



M A T T E R S

The Newsletter of the Children's Hospital at Dartmouth

Child Development

**Helping Children Reach
Their Full Potential**

- **Pioneering Dr. Andrews Retires**
- **Protecting Victims of Abuse**
- **Family Center Opens**
- **CHaD Makes Top 40**

LETTER FROM THE CO-DIRECTOR

FOR THE PAST 10 MONTHS, a planning committee has dedicated time and energy to developing a three-year plan for CHaD. To determine how children's services through CHaD should evolve and grow, the group sought input from a variety of participants: the care providers at CHaD in Lebanon and Manchester, the CHaD Faculty, the Friends of CHaD, the local community, and focus groups, to name a few. Hours of meetings and discussion has resulted in a "wish list" of specific position requests and areas of program development.



Dr. Richard Dow

I'd like to thank everyone involved with the CHaD planning process for their interest and enthusiasm. Maggie Minnock, Mary Oseid, Kevin Donovan, Aden Henry, Laurie Latchaw, John Modlin, Tina Duhaime, Diane Kitredge, Julia Nordgren, Sharon Brown, and Steve Paris have been instrumental throughout this process.

The three-year plan has six components: clinical services expansion, clinical practice improvement, research, management and structure of CHaD, regional efforts, and community relations and development. A common theme of our deliberations has been thinking about how to link our clinical programs with research components. While clinical practice improvement is one obvious advantage of such a linkage, the opportunity to increase the clinician depth of our programs—by supporting a portion of each provider through research funding—is a second important advantage. These linkages may be the way to bridge the gap between our modest size and our desire to provide a full range of clinical services which are not dependent on single providers.

We've also been thinking about the complexities around children's emergency services and how they should be provided within our institution. A consultant from the Children's Hospital of Pennsylvania recently visited CHaD to help us consider the issues.

Some structural reorganization has already taken place. We created a new section within the Department of Surgery. The section of Pediatric Surgery will be led by Dr. Latchaw and consolidates several pediatric surgeons into a single pediatric group. It will be the sectional home for faculty and surgeons in General Pediatric Surgery, Pediatric Neurosurgery, and Pediatric Urology. Each of these surgeons will maintain close ties with colleagues and the section chiefs of the corresponding adult sections. It is our hope that this new section will provide a surgical leadership voice to children's issues within CHaD and DHMC. —Dr. Richard W. Dow



Under Construction

HERE'S A NEW SIGN ON THE FRONT DOOR OF DAVID'S HOUSE: "We're under construction. Expect noise between 7:15AM and 3:30PM."

David's House, a comfortable, privately run, home-away-from-home for children receiving treatment at CHaD, is growing up—or out, as the case may be. The final touches are being put on the addition to David's House, an expansion that will add 2,480 square feet to the facility.

Why the need for more space? It's a combination of a need for more space for families and a need to move certain administrative functions away from family space.

"We had seven bedrooms in the old house, then jumped to 15 bedrooms," explains Jane DeGange, executive director of David's House. "We planned well for guests, but didn't plan well for support staff. We started with two staff members, a full-time administrative director and a half-time housekeeper, in 1986. Today we have nine full- and part-time staff members."

"Space for the staff necessary to serve the large numbers of families has been extremely tight and has forced some administrative functions to be performed in areas occupied by families," says Thomas Csatari, president of the board. "Staff and committee meetings around the kitchen table at David's House have been common while families are trying to cook dinner."

The board of directors approved the expansion in June 2002. It was clear that additional space would improve the ability of David's House to serve families and anticipate long-term needs.

The addition extends from three levels of the building's central wing. It will include a great room on the lower floor, office space on the main floor, and a bedroom on the top floor. A little remodeling will take place as well.

Say goodbye to meetings around the kitchen table. The great room will be used as both a meeting and a party room for families and volunteers. "Families who have had babies in intensive care at the same time sometimes plan their appointments so they can get together with other families around birthdays and events," says DeGange. "It's a nice idea to have this space available for them."

"We've designed the addition so it maintains and enhances the atmosphere of a home away from home," says Csatari. "We are happy that we are going to improve the facilities at David's House for families and staff. It's going to be a plus for everyone in terms of day-to-day operation."

David's House hopes to unveil the addition in May. Watch their Web site <<http://www.davids-house.org/>> for details.

On the cover: Dr. Carol Andrew, Child occupational therapist, gets down on the floor and plays with a child during an evaluation.

New Cardiologist Joins CHaD Team

THE HEART HAS FOUR CHAMBERS EACH WITH A DIFFERENT JOB. Pediatric cardiologist Dr. Irene Sadr studies an unborn baby's heart in great detail, making sure each chamber and vessel is working as it should.

Sadr is the newest member of the growing team of pediatric specialists at the CHaD outpatient site at Dartmouth-Hitchcock Manchester. Her special clinical interest is in fetal echocardiology, a test using sound waves to show the structure of the fetal heart. This is a more thorough evaluation than a scheduled obstetric ultrasound; the fetal echocardiogram examines the heart and vessels as well as the umbilical vessels to diagnose fetal heart defects before birth.

"The welcome addition of Irene to our program has allowed for improved access to pediatric cardiology consultation and, because of her special interest in fetal cardiology, increases our capability for meeting the region's needs in this very important field," says Dr. Sol Rockenmacher, pediatric cardiologist. "CHaD's group of five pediatric cardiologists can now provide full-time 'in the area' availability for our state's most populous region."

Until recently, little could be done for unborn babies suffering from anatomical abnormalities. Today, improved fetal sonographic and sampling techniques, in conjunction with a better understanding of fetal pathophysiology, make therapy for the fetus an option. Sadr's knowledge and presence will provide state-of-the-art expertise in diagnosing congenital heart defects (CHD) in a timely fashion.

"This includes prenatal diagnosis and management; comprehensive evaluations and management after birth; educating the community regarding CHD; and improving the quality of life of those with CHD," she says.

Sadr also hopes to increase awareness (see related story "Little Hearts of New Hampshire"). "Increasing awareness will provide patients and families with a more extensive support system," says Sadr. "Prenatal diagnosis of complicated forms of congenital heart defects enables us as cardiologists to counsel families regarding their options, and direct care to the appropriate tertiary care centers for timely surgical interventions."

Sadr received her medical degree from the University of Medical Sciences of Iran. After completing her pediatric residency at CHaD in Lebanon, she went on to Boston Children's Hospital to complete her fellowship in pediatric cardiology. After two years as a pediatric cardiologist at North Shore University Hospital in Manhasset, NY, and Long Island Jewish Medical Center in New Hyde Park, NY, Sadr is thrilled to return to New England.

"It feels great to be back," she says. "The peace and tranquility in New Hampshire is quite unique."



Little Hearts of New Hampshire

Valentine's Day is the perfect day to celebrate hearts—and promote awareness. This past February, CHaD and Little Hearts of NH sponsored a Congenital Heart Defect Awareness Day to raise awareness of the condition and honor the families who live with it.

This was the event's third year. Held at Dartmouth-Hitchcock Manchester, approximately 40 people attended. "We had nine Little Hearts families join us," says Julie Baldy, the New Hampshire support group leader for Little Hearts, a non-profit organization that provides support, resources, networking, and hope to families affected by congenital heart defects (CHDs). "The youngest 'little heart' was four months old and the oldest was 70."

Baldy attended with her husband Michael (a CHD survivor) and 4-year-old son Jacob (born with two types of congenital heart defects). "I love seeing other heart families, and seeing their children grow and thrive,"

she says. "I also like to try to give back. When Jacob was born with his heart defects, I needed hope so badly. The families of Little Hearts provided me with that hope. Now it's my turn to give that hope to new families."

Pediatric cardiologists Dr. Sol Rockenmacher and Dr. Irene Sadr and staff from the Regional Program in Pediatric Cardiology at Dartmouth-Hitchcock Manchester welcomed parents and their families. Karen Anderson from WMUR News 9 attended and later broadcast a story on the festivities.

The event was a great chance for parents and families to meet one another and learn they are not alone. Parent support group members were available to answer questions and distribute literature. "The families of Little Hearts not only provide support for each other, but they show the world that children can have quality of life after being born with a congenital heart defect," Baldy says. "It really helps them feel they are not alone."

Facts on Congenital Heart Defects

- ✎ It is the number one birth defect.
- ✎ There are 35 identified types of CHD.
- ✎ One out of every 125 children are born with a CHD.
- ✎ In NH, approximately 170 new CHD cases are diagnosed annually.

PROTECTING VICTIMS OF **ABUSE**

MANY ABUSED OR neglected children don't go to the hospital, but those who do receive child-focused and child-friendly support services from the Child Advocacy and Protection Program (CAPP). CAPP, a program made possible by the J.E. & Z.B. Butler Foundation, is the hospital's child abuse team that evaluates and supports children who have been identified as possible victims of nonaccidental injury.

CHaD has provided medical services to abused children since the 1980s. The medical center also assists families vulnerable to child maltreatment to obtain appropriate care, both here at the hospital and in the community in which they live. Since 1999, the program has seen or been consulted on approximately 600 patients where child abuse has been a concern. Now CAPP is entering a new phase: In late 2001, the program began the formal steps to become a recognized Child Advocacy Center (CAC) of the National Children's Alliance. The Lebanon CAC will be the second center in the state of New Hampshire.

"A Child Advocacy Center is a new way for us to care for children who may have been abused," explains Elise Bon-Rudin, a mental health clinician and CAPP's program development coordinator. "In our child-friendly program based at DHMC, representatives from several disciplines—law enforcement, child protection, prosecution, mental health, medical care providers, and victim advocacy—work together to provide all the services needed by a child and their nonoffending caretakers."

The goal is to ensure that children are not revictimized by the very system designed to protect them. "In some areas of the United States, children are interviewed in the



The Lebanon Child Advocacy Center brings together a network of resources.

back of police cruisers or in their homes with the perpetrator (mother, father, aunt, uncle) standing five feet away from them," describes Bon-Rudin. "It was traumatizing for the children, and the interview results often did not help the investigation."

The Child Advocacy Center stresses coordination of the investigation and intervention services. "There used to be a separate place for each step of the investigation—

the home, the police department, various agencies, several different doctor's offices," says Bon-Rudin. "Children, already blaming themselves for their abuse and its consequences, had to tell their story to several people. And each time they tell the story to another stranger they feel worse."

Now, through the Child Advocacy Center, there's just one place and one investigative team. Each CAC is a bit different (the team designs their center to respond to the needs of their community), but in every center the focus is on child-friendly interviews and coordination among all members of the team.

"Collaboration is enormously important, and the ability to adapt national best practice approaches across professions for children can

make the world of difference in providing care to neglected or abused children," says Bon-Rudin. "This concept has raised the bar for children and their families."

The Children's Advocacy Center plans to open in summer 2003. CHaD is renovating space for forensic interviews. "It is wonderful that CHaD has chosen to host a CAC," says Bon-Rudin. "It's a significant commitment to the children of the region."

A Network of Resources

The Child Advocacy Center is a collaboration between CHaD and with several local and national agencies including: the Sullivan and Grafton county attorney's offices; Court Appointed Special Advocates (CASA), volunteers who are appointed by judges to advocate for abused and neglected children; Women's Information Service (WISE), an agency in Lebanon, NH, that supports victims of domestic violence or sexual assault; the Greenbook Initiative, a federal project to coordinate services for families with domestic violence and child maltreatment; Lebanon's West Central Behavioral Health for community-based mental health services; police departments in Enfield, Hanover, and Lebanon; and community-based family support services through the Visiting Nurse Association.

John Modlin: A high-profile post

AFTER SEPTEMBER 11, 2001, the national committee that Dr. John Modlin chairs—the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC)—found itself addressing anthrax vaccine questions and recommending smallpox vaccination policies to protect the nation in the event of a bioterrorist attack.

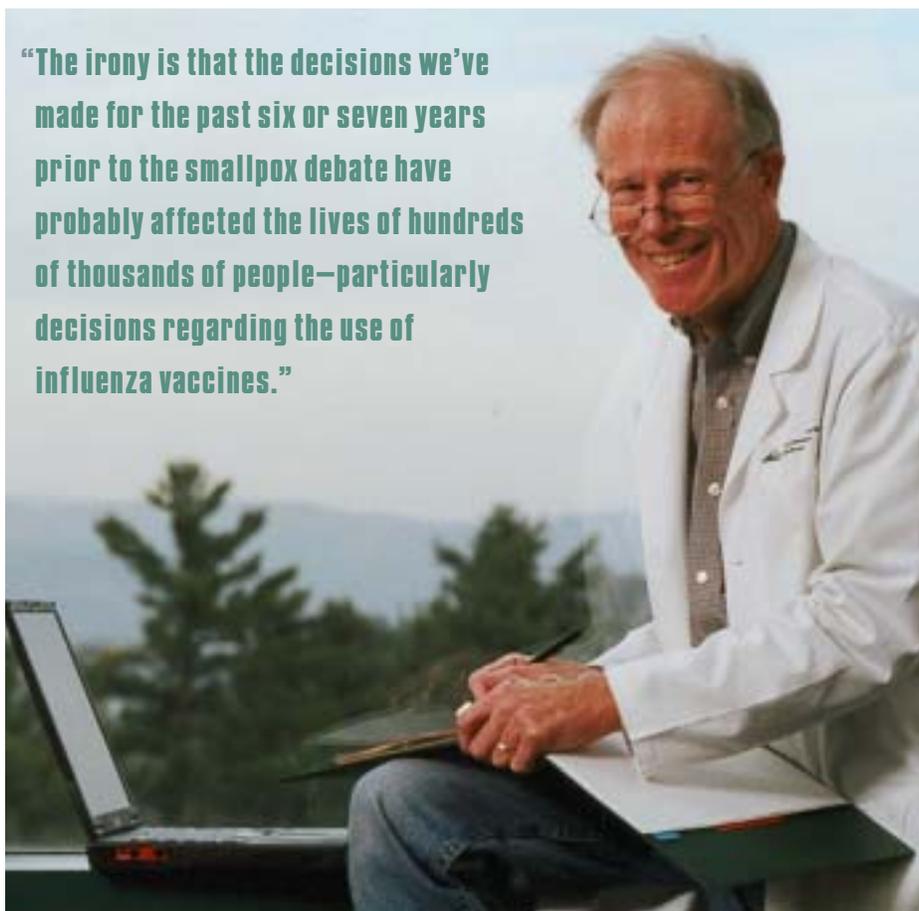
He has been carefully explaining to media outlets nationwide the panel's concern about the smallpox vaccine's potentially deadly side effects for people with immune systems weakened by AIDS, cancer treatments, or the drugs used after organ transplants. "Those who are vaccinated, whether by choice or not, can transmit vaccine virus to others, some of whom will be immunocompromised," says Modlin, whose expertise in infectious diseases and viral vaccines is what got him appointed to the ACIP. He's been a member of the panel since 1995 and has chaired it since 1997.

Modlin's passion for infectious diseases was ignited at Duke University, where he earned his AB in 1967 and MD in 1971. Although the specialty had captured his fancy, he had trouble deciding whether to pursue it via internal medicine or pediatrics. But once he recognized, he says with a grin, that "pediatricians were a little more fun to be with," the choice was easy.

After completing his residency, Modlin did a stint as a medical officer in the CDC's Epidemic Intelligence Service. He served a clinical fellowship in infectious diseases at Harvard University and then joined the faculty there in 1978. "When I went back to Harvard," he says, "I got very interested in a group of viruses called enteroviruses."

"John is an internationally recognized expert in enteroviruses, including polio and polio vaccines," says DHMC infectious disease chief C. Fordham von Reyn, who has been a friend and colleague of Modlin's since the 1970s, when they were both Epidemic Intelligence Service officers at the CDC. "He has served in various capacities over the years on national committees that

"The irony is that the decisions we've made for the past six or seven years prior to the smallpox debate have probably affected the lives of hundreds of thousands of people—particularly decisions regarding the use of influenza vaccines."



have had a significant influence on infectious disease and public health policy."

Modlin went on to work at Johns Hopkins University (1983 to 1991), where his work on polio vaccines actually led to a change in policy, von Reyn notes. Modlin was an early and articulate proponent of reducing the risk of vaccine-associated poliomyelitis by using killed instead of live polio vaccine. He led a team that tested a new regimen, which was translated into public policy by the mid-1990s.

In 1991, Modlin joined the Dartmouth Medical School faculty as a professor of pediatrics and of medicine, with an appointment in the infectious diseases section as well. At that time, there were few HIV-infected children in northern New England, so Modlin returned to his enterovirus research. In 1999, he was asked to be acting chair of Pediatrics at DHMC. In 2001 he became the medical director of CHaD.

But since September 11, 2001, Mod-

lin has been spending more time on his national ACIP duties than anticipated. Smallpox may be the most high-profile of the challenging issues facing the ACIP, but it's only one of many. "The irony is that the decisions we've made for the past six or seven years prior to the smallpox debate have probably affected the lives of hundreds of thousands of people—particularly decisions regarding the use of influenza vaccines," Modlin muses. Year in and year out, he explains, influenza kills 20,000 to 40,000 people and sends over 100,000 people to the hospital in the United States.

"Nobody is talking about numbers like this, even in the very worst-case smallpox attack," he says, putting into perspective the difficult decisions that he and his panel deal with every time they meet.

This piece was adapted from articles written by Laura Stephenson Carter that appeared in the Fall 2002 and Winter 2002 issues of Dartmouth Medicine magazine.

Child Development at

Helping Children Reach their Full Potential

OKAY CLASS, BEFORE YOU OPEN YOUR social studies book to page 76 for the next lesson, get out your homework from yesterday and put it in the left-hand corner of your desk for me to review. Then we'll be ready to start."

A student takes out his science book and stares into space. Why didn't he follow the teacher's directions? Not listening? Distracted? Not paying attention? Hearing loss? Any of these explanations is possible, but an evaluation by a child development specialist may uncover a central auditory processing problem, a condition in which there is an inability to differentiate, recognize, or understand sounds.

This is just one example of how CHaD's Child Development Consultation Service can help children with special needs. Child Development is an interdisciplinary program that provides both inpatient and outpatient consultation to children, families, schools, and communities. "If anyone has concerns about a child's behavior or development, they have someone to talk to," says Dr. Patricia Andrews.

Identifying Needs

The Child Development Program has been around for a long time; in fact, its roots go back to the early days of the department of Maternal Child Health, founded in 1972.

"Clinical and educational efforts in Child Development were one of the earliest statewide and regional efforts of pediatricians at DHMC," says Dr. George Little, professor of Pediatrics. "Pediatricians such as Patricia Andrews, and Richard Hoefnagel, retired and living in the Upper Valley, were pioneers and original members of the department. From these roots grew the present efforts of the section of Genetics and Child Development in an increasingly important resource for children and their families that now fall within the responsibilities of CHaD."



Child Development's focus is identifying and supporting the developmental needs of children. "Perhaps the parents and the primary care provider are concerned about a child's developmental learning. Or a school is talking to a parent about a child's behavior but some pieces are missing," describes Dr. Lawrence Kaplan, section chief of Genetics and Child Development. "We can help with an individual evaluation."

Whether it is a child with a chronic ill-

ness, an infant with nutritional concerns or a teenager with vision loss, the team first finds out what type of assistance the primary care provider, parent, or school needs. "We don't replace the child's primary care provider," says Kaplan. "We collaborate. Our assessments and services strengthen the ongoing care of children who already have supports in place."

After the child's evaluation, the Child Development staff will work with families

We'll Miss You, Dr. Andrews *Pioneering Child Development Specialist Retires*

"If anyone has concerns about a child's behavior or development, they have someone to talk to."



Carol Little evaluates Daniel Nester, age 3, while his mother, Bonnie, looks on.

to support the child's development needs. This could mean participation in the child's educational planning, attendance at parent-teacher meetings, advocacy assistance, or family counseling.

"We had a great experience from start to finish," says Julie Noel from Concord, NH. Julie and husband Derek brought 3-year-old son Bryan to CHaD for evaluation after some issues surfaced in his day care environment. "Everyone was very *continued on page 8*

Prior to the 1970s, children with severe disabilities were often placed in institutions or nursing homes. Educational services for this group were unheard of or took place in basement classrooms carved out of storerooms next to the boiler room. This was just one of the challenges in store for Dr. Patricia Andrews when she founded the Child Development Program at the Mary Hitchcock Memorial Hospital in 1971.

Andrews is retiring after more than three decades evaluating children with developmental disabilities and collaborating with families, schools, and communities.

She has seen—and contributed to—great gains in the field throughout her exemplary career; in fact, her work pre-dates special education laws.

"Pat Andrews was the founding force behind the division," says Dr. Lawrence Kaplan, division chief, Genetics and Child Development. "She was active when it was a much smaller program at the medical school. Even then, she had her sights set on communities and schools. We owe a lot to her vision."

As a new Dartmouth Medical School faculty member and MHMH physician, Andrews received funding from the state to consult with children with developmental disabilities such as autism, cerebral palsy, and mental retardation. In 1973, the program grew to include Andrews, a social worker, a

physical therapist, an occupational therapist, a speech pathologist, and a psychiatrist. "The team would evaluate one child a day," she recalls.

She left Hanover for a two-year position as director of Laconia State School, an institution which at one time



housed over 1,000 children with developmental disabilities. A 1982 court decision required creation of a community-based system of care for developmentally disabled citizens. "It was a highly politicized position, but I took it because I knew that people were going to be placed in their communities," Andrews says. "I wanted to make sure that they received medical care."

Andrews returned to CHaD in 1984. She recruited funding from outside sources and started her 10-year commitment to providing consultation to public schools with a variety of disabled children. "I was on the road almost every day," she says. "I saw the dramatic variation of educational services. Education in New Hampshire is dependent on property taxes of the towns, and many

didn't have the resources to support my recommendations. I met many people who were creative and got things done without funding. That always cheered me on."

By 1995, the environment had changed. There was training for educators to help

them understand a child's medical condition and how to teach them in the classroom. Parents were more comfortable seeking out medical opinions and quite frequently a doctor was included as part of a school-based team. Andrews stopped consulting for the NH Department of Education and began to see more patients at CHaD,

focusing on older children and adolescents with severe disabilities. Her clinical interest is in nonverbal learning disabilities.

"It has a major impact on their emotional development," says Andrews. "These adolescents are the kids who are really in trouble. They may be chronically anxious, don't have nonverbal communication skills, and may have difficulties with math. But if they are undiagnosed, their behavior can be seen as willful and deliberate."

Andrews is retiring this summer. She plans to garden, read all the books on her shelf that she's never gotten to, and go to the opera as often as she can. Although she will still be doing some part-time school consultation, she says, "I didn't realize how hard it would be to say goodbye to families."

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helpful, and they took the time to make sure we had all the information we needed. They gave us peace of mind and took the tension out of a stressful time for us.”

“We spend a lot of time working with parents, educating them about the developmental needs of their children. We want to support parents with knowledge,” says Kaplan. “We also assist the primary care provider in day-to-day medical management of child. We don’t want anyone to feel alone in this process.”

Sharing Information and Resources

Services are organized by age. Child Development offers an Infant Care Nursery Follow-up Program (ICN graduates from birth to 1 year) with expertise in infant development and feeding; an Infant/Toddler Development Program (birth to 3 years); and a Special Needs Consultation Program (age 3 to 18 years) for children with complex needs such as autism, birth defects, and mental retardation. There’s also a CHaD Behavioral/Development Specialty Service which arranges individual specialty evaluations such as speech pathology and neuropsychology. This adds up to more than 1,000 visits per year—and quite a bit of collaboration throughout the children’s hospital.

“Though administratively based at CHaD, the program is community-based with outreach activities at four outreach sites throughout the state,” says Kaplan. “We feel it is important to work within the diverse communities we serve and we make outreach activities part of our weekly schedule. This is what makes being part of CHaD special.”

Andrews, for example, will visit schools to help teachers understand a child’s medical condition and how it impacts their classroom learning. Althea Goundrey, a special educator and program coordinator, works closely with schools and community agencies to advocate for children.

“We have a unique combination of center-based personnel working with community-based providers,” says Kaplan. “Beyond hospital walls, we provide a full array of services in collaboration with the schools and towns where children live.”

Award-winning Work

CHaD educational psychologist Jack Morse was recently honored for his work with the blind and visually impaired.

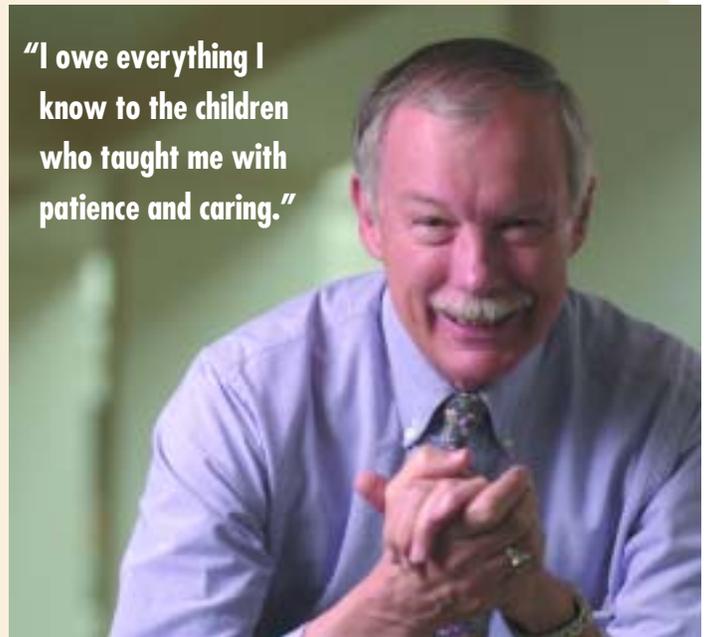
Morse received the 2002 Thomas Carroll Award from the Northeast Chapter of the Association for the Education and Rehabilitation of the Blind and Visually Impaired (AER-BVI). The award is in recognition of exemplary performance as a leader who has made a significant impact on the lives of individuals who are blind and visually impaired.

Morse has been working with children with visual impairments and their families since 1961. He started his career at the Perkins School for the Blind (Helen Keller’s alma mater) in Watertown, MA. “I didn’t know anything about the visually impaired,” he says. “I owe everything I know to the children who taught me with patience and caring.”

After a 10-year tenure at Perkins, Morse worked with children across New England in a number of different capacities—as a school psychologist in Massachusetts; starting a center for visually, hearing, and language impaired individuals in Manchester, NH; and working with preschoolers with all types of disabilities through the Strafford Learning Center in Somersworth, NH. He also provided “mobile” psychological services to visually impaired children across the Granite State. “It was a unique concept to use a van to provide quality psychological services,” says Morse. “I traveled around New Hampshire for six years, plugging into schools and homes.”

Morse joined DHMC in 1990 as a clinical associate and instructor in the

“I owe everything I know to the children who taught me with patience and caring.”



departments of Psychiatry and Pediatrics. A developmental and educational psychologist in the Genetics and Child Development department, he hopes that his psychological evaluations will make a difference in the quality of their lives.

“Visual impairments impact an assessment in one way or another,” he says. “If a child does poorly when attempting visual tasks, is it due to the affects of the vision loss or is it owing to a skill deficit? Being assessed by someone who understands the influence of vision loss will make a difference in reporting results and making inferences regarding learning and educational recommendations. The question to be answered is: Do the results measure what I think I’ve assessed?”

“Jack has a remarkable gift for what he does,” says Dr. Lawrence Kaplan, division chief, Genetics and Child Development. “It is the rare and special ability to bring out the best in children and make them feel relaxed and secure, so we not only see their differences but also their strengths. He takes characterizing the intellectual and emotional needs of children very seriously, and he knows his findings will impact many areas in their lives. He is an impeccably careful and sensitive advocate.”

A Special Place for Families

IMAGINE A PLACE FOR CHILDREN TO play, siblings to learn, and parents to relax. A location where mom and dad can check in with their employer via e-mail, take advantage of a small resource library, or meet with local support groups. You've just pictured the CHaD Family Center, a multiservice center open to any family member concerned about a child's health.



Inspired by Parents

The CHaD Family Center, made possible by an anonymous donor, is an idea developed out of the Boyle Community Pediatrics Program, a program to reduce the burden of illness for children with chronic conditions and their families. Members of the Family Faculty—16 parents working with pediatric residents to help them understand how chronic disease affects the lives of children and their families—wanted a place at DHMC that paid greater attention to the psychosocial support of families.

Kirsten Murphy, parent outreach coordinator for the Boyle Program, gathered the Family Faculty comments, created the idea of a family center, and developed the Family Center Task Force Proposal. In fall 2001, the Boyle Program agreed to devote time to exploring the concept. Task Force members visited hospital-based family centers in Phoenix, Boston, Charlottesville, and Philadelphia to gather information. The Task Force found that all the pieces exist at DHMC, but needed to be pulled into one place.

For example, families wanted a place that would respect their need for privacy and provide a sense of normalcy during a stressful time. "We were in the hospital for a month when our son Jack was born," says Bob Burnham, research associate at Dartmouth's Tuck School of Business. "We live locally, but we noticed that many families travel from great distances to visit DHMC. They had to go home to take care of work issues. There was no place to take a break or check in with the office."

More than a Lounge

The Family Center is much more than a lounge; it is a bridge to existing hospital departments and the surrounding community. "Families can learn what supports are available in their home community, including peer support groups and family advocates," describes Toni LaMonica, Boyle Program manager. "Community organizations can engage in direct outreach to families through the family center, and families can collaborate with the agencies and schools that provide much of the day-to-day care of children with chronic conditions."

Robin Goodrich joined the Family Center team as a full-time resource specialist. Goodrich has worked in case management for Vermont Supported Living of White

River Junction, VT, and the Orange County Parent/Child Center. As part of CHaD's delivery of an integrated model of care, Goodrich will meet one-on-one with family caregivers to assess their child's needs and assist them in accessing community-based resources in their area.

"When your child is chronically ill, you may go in once a week for your care. Then you are home with your child six days a week doing the care

yourself," explains Jane Watson Stetson. In 1997, Stetson developed the Boyle Program with Dr. William E. Boyle Jr., the pediatrician who managed her daughter's cancer care. "It's incredibly important to have resources in the community to help you navigate, to help you with siblings, and to create a whole family experience around a chronic illness."

"The Family Center is wonderful and much needed," says Helen Norton, mother of two. "So many people need a place to go for information gathering, a place to go and catch their breath, and a place for ongoing education for parents."

The Family Center officially opened in March. Stop by and visit us on Level 3 East, across the hall from the chapel.

RACHEL'S CORNER

In the Family Center, there's a space where kids can be kids. It has a tree house, a children's library, a dollhouse, a chalkboard, and plenty of toys. This play area is called Rachel's Corner, named after Rachel Kathryn Lillie.

Rachel was an active, mischievous, and loving kid with multiple disabilities. When you hear stories of Rachel sledding, swimming or snowmobiling, you know that her life was about being a little girl—not about being a child with special challenges.

Alison and Arnold Lillie, Rachel's mom and dad, have

been involved with the Boyle Community Pediatrics Program since the beginning. As members of the Family Faculty, the Lillies received the first visit from a pediatric resident and later devoted their time to the development of the Family Faculty curriculum.

"The Lillies are a really special family for us. They exemplify the generosity and wisdom that are the bedrock of families supporting a child with special needs," says Kirsten Murphy, parent outreach coordinator for the Boyle Program. "Alison was a great advocate, so generous with her time and

sharing her story. She really wanted to help other families."

Rachel died in her sleep on November 5, 2001. The Boyle Program contacted the Lillies about the possibility of naming the Family Center play space after fun-loving Rachel. "There are many ways that people contribute," says Kirsten. "There are also many ways to say 'thank you'."

"As Rachel's mom, my biggest hope is that people will remember her and what she taught us," says Alison. "To know others want that too is beautiful, overwhelming, and perfect."

Fun & Activities at Hood Milk

KING ARTHUR FLOUR

One of CHaD's newest Champions is King Arthur Flour, an employee-owned company. It was not the size of their donation, but the huge involvement of their staff and customers that made this campaign special. The Norwich retail store dedicated the whole month of November to CHaD, donating a percentage of the revenue from special sale items to CHaD. Volunteers sold raffle tickets at the store on busy Saturdays, with donated cooking classes as the prizes to entice customers to buy tickets. Our CHaD-a-saurus collected coins daily from customers. And staff who attended the company Christmas party made contributions to CHaD for the privilege of being photographed with their boss. The entire staff was proud to have supported the CHaD campaign.



King Arthur Flour employees take great pride in what they do at their company and for their community.

2002 was the second year of Hood's Home Team Advantage, which brought in \$75,200 for the children's hospitals of New England. Every time the Red Sox hit a homerun, pitched a strike-out or made a double play, Hood donated \$100 to a pot to be divided between the 13 hospitals. To sweeten the pot, Hood also donated the redemption of specially marked Hood EggNog coupons during the 2002 holiday season. This is a program Hood plans to continue next season. Let's hope the Red Sox go all the way to the World Series!



XL 92 Wishing Well for Kids

The 8th Annual XL 92 Wishing Well for Kids brought great holiday joy to the staff, volunteers, and many contributing sponsors who celebrated raising over \$52,000 for CHaD during the month-long campaign. The jingling of change in the Wishing Wells at Quechee Gorge Village, Shaws Powerhouse Plaza and the Powerhouse Mall, and the ringing of phones answered by many generous companies, led to singing the praises of the three Clear Channel DJ's—Chris Garrett, Pam Bixby and Steve Smith—who went 61 straight hours on the air during the three-day radiothon. The "Make a Wish to Make Kids Well" campaign hosted a new feature—the selling of "paper wishing wells" at area businesses. Whether you put your spare change in the "well" or called in a pledge during the radiothon, the breadth of community support made it happen. Thanks Upper Valley for your generous support of the XL 92 Wishing Well for Kids.

In addition to the Wishing Well locations, leading event sponsors included:

McCarthy Construction, Mascoma Bank, McLaughry Association, Allen Pools and Spas, Chili's Restaurant, Dunkin Donuts, Pat and Tony's, Christmas Trees of Vermont, Coldwell Banker Realty, Centurion Corporation, Lake Sunapee Bank, Ledyard Bank, and The Eye Glass Outlet.



DJ Steve Smith at the Powerhouse Mall Wishing Well—still standing after 61 "on air hours."



McCarthy Construction employees Grant Guerri, Wayne Peterein, and Lauralee Hartz answer phones and gather pledges.



Old and young alike enjoyed the arrival of Santa during the kick-off celebration at Quechee Gorge Village on Thanksgiving weekend. Robin Neil, owner of Quechee Gorge Village, takes a moment to make sure Santa knows her wishes.

CHaD



Disney On Ice

Thanks to the generosity of WMUR TV and Feld Entertainment, CHaD was able to provide tickets to this year's delightful and heartwarming Disney on Ice production at the Verizon Center in Manchester. Patients and their families, sponsors, volunteers, and some staff enjoyed the great Disney characters from Jungle Book, Tarzan, and the Lion King. In addition, 75 family members were treated to a special "Meet and Greet" session with Mickey Mouse himself. Representing both a leading CHaD



sponsor, McCarthy Construction, and a volunteer member of the Parent Advisory Council of the Intensive Care Nursery, Lauralee Hartz said, "Thank you again for so generously remembering McCarthy with the Disney on Ice tickets....My family had a wonderful time. The McCarthy employees that attended the Thursday night show are still raving about it. I have the cutest picture of my Michael just starting to cry as we were standing with Mickey. I will treasure that for years to come!"

CHaD Ski Challenge

Sunny skies, warm temperatures, smiling faces. Add great skiing, plenty of free food, prizes and awesome entertainment, and you have a perfect recipe for the 4th Annual CHaD Ski and Ride Challenge held March 1 at the Dartmouth Skiway.

Highlights from this year's event include: Woolly Bully the Q106 mascot visit; Freestyle exhibition performed by Hannah Kearney of the US Freestyle team; DHART helicopter visit; and live musical entertainment.



As part of the day's fun, awards were given for best team spirit.

In the Team Challenge, 28 corporate teams raced against each other for a \$500 shopping spree at Henderson's Ski and Snowboards. Team Bagel Basement came in with the fastest time in the Team Challenge Race. Teams also competed against one another for the distinction of being the largest fundraising team. All members of Team Hammerhead of Estes & Gallup won Volkl skis and Tecnica boots for raising over \$6,000.

Through the generosity of many area businesses who donated food and prizes, the hard work of participants who scoured the community for pledges and the teams who braved the course, the event raised nearly \$60,000 for the kids at CHaD.

None of this would be possible without the hard work and dedication of Tiger and Kristin Shaw of Norwich and their committee of volunteers. They have worked relentlessly since October to orchestrate every aspect of this event. In the words of Tiger and Kristin, "This event is truly awesome because it is kids raising money for kids." Tiger and Kristin, co-chairs of the Ski and Ride Challenge for the past four years, were recognized during the closing ceremonies for their terrific leadership and unwavering commitment.



Where else would clowns hang out for the day?



Hannah Kearney, junior freestyle champion, draws a crowd wherever she goes.

A special thanks to Event sponsors: Vox Radio Group (Q106, Oldies 104, and Bob Country), Tecnica, Volkl, American Express, Henderson's Ski and Snowboards, Miller Auto, GDT, TK Sportwear, Golf and Ski Warehouse, Alpina, Omer and Bob's, Estes & Gallup, Waterville Valley, Big Hed Designs, EverGreen Capital Partners, Hewlett Packard, and The Bagel Basement.



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You can also purchase your card at any GOLF & SKI WAREHOUSE, call CHaD (603)650-3432, or Golf Card NH (877)754-7763.

Golf Card NH and CHaD—making a difference for the children or northern New England.

CHaD Matters is published by the Children's Hospital at Dartmouth. Please address correspondence to: Sharon Brown, CHaD, Dartmouth-Hitchcock Medical Center, One Medical Center Drive, Lebanon, NH 03756.

Contributors: Sharon Brown, Laura Carter, Laura Jean Whitcomb

Photo Credits: Mark Austin-Washburn, David McWilliams, Tiger Shaw



DARTMOUTH-HITCHCOCK MEDICAL CENTER
One Medical Center Drive
Lebanon, New Hampshire 03756

ADDRESS SERVICE REQUESTED

One of the Top 40 Children's Hospitals

Every year, Child magazine looks for the nation's best hospitals for children. Children's Hospital at Dartmouth (CHaD) made the February 2003 list of the top 40 children's hospitals.

"It is gratifying to be considered to be within the top 20 percent of all children's hospitals in the country, especially when the ranking is based on actual data and a comprehensive survey," says Dr. John Modlin, co-director of CHaD.



CHaD Events Schedule

Saturday, April 26 from 10AM-8PM: 12th annual **CHaD Health and Safety Fair** at Lebanon High School. Interactive displays, food, Teen Zone, fire trucks, Army climbing wall, and a kids' fashion show. Parents can have their child's car seat checked by certified child passenger safety technicians from 10AM-3PM. For more information, call Terri Paradis at (603)650-3435.

Friday, May 30, 7-11PM: Join us at the **2nd Annual CHaD Gala and Monte Carlo Night**, in Ely, VT. While the theme for the evening is "Take a Chance for CHaD," you will be guaranteed a great time. Join us for a perfect summer evening where you can dance the night away with Al Alessi, enjoy fine food by Alice's, take a chance on buying the winning champagne glass complete with a one-carat diamond from Von Bergen's Jewelry, or play the tables at our Monte Carlo Night. Call (603)650-3431 for more information.

Monday, June 9: Quechee Lakes Landowners Association (QLLA) Charities again sponsors the **CHaD Classic Golf Tournament**. Come swing your clubs to support the kids at CHaD at the Quechee Club's two beautiful courses. Corporate team sponsors and individual players are welcome. Call Sharin Paul (802)295-9201 at QLLA Charities, or David McWilliams (603)650-3432 at CHaD for a registration form. To loosen up for

the tournament, come "Rock for the CHaD Kids" on Saturday, June 7 at the Quechee Club. Fun begins with cocktail hour at 6PM and a scrumptious dinner at 7PM. Silent Auction and raffle drawing for a brand new INDIAN Motorcycle follow dinner, then dance the night away. Reserve a place or a whole table of friends to enjoy a fun, casual night by calling Karen Testa at (802)299-2104, Monday-Friday, 8AM to 4PM.

Friday, July 18: "Racing to Victory" at the New Hampshire International Speedway, Loudon NH, to benefit both CHaD and David's House. Held on the same weekend as the Sylvania 300, if you like the fast paced world of NASCAR/Winston Cup racing, purchase a ticket to the Governor's Breakfast where you can meet drivers and other big names from the racing scene. Tickets to the breakfast will be on sale beginning in May. For more information or sponsorship opportunities for the Governor's Breakfast, call (603)650-3435.

CHaD Read-a-thon: Raise funds for CHaD by promoting reading. Students recruit pledges from friends and family for the number of minutes spent reading per day for one week. Area schools, youth groups, homeschoolers, and library groups are eligible to participate. If your school or group is interested, please call (603)650-3431.

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