

Donna Speaking Points

Dunwoody Rotary

June 1, 2012

Slide 1 – Title slide/Intro

- I really appreciate the chance to speak with you today. As CEO of Children's Healthcare of Atlanta, I know just how much we are linked with Dunwoody and the surrounding communities. With Scottish Rite located just down the road from here, we have felt your support since our earliest days.
- Our people are dedicated to serving the needs of your children – all children. It's that same spirit of dedication to serving others that sets you apart as members of the Rotary. What you're doing on a global scale to help children is the same spirit we have to helping kids right here in Atlanta and beyond.
- There's a little girl, a six-week-old baby, down at our Egleston location, right in the heart of the Emory campus. It takes an entire team of people to help keep her alive. And their dedication to that girl is limitless and humbling.
- Her name is Mallory Kate. And she is a very lucky little girl. When she was born on April 24, everything seemed right. Her parents took her home to Alpharetta. But a week later, something was wrong.
- Her mother was driving her to a scheduled appointment with her pediatrician when she noticed Mallory Kate was losing a bit of color. By the time they arrived at the doctor, she was struggling to breathe. And her skin had turned grey. Her

temperature was only 95 degrees. Instantly, the doctor's office called 911. And they rushed little Mallory Kate to Scottish Rite.

- What became clear once inside of our hospital was her heart was struggling to keep beating, likely weakened by a virus that attacked her heart. While our doctors determined if a transplant was needed, they transferred her to our Egleston location where we have one of the best comprehensive pediatric cardiac intensive care units in the country. They knew that's where Mallory Kate needed to be if she was going to survive.
- Initially, our doctors thought a heart transplant was the best option for her. But over the last few weeks, her heart has grown stronger because of the care she has received at Children's. And while anything could change the updated prognosis, it looks like Mallory Kate's heart is going to be strong enough for her to thrive.
- Mallory Kate is just one of the hundreds of thousands of kids we see every year. It's that same dedication to delivering the best care that we have for every single one of them.

Slide 2 – Hope and Will

- Now, if you drive by Scottish Rite or have seen our billboards around the area, you probably know this logo.
- I love this logo because of the people in this state who tell me **they** love this logo. I get stopped in the grocery store when I'm wearing my badge by people who want to share "their" Children's story with me. I get a special feeling when I see it on someone's license plate, because it tells me that person is committed to children, just like I am.

- There's something special about our logo that we don't talk about too much. The two kids that are part of our logo have names. Does anyone happen to know their names? *(ask the audience and respond to their answers)*
- Their names are Hope and Will. Hope and Will. I love that. I love that as the largest healthcare provider to kids in the state of Georgia, we have at our very core the spirit of a child's hope for a healthier future and the will to fight for it. Even as an organization, we know it has been our own hope and will that has driven us to think beyond today and solve the problems facing our kids and our community.
- That same hope and will is reflected in our Mission: To make kids better today and healthier tomorrow. That focus on the future while taking care of kids' needs today was part of us from the very start.
- That start goes back nearly a hundred years. But the real turning point came in 1998, when leading philanthropic foundations and board leadership knew that Scottish Rite and Egleston could do even more for the kids of Atlanta and Georgia if they worked together.
- With incredibly strong and selfless leadership, community leaders on the boards of both hospitals came together and agreed on three principles that guided the merger and continue to guide Children's today:
 1. Sick and injured children are better off in a children's hospital.
 2. Egleston and Scottish Rite belong to the community, not the boards of trustees.

3. Specialized pediatric care in a children's hospital is a precious community asset that must be preserved for generations to come.
- With these principles as the compass, the two hospitals were merged and I think that you will agree that 1+1 has yielded multiples in return. We've grown tremendously since 1998 as we serve the needs of kids across Atlanta and Georgia.

Slide 3 – Who We Are Today

- Even though we see many of your own children, you may not be aware of the full picture. Here's what your Children's looks like today:
- Three hospitals – Egleston, Scottish Rite and Hughes Spalding, which was added in 2006;
- Marcus Autism Center , which was added in 2008;
- And seventeen neighborhood locations, including five Immediate Care Centers.
- These locations also provide excellent sports medicine and rehab programs so that families don't have to drive all the way to one of our hospitals to receive the care they need.
- We have 520 staffed beds across our system, with more than 7,800 employees and access to more than 1,600 physicians dedicated to making kids better today and healthier tomorrow.
- We also know our community is counting on us to make a difference. So we are compelled to give back.
- In 2011, those efforts totaled \$148 million.

- The benefit back to the community breaks down into five areas: unreimbursed clinical care, lifesaving research, physician training programs, unique pediatric services like facility dogs and child life specialists and, finally, wellness and prevention programs.
- The biggest benefit, by far, was \$74 million of care for which we did not get paid. We are here for Georgia's kids, even when they can't pay.
- We're also making sure the community has access to the care they need, right in your own backyard and throughout the Atlanta area.
- Remember the team that's taking care of Mallory Kate? They watched over her every heartbeat and every breath, making sure she got stronger. They're a great representation of the kind of care we deliver. They also represents the type of people you can find throughout Children's; people who have a perfect combination of strength and caring. And it's the quality of our people and the support we provide to them that makes all the difference in the quality of care they provide.

(Click) Slide 4 – Leading Excellence

- Excellence and helping people thrive can be measured. Since 2008, Children's has been ranked as one of U.S. News and World Report's Best Children's Hospitals. And last year, we were ranked in every one of their specialty areas.
- For the last seven years, we've ranked on Fortune's 100 Best Places to Work For. Just a couple of weeks ago, we were named to the AJC's top workplaces in Atlanta.

- The way we grow and support our people makes a true difference in the care they provide. We believe that when you invest in and listen to your people, it strengthens their inner drive to deliver the best care for kids.
- That drive pays off for kids in how we care for them. Because we know that kids aren't small adults.

(Click) Slide 5 – Kids Are Not Small Adults

- This is a strawberry. That's how big a child's heart is. To be clear, this heart is not the same heart as an adult.
- Kids are, in fact, remarkably different from adults. Their cancers are very different. Their broken bones are still growing. They need a much wider range of sedation amounts, and respond to being treated differently. They need surgeries in tiny places, such as in ear canals no bigger around than a toothpick.
- These special needs require very specialized training, skill, equipment and the aptitude gained through repetition.
- And that is why Children's matters to the kids of Georgia. We know kids. We know kids better than anyone else. And that knowledge can be the difference between life and death for a child.
- To put it plainly, if your child is sick and injured, he or she has a better chance of survival at a children's hospital. And she has a better chance if you take her to a children's hospital FIRST. Kids who go to adult hospitals and then are transferred to a children's hospital have higher mortality rates than kids who started off at children's hospitals.
- As well as increasing your child's chances of survival, we focus on your child's future. What we do today is going to affect the kind of life your child leads in the future.

- And as a parent, you want and deserve someone who is thinking about getting your child better today and living the healthiest life possible tomorrow.
- Nearly 20,000 kids in Georgia start life with congenital heart defects. Imagine performing complex surgery on this heart. Not only does this take extraordinary special skill by a pediatric cardiovascular surgeon, but also a sophisticated team of pediatric specialists. Most of these patients weigh less than 10 pounds. But that's why we are here—to take on those challenges and to provide the care our kids deserve.
- Because we know kids, and because of our Mission and the care we provide, we have to see into the future as best we can. We have to look at the community we serve, the needs of our patients, the expertise and capability we have today, and we have to get ready for what comes next. That's part of our Mission—a healthier tomorrow.
- To make sure we're ready to meet the needs of tomorrow, we updated our Vision to ensure we're continuing to be who Georgia needs us to be.

(Click) Slide 6 — Our Mission and Vision

- Our newly updated Vision is “Best Care ... Healthier Kids.” It is simple yet aspirational, it is short yet powerful. But what does that really mean?
- If I had superpowers, I wouldn't choose to fly or leap tall buildings in a single bound. My superpowers would close the doors of Children's Healthcare of Atlanta for good because no child would ever get sick again. I would do everything I could to make every child better. And healthier.

- And even though I don't have those powers, that mindset is what the people of Children's have every day. We are working toward a day when a child never needs our hospitals.
- Our ability to achieve our Vision of Best Care...Healthier Kids can become a reality by working with strong partners and tackling the biggest issues facing our state and our kids. And we have some big issues to tackle.

(CLICK) Slide 7 – If Georgia puts kids first, why are we ranking last?

- Georgia wants to put its kids first. Parents want to do the same. But we're not seeing the indicators that show we're meeting our goals.
- The 2011 Commonwealth Fund State Scorecard on Child Health Performance System ranked Georgia 43 out of 50 states and the District of Columbia when reviewing multiple health indicators including access, affordability, prevention, and potential to lead healthy lives.
- We ranked 49 in the percentage of children ages 10 to 17 who are overweight or obese.
- And we ranked 47 in the percentage of children with special health care needs under age 17 whose families received all needed family support services.
- We all want to do what's right. We all want to see Georgia excel and lead. But the ongoing threat of access to care threatens we could drop even lower in the rankings. And there's a strong connection between access to care and Medicaid.
- The numbers don't look good for kids on Medicaid who need access to care. From the very start, the kids of Georgia need Medicaid to receive the care they deserve.

(Click) Slide 8 – 57% of Georgia’s kids are born into Medicaid

- According to a report from the National Governor’s Association, 57% of children born in Georgia during 2010 were born under coverage by Medicaid.
- Each year, Children’s sees nearly a quarter of a million children, and of those, 55 percent are covered by Medicaid.
- We want to serve these kids, all kids. It’s part of who we are. And physicians across the state want to do the same. But it’s becoming increasingly difficult.
- Georgia has had a decrease in the percentage of physicians accepting new Medicaid patients. In fact, more than one-third (34%) of the State’s physicians are not accepting new Medicaid patients. That’s because the burden of participating in the Medicaid system combined with lower reimbursement rates makes it difficult for physicians to see all of Georgia’s kids.
- We need a solution, and we need it soon. The safety net that exists for kids on Medicaid is about to disappear.
- That’s why we’ve joined a coalition of pediatric physicians and hospitals from across Georgia to drive a solution.
- We are participating in a statewide coalition of pediatric providers, the Pediatric Health Improvement Coalition (PHIC), to work with the state to find a solution to the current Medicaid crisis.
- The time will likely come that we will need the help of business partners. And when Children’s asks for your help, know that it’s because our future—Georgia’s future—depends on your help and partnership for a solution.
- And it’s because of strong partnerships that we’re tackling two more issues facing all of Georgia’s kids.

(Click) Slide 9 – Access, Research and Childhood Obesity

- Those two issues are pediatric research and childhood obesity.
- First, let's talk about research and how we're working with the community and business partners to make a difference for kids.
- You hear about medical studies all the time on the news. But those studies are almost always about adults. Rarely will you hear about kids.
- That's because research is under-funded in pediatrics, yet we know it is critical to finding cures and providing the best care. So we're working to change the lack of research.
- At our Marcus Autism Center, our experts have done some groundbreaking work to identify autism in children at a very early age.
- In 2011, we hired Ami Klin as our Chief of Autism and Related Disorders. His research is amazing and we believe that Atlanta will become the center of autism research and treatment with his work and the work of the autism consortium.
- Dr. Klin uses eye-tracking technology to visualize and measure social engagement, allowing him to monitor infants who potentially have an autism spectrum disorder (ASD), which leads to earlier diagnosis (as early as 6 months versus 6 years old) and treatment resulting in better outcomes for these children. And watching the test used for diagnosing autism is amazing.
- To conduct the test, a child is placed in a car seat and looks at a video screen that has an adult talking and gesturing to the child.
- At the same time, a camera will track the child's eye movements to see where she looks.

- Now, watch this.

(Click) Slide 10 — Marcus Autism Video – Eye Tracking

- The infant's eye movements are tracked against the video, so a diagnosis can be made. Depending on where a child looks, the experts at Marcus are able to compare the test results against the eye movements of children who do not have Autism. And a diagnosis can be made.
- Here's what that means in the life of an autistic child and his or her family: years are saved. Instead of getting a diagnosis when the child is three or four or five, a family can get the right resources in place to support that child as early as six months old. Early intervention with Autism can make a huge difference in the functioning and success of the child. Parents who get the diagnosis can set out getting help, instead of wondering what is wrong with their child. And that child gets the support he or she needs to live a more productive life.
- As much groundbreaking work as we're doing inside of our own walls, we're also working with business partners in the community.
- One special relationship which is new to us is the partnership we're developing with Quintiles in Marietta. Quintiles, as you may know, does contract research for the pharmaceutical and biotech community among other offerings.
- As the largest pediatric healthcare provider in the country, Children's is able to partner with Quintiles to provide the right access to conduct pediatric clinical research all in one location. No other healthcare system can do that.

- Here's why that access matters to pediatric physicians and parents—most drugs are never tested on children. They're tested on adults. And smart pediatricians have to interpret dosages from adult size to kid size.
- The FDA and the US Congress are moving toward requiring pharma companies understand how their drugs affect kids and to provide standard guidance to pediatricians. That's where Quintiles comes in.
- To be able to provide that guidance, Quintiles needs access to kids who will benefit from life-saving treatments. And through our partnership, we can directly apply the outcomes of those studies to help the children of Atlanta and Georgia get better faster.
- If access to care and pediatric research are two of the biggest challenges we face in providing best care to kids, another significant challenge we face is healthier kids and tackling childhood obesity.

(CLICK) Slide 11 – Strong4Life: Tackling Childhood Obesity

- At Children's, we've done a lot of talking with parents about their kids who are overweight and obese. People know what to do: eat food that provides nutrition with reasonable fat and calories; and be active. But fewer and fewer families are doing this.
- We wanted to know why, so we listened a lot. Because when you listen, you can get to the root of the problem. In statewide research, here's what we heard...
- Parents of overweight and obese kids said things like "My kid is fluffy but happy." One that we hear all the time is "We're just big boned."

- So when we listened to these comments from parents about their kids, three things became clear:
 1. Parents often didn't see a problem.
 2. If they did see a problem, they didn't know what to do about it.
 3. And because they didn't see it or didn't know what to do, being healthy wasn't a priority for them.
- We have to make it a priority. Because we care about kids, and because of our Mission, To Make Kids Better today and Healthier Tomorrow, we have to help people understand the real risks of childhood obesity. And we have to develop partnerships across the community to tackle the problem. First, it starts with knowing the problem close up.
- Childhood obesity has increased 300% in the last 30 years.
- And the numbers don't look good for Georgia.

(Click) Slide 12 – 40% in Georgia

- It's estimated that the percent of kids who are overweight or obese in Georgia is nearly 40%.
- This is a frightening problem because overweight kids are at a dramatically increased risk for disease.
- In our own clinics and hospitals, the three most prevalent diseases we're seeing in kids are high cholesterol, hypertension, and diabetes or pre-diabetes.
- Recently, a four-year-old boy came into one of our clinics with his family. Now, the average weight of a four-year-old boy ranges from 27 to 50 pounds. This boy weighed over 100 pounds. In fact he weighed more than each of the physicians who treated him.

- Consuming a diet of fast food and soda caused his cholesterol to skyrocket. We know that kids shouldn't have to live like this.
- We are compelled to tackle this issue, starting with building awareness.
- You may have seen our ad campaign. The feedback in Atlanta shows that 80% of those that have seen the ads think they are the right approach.
- Whether or not you like the ads, they accomplished our goal of starting a desperately needed dialogue in the state, across the nation and even internationally on a serious medical issue that, if not addressed, will tax our healthcare system like we have never seen.
- This campaign is evolving. Our current campaign phase, "Stop the Cycle: Know the Facts," is designed to leverage the awareness we've raised to get our community to focus on considering what they can do to continue to make childhood obesity a priority.
- Using facts about the risks associated with childhood obesity, we are compelling parents, caregivers, community leaders and advocates – who are not yet convinced they can do anything about obesity – to take actions that demonstrate they will make this issue a priority in their lives, their organizations and their own communities.
- And we're doing more than increasing awareness. We have trained more than 1,000 healthcare providers to initiate conversations about BMI measurement, nutrition and physical activity with patients and families. And to set simple goals with parents focused on healthy changes.

- Through Camp Strong4Life, we've had a positive effect on 90 campers and their families, and we will host another 150 this year. A camp for overweight and obese kids, we engage them in healthy behaviors through fun and educational activities.
- We've also worked with local public schools through the Strong4Life Challenge. We're in 30 elementary schools and reaching 16,500 kids in educating them on healthy behaviors, nutrition and activity.
- And finally, we've trained nearly 450 childcare professionals who take care of over 3,000 kids between the ages of 3 to 5. The comprehensive training on childcare nutrition and physical activity helps these providers incorporate healthy habits each day into the classroom.
- It's these types of grand challenges like Medicaid and childhood obesity that Children's can tackle through partnering across our community.
- And it's with help from organizations throughout Atlanta that by focusing on Best Care ... Healthier Kids, we can continue to ensure Georgia's kids get the care they deserve.

(Click) Slide 13 – Children's – Dedicated to All Better

- It's a privilege to work with you all and to speak with you today. As a partner for your future, Children's is dedicated to all better, to providing the best care to kids and making and all of Atlanta and Georgia even stronger.