps you to survive. Diabetes is a daily/ hourly and a lifelong partnership. I became involved in how the hospital connects with the community. What is community-based health? Part of answering that question became building a relationship with Children's Clinics."

This personal connection led to Mimi serving as Children's Clinics CEO for several years. She rejoined TMC Healthcare in 2017, but the partnership experiences that were forged with Children's Clinics, live on.

"When people say they don't know the Children's Clinics, it's probably because they have never connected



with children with significant health needs," notes Mimi. "But for those who do know, Children's Clinics is a lifeline. Our physician community knows it. Our pediatric community asks—what do our kids need to be healthy—to support the family unit? They know that what these families are going through is immensely significant, and peculiar because of the complexity of the medical conditions. So, a set of specific resources is needed, and Children's Clinics is where those resources are in one place."

Because Children's Clinics is so important to people who need such specialized care, collaborations are critical, Mimicontinues. Partnerships between Children's Clinics and the hospitals are built on community priorities, and these priorities are continually changing. "Today, children in our community are facing different challenges. The needs of our children always will dictate what future collaboration might look like," Mimi states.

Resilience comes to mind in defining Children's Clinics, Mimi believes: "Resilience exists in the staff, the fiber and the culture of the organization and in patients. When programs changed, the clinic changed with it because the need of the families was so great."

One of the best days of Mimi's career was when she stood with the Children's Clinics executive team and launched the first adaptive recreation crew in El Tour de Tucson. "A little girl came up to me, so happy, saying how she never thought she would be able to ride a bike with her sister, who was using a Children's Clinics adaptive bike at El Tour. Her happiness was so powerful," remembers Mimi. "It's the best you can get. Making a child so happy—I don't know of any other accomplishment more meaningful."

Front and Center at Children's Clinics



zekiel Cervantes—EZ for short—spins past the tropical fish tank in the Children's Clinics lobby, and races towards the basketball hoop, fellow clinic patients and siblings in his wake. Whoops of joy ensue as he makes the basket, and his mother's reassuring voice urges on his play.

He knows we're talking about him, comments Lucia Arias, her smiles conveying the determination mustered throughout her life since October 22, 2018.

That day, driving to her mother's house with fouryear-old EZ in his car seat behind her, Lucia's car was hit by a drunk driver who never stopped.

"Everything happened so fast. I had blacked out. The ambulance took my children. EZ was unconscious when the ambulance took him," remembers Lucia. In the hospital, Lucia was overwrought, trying to protect her kids. EZ was rushed into surgery. Afterwards, Lucia was told they had discovered a traumatic brain injury. "I saw my son with all these tubes and machines and just

cried," she says now.

EZ's journey over the past two years has been a roller coaster. At the hospital for three months, he was slowly weaned off the machines. "First he was able to breathe on his own," says Lucia. "Then he couldn't open his eyes, but I wasn't going to accept defeat. I would bathe him, talk with him. He finally moved his eyes. Little by little. Then his legs. I would pick him up...and walk him. Telling him, 'come on, EZ. Come on, baby, walk." Recovery was miraculous and EZ was ready to come home. One doctor recommended Children's Clinics. "Everything was so new to me," says Lucia. "But all the staff are wonderful. They treated us like family. They didn't look at us differently. Today, in his physical therapy, his speech or occupational therapy—everyone encourages us."

EZ has completed soccer, basketball, swimming and some dance classes with Children's Clinics.

When Lucia brings EZ for care, volunteers often stay

"He is allowed to be a child again, thanks to his Children's Clinics family."

with her other children. "This allows me to go into the classes so I can watch EZ's progress. It allows me to know what I can do to further help him. From the bottom of my heart I appreciate what they are doing. It's like my own home. My son's home," she exclaims.

Volunteers and therapists also engage EZ and work all his senses. Lucia provides the details: "When therapy animals visit from our community partner, TRAK, they will ask, EZ, do you know what animal this is? This is a sheep; a chicken. Do you know this color? I was afraid, at first, about school—how would people respond because of his speech? But because of Children's Clinics encouragement EZ is in kindergarten now and doing well.

"His family sees their brother getting the help and they're happy. We know that in the future he will need a lot of help. But if you saw him when he first came to clinic...you would now be amazed at how far he has come and what he has accomplished."

Lucia sums up EZ's progress, simply: "He is allowed to be a child again, thanks to his Children's Clinics family."





mpossible. You can't do that! Discouraging words like this were lobbed at Hannah daily. It took persistence by Hannah's aunt, Wendy Moreno, to result in marshalling the forces of hope at Children's Clinics.

Hannah's childhood had been a struggle. She was born 10 weeks early, with complications due to her mom's use of drugs during pregnancy. The diagnosis included cerebral palsy and periventricular leukomalacia, the softening of brain tissue which makes cognitive processing difficult. When she was flunking out of middle school, Wendy stepped in to help.

"I started looking to see what was wrong. I didn't really understand the problems, but wanted to figure it out," says Wendy. "Most of her life, Miss Hannah, as I call her, has been told she was dumb, not capable—and would never be able to be on her own. When the Department of Children's Services got involved and removed Hannah from my sister, I knew Hannah would need a forever home. She is now with me and has been with me since she was 12."

With DCS' help, Wendy and Hannah found themselves on a path to Children's Clinics, and slowly began to discover what Hannah needed.

"For me it was a relief," recalls Wendy. "Someone was listening to me! I didn't have to fight or prove anything. The social workers and staff said, OK, let's look at that. I had been looking for so long for someone to help, to listen to Hannah and not just brush her off!"

Children's Clinics is a place of optimism and reinforcement, says Wendy. "Hannah has never been made to feel less than she is. If





I seriously believe I could have two heads walking into the Clinic, and no one would act any differently to me

anything—she is lifted up," says Wendy. "They will call her out, as well. They won't let her sell herself short. When she says, 'I can't. That's not something I can do,' they help her see the way, so she can."

Routines for Wendy and Hannah at Children's Clinics now include dental, occupational therapy, speech and feeding therapy, primary care, and enrollment in programs to deal with trauma of abandonment. "There's even something for me about self-care," Wendy continues. "It's all in one place, where you're able to talk with all the providers to keep Hannah growing and being the best she can be, and more. There are things you don't realize go hand in hand. I used to carry around a huge file of notes to explain things to doctors...but here I don't have to. They have everything in their records and keep everyone on same page."

Now that Hannah is getting older, the clinic is involving Hannah more and more in her own healthcare, says Wendy. "They say, you're getting older, and it's time for you to get involved in helping make decisions for yourself. We have goals...and we're getting resources that will carry over throughout life."

Children's Clinics has found ways to incorporate Hannah's special interests into her healthcare. For years, Hannah has enjoyed creating what she calls "Western cartoons"—a combination of anime and Donald Duck, she says. Hannah is on her 11th sketch book, and Children's Clinics has exhibited some of her sketches at art fairs. It is a way for Hannah to express herself and participate in the community.

"We are allowed to feel we can have a normal life even with all these complicated medical needs," says Wendy. "Children's Clinics is always there to give suggestions outside the box—to get Hannah involved.

"I seriously believe I could have two heads walking into the Clinic, and no one would act any differently to me," Wendy says. "There always are volunteers in the waiting area to do crafts with the children. And I've watched them, and how they make everyone feel at home. It makes me excited and emotional at the same time, because Hannah never had that. Watching her walk in and interact with the welcoming people at the front desk—to have them care is just beyond words. There's also someone who makes her feel OK."







Grandma Knows Best

Leondra, Kayah and Kiara Price

ou would be forgiven for thinking Leondra Price—after more than two decades in City of Tucson administrative work—was living leisurely in her well-earned retirement years. Instead, this grandmother extraordinaire is busier than ever, managing the care of three-year old twins named Kayah and Kiara.

There is a great love story behind the bustle of care underway in Leondra's household, that begins in 2018, when Leondra's daughter Courtney was active duty Army stationed in Kentucky. A logistics specialist, Courtney began to have difficulty with her pregnancy. Rushed to a Nashville Hospital, Courtney gave birth to twin micro preemies, Kayah and Kiara. Born at just 24 weeks, each under two pounds, the girls required hospitalization in Nashville. For those early, frightening 100 days that the girls were in the hospital, Leondra traveled back and forth from Tucson to support her daughter and grand babies.

When it neared time for the girls to be discharged, Leondra and Courtney had a long talk. Courtney was to be deployed to South Korea. "I knew then that it would be best for me to take the girls back to Tucson," says Leondra, who brought the twins back on the plane at the end of March 2018.

Leondra has cared for the twins ever since, with Courtney just recently returned from Korea. Because they were preemies, the girls had a litany of conditions and as a military family, Leondra sought the advice of Davis Monthan administrators on how to navigate.

"What are my medical options—what do I do?" Leondra remembers asking, and the base directed her to Children's Clinics.

Stepping into action immediately, Children's Clinics initially assessed several conditions, from premature retinopathy to heart conditions. There were physical limitations including mobility and hearing.

"I was put in the hands of pediatrician Dr. Barry London, now retired, and he was an absolute jewel," Leondra says. "He knew what we needed. Children's Clinics was there with what resources I needed for the girls, from retinal specialists to occupational therapy. Kayah was found to be hearing impaired, and appointments were facilitated to have her tested. Everything we needed, they seemed to know. I didn't have to work to find the resources. It made it easy to navigate."

But it was more than the medical care that Leondra found priceless, as she recounted the experience of her first visit to Children's Clinics:

"I had my first appointment with Dr. London, and I hadn't quite figured out how to feed the girls. They were both crying at top of their lungs that day when I arrived. I was so flustered! But then Ana, who I learned was a social worker, came over to me. Immediately Ana said, 'Let me help you.' Without skipping a beat, she took Kayah from me and began feeding her.

I was just about to cry—the day had been so overwhelming. But Ana stepped in and knew exactly what to do to help me. She just sat down and took charge. We got the girls fed, everyone was happy... and then Ana said, 'what else do you need?' She just lifted the weight off me at that moment."

And that's the way it has been at Children's Clinics ever since, Leondra continues. With all issues identified, the girls have multiple appointments, often on a weekly basis. Kaya has a speech therapist, and both girls see a retina specialist regularly. Both are identified with heart conditions, and Kaya will need heart surgery in a few months.

For Leondra, it's important that the care extends to the families...not just to the children. "The team made sure I got the information about Caregiver Days when they are held at the clinic," she says.

A couple of years have passed since the girls began care at Children's Clinics, and they are both on their way to 25 lbs. "It's still a challenge," says Leondra, "but one thing I know for sure is that all I need to do is pick up the phone and call Children's Clinics if I need anything. Children's Clinics knows the community and they know my grandchildren. They guide me to everything these fragile babies need."



Anthony's Inspiration: From Gratitude to Giving

nthony Barrasso was a happy, sports-loving middle schooler when an unlikely and debilitating disease jolted him out of normal life. It took years, as well as expert care by Children's Clinics, to give Anthony the support that helped him turn the corner with disease and set him on his positive path.

To understand this earnest and formidable young man, now Chief Operations Officer of his family's In Balance Continuum nonprofit, it's important to go back through his formative years, when illness brought him to Children's Clinics.

Near the end of his 8th Grade, Anthony sustained a couple of knee injuries. Always an athletic kid, there were fevers, chills and joint pain, randomly affecting different parts of his body.

"My parents scrambled, taking me to different doctors and specialists," he recalls. "Finally, my mom took me to Mayo Clinic, where I was diagnosed with Still's disease, one type of juvenile arthritis. Children's Clinics was recommended to help me combat this autoimmune disease, and this recommendation helped change my life."

Whereas once his days had consisted of traveling to various specialists all over town, Children's Clinics was now able to coordinate all of Anthony's care. Beyond this, Anthony says, the care team was incredibly kind, patient and understanding. "I was given a regime that helped me over the next four years as the disease ran its course. My disease forced my peer group to change...I could no longer follow my identity as an athlete. I really struggled with depression and low self-esteem. It was a dark time, when pain was my secret as I tried to hide my limp. Children's Clinics was there to get me through this."

Children's Clinics was always that grounding place where Anthony felt supported and given hope. After going into remission, he attended the University of Arizona where he participated in several fundraisers for people with disabilities. This led to a turning point—a Journey of Hope bicycle ride, where a stop in Grand Island, Nebraska brought him in touch with that state's version of Children's Clinics.

His memories: "Actually, I had gone on the bicycle tour more for ego than to reckon with disabilities. (Anthony remains in remission, although continues to have joint pain and return of symptoms from time to time.) But halfway through the tour I met this little six-year old girl with thick glasses and pigtails who just grabbed my

hand, and I wound up playing an entire afternoon with her. At the end of the day her mom hugged me, crying as she revealed that her daughter had a degenerative eye disease which would soon leave her blind. At that moment I recognized the importance of care, much like what I had received at the Children's Clinics. And I realized the importance of pure moments in life. It was the first time I felt value (at 20). It sparked something for me. Ever since that day I've felt there was purpose."

When Anthony came back to Tucson, he pitched a project to his Pi Kappa Phi fraternity, to get involved with Children's Clinics. It was around Halloween, so a haunted house event was discussed with both his fraternity brothers and Children's Clinics. "We dressed up as superheroes, getting everyone involved. We did

this for six years, and the event kept getting bigger and bigger," Anthony remembers. His brother Daniel followed, carrying on the tradition by running it for four more years. Although Anthony's fraternity is no longer involved, Halloween continues be

Children's Clinics was always that grounding place where Anthony felt supported and given hope

Children's Clinics most popular event, and the haunted house lives on.

After graduation, Anthony pursued a law degree, and now works primarily with In Balance's boarding school, a therapeutic program specifically for adolescents suffering drug abuse and other disorders. "We expose our teens to a variety of programs for healing and recovery," he says. "I've taken a lot of my own experiences and incorporated these into our programs. Service is big part of what I do—and I wanted to create a service opportunity."

One of best things you can do for someone afflicted with addiction is provide them with connected experiences that feed recovery, says Anthony, so once again he looked to develop a foundational healing experience with Children's Clinics. Working with administrators, Anthony helped create a service opportunity at Children's Clinics involving the December holidays: "Our guys adopt families. Beyond gifts and dressing up as Santa Claus, our guys get to know families. By connecting, with compassion, we can bring out the best in ourselves."

Anthony's original passion in sports also fuels Children's Clinics original adaptive basketball program: "In all these programs, we are trying to provide normalized experiences for everyone. We help fund the program, and In Balance students also are volunteers, matched one on one with kids."

Anthony knows that his deepened time commitment to Children's Clinics nets two-way rewards. "Children's Clinics changed outcomes for my own life and gave me hope," says Anthony. "It was the inspiration for my own success. Paying it forward in even small ways can change the outcome for so many. People don't

> realize how important individual donors are... because individual donors are what fuel these programs like the haunted house and a Christmas wish list for the families."

> The team commitment to these experiences is what makes Children's Clinics

so unique to Anthony, who underscores how so many of the Childhood Experience programs involve staff who participate on their days off. "They come to be part of the experience with families," he says.

"I suffered in secret, and didn't want anyone to know," continues Anthony. "Children's Clinics was the one place I could be myself. I wasn't ashamed. I felt supported and I felt hope. If we can provide these experiences that allow kids to relish who they are and push their capabilities—then I feel like we've done something. And our guys get so much out of it."

Anthony emphasizes that wellbeing is a mutual reward in stewardship. Kids are brave and inspire us. Resiliency comes full circle, he knows.

Philanthropy fuels the mission of Children's Clinics. And volunteers are the catalysts behind all our programs. For additional information on how you may volunteer or donate, please contact info@childrensclinics.org





Game Changers for All Seasons:

Adaptive Rec and Childhood Experience

JOSEPH LUEVANO • LAUREN VON OSTEN

his is where many good childhood stories start: An after-school bike ride with friends. A splash in the pool on a summer's afternoon. A cheering roar from family in the grandstands, after a softball hits the bat. Happiness. Memories. They all emanate from here.

And these are the sights and sounds that also spark the passion of Children's Clinics Adaptive Rec and Childhood Experiences programs—going beyond medical to contribute to the wellbeing of children and families.

Look at it in a big picture, beyond therapy, access, or play—think about it like childhood, says Joseph Luevano of Adaptive Rec and Lauren Von Osten of Childhood Experiences—both fierce advocates of keeping children active and enjoying rehabilitation.

"We try to offer our kids a small portion of those experiences that make up childhood memories," says Joseph.

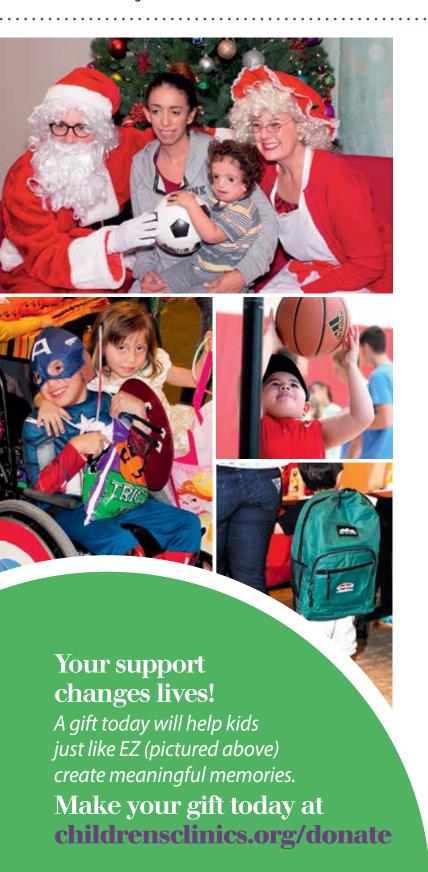
In Children's Clinics rehabilitation, particularly physical therapy, the focus is on therapy for strength, balance, head and trunk control. Adaptive rec programs grew organically from this, he continues: "For example, our tricycles have specialized harnesses so our children can ride safely. Our experience here gave us access to understanding what we could and should offer the kids. To then take it a step further beyond work—and demonstrate what is fun, as well."

"So many of our children aren't able to participate in group sports, so giving them ability to play gives them sense of inclusion or normalcy," Lauren chimes in.

The social aspects of adaptive rec are so critically important.

Joseph recalls an experience three years ago, involving a six-year-old girl who was nonverbal and had coordination and strength issues. "We started using an adaptive bike, and soon she was able to participate with her family," Joseph says. "The ability to interact with her siblings was transformational. The bike changed her life."

By the numbers, there are seven adaptive recreation programs, from dance, to basketball to bikes. Activities are seasonal, with an average of 20 children participating in each program. The newest program is dance, opening its first session just last spring.



Because of the pandemic, the programs are currently modified, with virtual options launched this summer.

Lauren, who grew up using a back brace because of her scoliosis, brightens when discussing the new dance rec program. She remembers how the only thing she could participate in was dance when she was younger, and the benefits of the rhythm and movements are what she hopes were imparted to children who participated in the new class.

To be free, silly and not restrictive are how Lauren and Joseph describe Childhood Experiences' goal. The traditional special eventslike back to school, Halloween, Holiday toy drives and spring festivals—have engage hundreds of children and families each year.

Partnerships and generosity from community are the key to all Adaptive Rec and Childhood Experiences programs, which are entirely funded through donations.

"We are lucky to have local business and individuals from the community who step up and provide in-kind donations, individual financial gifts, or donations of time and expertise," Lauren says.

"We get about 600 backpacks from Chapman Automotive," she continues. "Local stylists have volunteered to do our haircuts. We find generous businesses who allow us to house our programs in their facilities." Joseph adds: "The City's Edith Ball Adaptive Recreation Center has a temperaturecontrolled pool, which is a great atmosphere for our adaptive swim needs. The ICC allows us to use its basketball courts, and Dream Dance Studios provides access to its ballroom space for our dance program. FC Tucson is another wonderful partner who donates field space for our programs. At last year's El Tour, we had 200 riders, with 70 children on adaptive bikes. These are expensive bikes, and we're lucky to have been able to distribute just under 400 bikes since we started the program."

Adapting to the pandemic, a drive-through backto-school event was hosted this summer, where 600 backpacks and school supplies that prepared children for the new school year were distributed. Backpacks included items like headphones, USBs, masks as well as more traditional school supplies. Children's Clinics virtual adaptive recreation programs are now monthly through early 2021, and include kickboxing, yoga and circuit training.

"We're also exploring options for a virtual bike ride since El Tour de Tucson has been postponed to 2021," Joseph continues.

The impact on children and families is what makes it all worth it, especially to staff volunteers who donate their services after their normal work hours.

"We are focused not just on development and play, but also on inclusion," says Joseph, who was an ortho tech working with doctors and physical therapists when he helped shape the Adaptive Rec program. "We work with every family. Our programs embrace even the most challenged children."

"Families hope that our programs allow their kids to be kids—and we achieve that," says Joseph. "All programs have strict safety guidelines, and we pair up children who are high-energy with volunteers who match this energy. Our families may come here for their medical needs—but we are not a scary doctor's office. There's no judging. We are a home."

Lauren and Joseph report that Children's Clinics continually looks to expand the happy net of fun in adaptive programs, in ways that support the whole child. "Things come up organically, like the basketball program that I coach," says Joseph, who indicates that Taekwondo may be a future program consideration. "Therapists see educational journal articles about the benefits for strength training and supporting cognitive issues and bring us their ideas. Most critical is to ensure we can create valuable programs that are sustainable."

The experiences are not just measurable in statistics, stress both Joseph and Lauren, who add that experiences must also be measurable in enhancing quality of life for families. And the Children's Clinics measuring cup can never be big enough, affirm Lauren and Joseph, each with a broad smile.





Ted Walker's Gold Star Legacy & the Square & Compass Stewardship

AMY BURKE

VAN ELROD

Executive Director

President

here's magic inside the Children's Clinics—a bustling home full of healing people and places. It also houses one masterful piece of forethought that's the cornerstone of a legacy begun by Ted Walker and the founding partners three-quarters of a century ago.

It was always about innovative, compassionate ways to serve the medically challenged kids of Southern Arizona and northern Mexico says Amy Burke, Square & Compass executive director.

"And so as Children's Clinics reaches its 30th anniversary, Square & Compass knows that if we can help in any way to support the mission of caring for kids with such severe medical needs, then that's who we are," Amy confirms. "The way we deliver our mission over the years may have changed...but our core mission has not."

This mission began in the late 1940s, when the polio epidemic was at its peak and when Ted Walker and a group of Freemasons decided to lead the way in the care of vulnerable children. Starting with the Square & Compass Crippled Children's Clinic on Broadway. which had served more than 10,000 by the 1980s, it always was important to create an atmosphere where children didn't feel they were in an institution...and that the whole child was being treated. "That message about the whole child spoke to Ted, and he knew how to communicate the message to the community extremely well," notes Amy. "He used his knowledge of people in every walk of life, to bring them together for the benefit of children."

Whenever needs were revealed, and treatments hard to come by or not addressed elsewhere in community, that's when Ted Walker became responsive, she continues. So, when a dramatic healthcare system overhaul began in the late 1980s, Ted Walker saw the opportunity for a new approach. He inspired a community discussion about a comprehensive medical home for challenged children, working with partners including the two Tucson hospitals. A collective spirit of renewed community generosity evolved, and the vision materialized. Square & Compass became the philanthropic partner, with Children's Clinics as the clinical provider, in a building built by Square & Compass on the TMC campus in 1991.

"Ted Walker's legacy of connecting people was our foundation then and now," says Amy. "It was his life's calling which Square & Compass strives to preserve."

Square & Compass is responsible for all aspects of Children's Clinics physical space—from small issues like leaky faucets and broken doorknobs, to major construction initiatives including a multi-phased renovation finished last fall. Just as Square & Compass completed this \$4 million renovation, research studies were focusing on the impact of the built environment on behavioral health.

"We knew the autism center was very much in line with our mission of the total child, and would build on our foundation," says Amy. "The complementary funding of the Angel Charity for Children grant allows the Clinic to realize this important new aspect of care."

As facility manager, Square & Compass is ready to both embrace and manage the newly remodeled spaces. "Some of the rooms may require special upkeep, but it will be part of our responsibility to provide this," Amy explains.

As always, the Square & Compass mandate is for the building to feel welcoming, not institutional. The new Center for CARE responds to this. "Kids may be here all day, seeing specialists," says Amy. "For us to provide amenities that enhance wellbeing is important. Keeping the building meticulously clean and in good repair is also part of our commitment to wellbeing. We take

great pride in our home."

In addition to facility maintenance, Square & Compass also assists kids who need medically-related items. Whether it is a prescription or equipment, if it is medically necessary Square & Compass looks to fund what many insurance companies will not. "When the items are important to the whole child, like a highchair apparatus which allows the child to eat at the family table, we see this as part of our responsibility," says Amy. Members of Children's Clinics teams write up requests for funding and submit requests to Square & Compass. "For the seven decades we've been involved, our commitment has been completely privately funded, and we know our stewardship must go beyond just helping structurally," says Amy.

In an extension of mission, twice a year Square & Compass hosts Shriners clinics, first implemented by Ted Walker. Local Shriners become volunteer-hosts for an average of 40 cleft lip, orthopedic and burn patients, who come from Mexico and Southern Arizona for specialized consultation and follow up. The local Shriners also arrange transportation for families traveling from the border. "We provide radiologist services as well as food for families during the clinics, which usually occur in May and October," notes Amy.

As medical care changes constantly, so do the standards to maintain accreditation for Children's Clinics as a health organization. "Our staff keeps on top of what needs to happen, from cable management to plumbing under sinks, or logbooks on fire extinguishers, sprinkler systems and air handling," Amy continues.

"It's an ongoing quest to live up to the trust and reliance generations of families have in us, while fueling Ted Walker's vision to serve each child's needs. It's a matter of partnership, innovative facilities and medical excellence. As facility coordinator our values come alive every day in this healing space. These values are part of everything we do today and who we will be in the future."







COVID-19 Update:

CARING FOR OUR KIDS & FAMILIES

On March 16, 2020, our world changed, but the need to care for our kids did not. As we've evolved to continue providing comprehensive care amidst a pandemic, here's a look at what Children's Clinics has been doing for our children and families.



TELEHEALTH 10,423+ visits

provided in primary care, specialty care, rehabilitative therapy, & behavioral health



THERAPY TOOLKITS 100+ children

received "therapy toolkits" with familiar items to aide in virtual therapy.



Cloth masks given to patients & their families

LEARNING TOGETHER | Children's Clinics presented to AHCCCS, health plans, and other community providers on teletherapy best practices. Children's Clinics physical therapist delivered a guest lecture on teletherapy to graduate-level PT students.

August 2020

COVID-19 Calendar:

A TIMELINE OF CLINIC ACTIVITIES

MARCH

- Cancelled all nonurgent onsite services
- Launched telehealth

APRII

■ Delivered 100+ therapy toolkits



MAY

- Returned to onsite services
- Sent 3,530+ "we are open" postcards
- Celebrated 1 CEO birthday

JUNE

■ Finalized Angel Charity Center for CARE renovation

ONGOING CARE

20,062+ visits

provided by telehealth and onsite since March 16, 2020-current





JULY

■ 600+ backpacks given to children with supplies for in-person and virtual learning



AUGUST

■ Launched virtual adaptive recreation programming, available through 2021

August 2020

Children's Clinics 30th Anniversary Report to the Community • Years of Service

A heartfelt thank you to our medical, dental, behavioral health, and rehabilitative therapy providers who have dedicated countless hours of their time over the years caring for the children we serve.

Asmaa AbuMaziad, MD

Pediatric Nephrology • 3 YEARS

Amy Acton, COTA

Occupational Therapy • 8 YEARS

Anne Aldrich, PT

Physical Therapy • < 1 YEAR

Megan Allen, OT

Occupational Therapy • 5 YEARS

Emmanuel Apostol, MD Pediatric Nephrology • 12 YEARS

Gerry Archuleta, LCSW,

Manager

Social Work 5 YEARS

Richard Ashley, MD

Pediatric Urology • 10 YEARS

Brenden Bagnoli, AuD

Audiology • 1 YEAR

Brent Barber, MD

Pediatric Cardiology • 16 YEARS

Valerie Benson, OT

Occupational Therapy • < 1 YEAR

Neha Bhasin, MD

Pediatric Hematology/Oncology • 6 YEARS

Mary Boll, AuD

Audiology • 2 YEARS

Sudeshna Bose, MD

Neurology • 17 YEARS

Brian Cammarata, MD

Anesthesiology • 24 YEARS

Jan Cardwell, LCSW

Clinical Social Work • 5 YEARS

John Chastain, MD

Otolaryngology • 4 YEARS

Cindy Chin, MD

Pediatric Endocrinology • 8 YEARS

Monica Cook, PT

Physical Therapy • 4 YEARS

Lucille Cooke, RDN

Nutrition • 1 YEAR

Catherine Cosentino, MD

Pediatric Surgery • 29 YEARS

Rachel Cramton, MD

Pediatric Palliative Care • 4 YEARS

Robert Cravens, MD

Otolaryngology • < 1 YEAR

David Crawford, MD

Internal Medicine/Pediatrics • 5 YEARS

Chi Dai, MD

Pediatric Neurology • 1 YEAR

Cori Daines, MD

Pediatric Pulmonology • 12 YEARS

John Day, DMD

Orthodontics • 23 YEARS

Robert Dean, MD

Otolaryngology • 16 YEARS

Lindsay Don, DDS

Orthodontics • 4 YEARS

Rebecca Egbert, MD

Pediatrics • 2 YEARS

Kelly Farrell, PT

Physical Therapy • 1 YEAR

Rachel Fisher, OT

Occupational Therapy • < 1 YEAR

Andrew Gardner, BCBA

Psychology/Behavioral Analysis 4 YEARS

Fayez Ghishan, MD

Gastroenterology • 25 YEARS

Coleen Gilchrist, OT

Occupational & Feeding Therapy • 6 YEARS

John Gray, MD

Neurology • 26 YEARS

Linda Graziano, PT

Physical Therapy • 22 YEARS

Ivan Gutierrez, MD

Pediatric Surgery • < 1 YEAR

rediatric surgery • < 1 TEAN

Keith Hazleton, MDPediatric Gastroenterology • < 1 YEAR

Patrick Henderson, MD

Orthopaedic Surgery • 12 YEARS

Marion Henry, MD

Pediatric Surgery • 2 YEARS

Andrea Hesson, SLP

Speech & Feeding Therapy • 4 YEARS

Lauren Hobeich, DDS

Pediatric Dentistry • 1 YEAR

Jeff Hoehner, MD

Pediatric Surgery • 8 YEARS

H. Eugene Hoyme, MD

Genetics • 5 YEARS

David Hu, MD

Otolaryngology • 9 YEARS

Craig Hurst, MD

Plastic Surgery • 12 YEARS

Lauren Imbornoni, MD

Pediatric Ophthalmology • 1 YEAR

Sejal Jain, MD

Pediatric Neurology • 4 YEARS

M. Raphaelle Jean, MD

Pediatric Gastroenterology • 3 YEARS

Richard Jennen, PsyD

Neuropsychology • 12 YEARS

Denali Jepsen, PT

Physical Therapy • 2 YEARS

Derrick Johnston, MDUrology • 4 YEARS

Brianna Jordan, PT

Physical Therapy • 5 YEARS

Willard Kasoff, MD

Neurosurgery • 2 YEARS

Daniel Klemmedson,

MD, DDS

Oral and Maxillofacial Surgery • 27 YEARS

Scott Klewer, MD

Pediatric Cardiology • 24 YEARS

Peter Klinger, MD

Child/Adolescent Psychiatry • 2 YEARS

David Labiner, MD

Neurology • 26 YEARS

Amelia Lanning, PT

Physical Therapy • 1 YEAR

Christina Laukaitis, MD

Genetics • 6 YEARS

Daniela Lax, MD

Pediatric Cardiology • 30+ YEARS

Amanda Lopez, SLP

Speech Therapy • < 1 YEAR

Caroline Madsen, SLP

Speech Therapy • < 1 YEAR

Cristina Metildi, MD

Pediatric Surgery • < 1 YEAR

Joseph Miller, MDOphthalmology • 29 YEARS

Michelle Mistelske, LCSW

Clinical Social Work • 4 YEARS

Tamra Mullen, SLP

Speech Therapy • 1 YEAR

Brian Nielsen, MD

Orthopaedic Surgery • 18 YEARS

Jonnae Ostrom, MD

Pediatric Otolaryngology/Facial Surgery

David Parry, MD

Otolaryngology • 14 YEARS **Chetanbabu Patel, MD**

Pediatric Enrocrinology • 1 YEAR

Michael Peck, NP

Pediatric Surgery • 5 YEARS

Amanda Pinder, DDS

Pediatric Dentistry • 7 YEARS

Jane Pylman, OT

Occupational Therapy • 9 YEARS

Kristen Revis, PTPhysical Therapy • 7 YEARS

Sydney Rice, MD

Developmental Behavioral Pediatrics

4 YEARS

16 YEARS **Catherine Riley, MD**

Developmental Behavioral Pediatrics

Delivering care to children with complex medical conditions requires a team of experts and it is because of our providers that we are able to do the important work that we do. We are so grateful for each and every one of them.



2020 Rosters

Brittany Robertson, RDN

Nutrition • 2 YEARS

Lauren Schenk, SLP

Speech Therapy • 1 YEAR

Katalin Scherer, MD

Neurology • 15 YEARS

Michael Seckeler, MD

Pediatric Cardiology • 7 YEARS

Alisha Severson, AuD

Audiology • 4 YEARS

Jordana Smith, MD

Pediatric Ophthalmology • 8 YEARS

Keith Soderberg, MD

Otolaryngology • < 1 YEAR

Maheep Sohal, MD

Otolaryngology • < 1 YEAR

Partrick Sola, MD

Child/Adolescent Psychiatry • 3 YEARS

Patti Sorkow, SLP

Speech Therapy • 11 YEARS

Elias Stratigouleas, MD

Otolaryngology • 11 YEARS

Dinesh Talwar, MD

Pediatric Neurology • 29 YEARS

Karen Thernelan, PT. Manager

Physical Therapy • 2 YEARS

Tiffany Torok, RDN

Nutrition • 3 YEARS

Tolga Turker, MD

Orhtopaedic Surgery (Hand) • 4 YEARS

John Twelker, OD

Optometry • 4 YEARS

Francisco Valencia, MD

Orthopaedic Surgery • 29 YEARS

Kent Vincent, MD

Orthopaedic Surgery • 19 YEARS

Debra Walter, MD

Physical Medicine • 16 YEARS

Bill Weaver, OT

Occupational & Feeding Therapy

< 1 YEAR

Martin Weinand, MD

Neurosurgery • 30 YEARS

Mark Wheeler, MD

Pediatric Endocrinology • 26 YEARS

Monica Winters, PT

Physical Therapy • 17 YEARS

Sang Youn O, DO

Osteopathic Manual Manipulation

4 YEARS

Andrew Zale, DMD

Pediatric Dentistry • 4 YEARS

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Banner University Medical Center (Member-at-Large)

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2019 Patient Experience Excellent Scores 100% 95% 91% 91% **75% National Average** 50% Doctor or Staff **Overall** 25% Therapist 0%

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A heartfelt thank you to the generous angels of Angel Charity for Children who are helping make dreams come true for our children!

























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