In 1912, The Harriet Lane Home for Invalid Children opened as the nation’s first pediatric hospital affiliated with an academic research institution, Johns Hopkins. Two grief-stricken parents, Baltimore banker Henry Johnston and his wife, Harriet Lane, bequeathed funds in memory of their sons, who died in childhood from rheumatic fever, to establish a children’s hospital. By 1930, Hopkins clinicians had discovered that sulfa drugs can prevent this disease’s often-fatal cardiac effects.
Throughout its 100-year history, the Johns Hopkins Children’s Center has pushed the boundaries of pediatric medicine, offering our patients the best possible care in contemporary pediatrics. We are consistently named among the top children’s hospitals in the nation and we continuously improve. In May 2012, we opened the state-of-the-art, child- and family-friendly, Charlotte R. Bloomberg Children’s Center. Children treated at Hopkins are among the most critically ill. Their conditions—from profound prematurity to complex genetic syndromes and traumatic injury—require sophisticated, often heroic, treatments. As children, they have special needs and vulnerabilities. Providing comprehensive, highest-quality, compassionate care to each and every one of our pediatric patients underlies all our efforts.

CHILDREN ARE NOT JUST SMALL ADULTS
Pediatric medicine differs from adult medicine in important ways. In pediatrics, whether pediatric cardiology, endocrinology, ophthalmology, or orthopedics, families are essential members of the care team, and integral to decision making. Children’s developmental needs receive special attention; their care incorporates social, psychological, and educational support that helps them thrive. Because children cannot advocate for themselves, issues of access to pediatric care, safety, and ethical treatment are of paramount importance. And the impact of a child’s care reverberates throughout the family, causing various forms of suffering including financial duress. Pediatric care also impacts health across the life-span, and plays a formative role, in many ways shaping the adults that our young patients will become. The following are among our important priorities to protect and restore health and improve quality of life for our pediatric patients:

A CALL TO ACTION
Rising to the Challenge: The Campaign for Johns Hopkins will raise unprecedented levels of support to attract, sustain, and further empower the people of Johns Hopkins—our students, faculty, and researchers—who through their work improve the lives of millions around the world. Together with our philanthropic partners we will:

ADVANCE DISCOVERY AND CREATIVITY
through support of our exceptional faculty and researchers. Their innovative work drives the development of new knowledge, new forms of expression, and new ways to save lives and improve health, and furthers progress across our core disciplines in science and technology, the humanities and arts, and public health and medicine.

ENRICH THE STUDENT EXPERIENCE
by investing in scholarships and fellowships, inspirational spaces for collaborative learning and social opportunities, and new programs that will enhance student-faculty interactions, ensure diversity on campus, link learning in the classroom to life after graduation, and strengthen connections between our students and our surrounding communities.

SOLVE GLOBAL PROBLEMS AS ONE UNIVERSITY
by creating new cross-disciplinary solutions in crucial areas such as sustaining global water resources, revitalizing America’s cities, advancing individualized and population health, and understanding how we learn and teach.
The Johns Hopkins Children’s Center is committed to playing a key role in the success of the campaign. Please join us in this important mission.
At Johns Hopkins, we know that research and patient care. They help to recognize extraordinary teaching, functions. They enable Johns Hopkins our faculty, staff and trainees are our greatest asset. We believe their caliber is unsurpassed anywhere in the world, and we know that collectively, they make our patient care, research and education outstanding.

Endowing faculty and staff positions is our principal strategy for building and sustaining our cadre of stellar clinicians and scientists. The most coveted positions in academic medicine, endowed professorships and other key positions serve vital functions. They enable Johns Hopkins to recognize extraordinary teaching, research and patient care. They help us recruit and retain top candidates for these positions. They help ensure the financial security of the University. And they honor the donor or the donor’s designee in perpetuity. The Harriet Lane Residency Program is the oldest pediatric residency program in the country. When the Harriet Lane Home for Invalid Children opened in 1912, the Residency program consisted of one to two interns conducting 30 visits per day. Today, each one of our 80 residents conducts, on average, 70-80 daily visits. Our program provides a strong foundation in knowledge, clinical skill, decision-making, evidence-based medicine, and leadership. It gives residents the flexibility to explore career paths with guidance from experienced and dedicated faculty. Our residents come from diverse backgrounds and their interests are wide-ranging. All place a high value on the close collaboration between residents and faculty from pediatrics and other disciplines—a rich and stimulating learning environment.

**Transforming Medicine by Understanding, and Improving, Childhood Health**

We now know that the prenatal and perinatal environment dramatically affects a person’s vulnerability to diseases that appear long after birth. At Johns Hopkins, we think expansively. To solve health problems beginning in childhood, and to help conquer some of the world’s most preval ent and most devastating chronic diseases, our research is focused on (1) new discoveries about the prenatal and pediatric origins of disease, (2) new methods to gauge one’s risk for disease early on, either in infancy or childhood, and (3) new clinical interventions for at-risk individuals, to prevent or delay disease.

To advance these goals, we seek to create the Johns Hopkins Pediatric Institute for the Transformation of Medicine, which will focus on prevention of common chronic diseases and conditions such as premature birth, asthma, hypertension, food allergies, chronic kidney disease, cancer; type II diabetes, and cardiovascular disorders. Its mission will be to define the origins of such disorders by pinpointing individual genetic predispositions and by clarifying how genes and environment interact during the fetal, neonatal and early childhood to fuel risk for adult-onset disease. Conducting basic science and subsequent clinical studies will allow us to maximize the impact of newly developed and tested interventions—preventing childhood and adult onset of disease by identifying risk at very young age, and by delivering therapeutic measures before the disease manifests itself. The Institute will build upon existing strengths in pediatrics, genetic medicine, epigenetics, public health, and basic sciences, and adding to these, new core laboratories in proteomics and biomarker development, metabolomics, microbiomics, informatics and innovative pediatric clinical trials. The result will be an unparalleled ability to generate new insights, test hypotheses, and develop clinical interventions. In defining an entirely new approach to pediatric research and care, one which connects the dots from genetics to pediatrics to adult health, the Institute, we believe, has the potential to transform both pediatric and adult medicine.

**Serving Patients and their Families**

Committed to excellence in care, the Children’s Center’s multidisciplinary team of specialists and allied health providers serves children and their families with comprehensive attention. We are committed to defining, and then exceeding, the highest standards. While our clinical pathways ensure that all of our patients receive state-of-the-art, compassionate care, we also attend to the special needs of our young patients through additional, integrated programs that amplify the benefits of our pediatric medical care.

**Supporting Patients’ and Families’ Psychosocial Needs.** Our Patient- and Family-Centered Care Initiative promotes partnerships between patient families and healthcare providers. It offers emotional, spiritual, social, and developmental support to ensure the health and well-being, as well as dignity and control, of patients and families. We have: created parent/staff work groups, established a Patient and Family Advisory Council, involved parents in pediatric origins of disease, (2) new methods to gauge one’s risk for disease early on, either in infancy or childhood, and (3) new clinical interventions for at-risk individuals, to prevent or delay disease.

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**The Johns Hopkins Children’s Center**

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- **More than 8,500 Patient admissions; nearly 69,000 patient visits per year to over 30 pediatric subspecialties**
- **Nearly 26,600 visits to the Pediatric Pediatric Emergency Department, with injury the #1 cause**
- **Only state-designated pediatric trauma center in Maryland, treating nearly 1,000 children per year**
- **Designated Pediatric Burn Center for the state**
- **45-bed regional neonatal intensive care unit (NICU); more than 600 babies admitted each year**
- **40-bed pediatric intensive care unit (PICU)**
- **Maryland’s only pediatric hospital with Extra Corporeal Membrane Oxygenation, a heart and bypass machine**

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**Rising to the Challenge**

**Supporting the Future Innovators in Pediatric Medicine**

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**At a Glance**

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Harriet Lane Compassionate Care, our pediatric palliative care program, is a holistic and comprehensive approach to care for patients and families of patients with advanced and/or life-limiting conditions. Focused on comfort and quality of life, it encompasses pain and symptom control, psychosocial and spiritual support, advance care planning, and bereavement care. Harriet Lane Compassionate Care seeks to offer a more formal, expanded Palliative Care Consult Service for children and their families. Its providers have developed a new model for pediatric palliative care, which: (a) integrates palliative care into pediatrics from diagnosis onward; (b) educates residents, trains palliative care specialists, and teaches pediatric care providers to identify palliative care needs; (c) incorporates research into clinical care to continuously improve palliative efforts.

Children have unique health needs; at times, new needs demand urgent attention. One such need is food allergy. A new Center for Food Allergy Research, now under conceptual development, will ensure excellent, multidisciplinary diagnosis and treatment of children with food allergy. The Center also will expand medical training in this area to strengthen understanding, knowledge and practical skills among future clinicians. The Center will focus on research of treatment and cures of food allergies, building on some high-profile recent successes with oral immunotherapy for milk and peanut allergy.

MEETING THE EMERGENT NEEDS OF HOSPITALIZED PATIENTS AND FAMILIES. Having a hospitalized child, or caring for a child at home following hospitalization, can rapidly deplete a family’s resources. The financial toll of a child’s treatment is especially severe for families who do not live in or near Baltimore; for some, travel expenses and living arrangements while their child is under our care are devastating. Some families simply do not eat while they are here. To help our patients and families, we rely on philanthropy to

RISING TO THE CHALLENGE
support critical emergent financial needs. Transportation is our biggest expense. Other needs include temporary housing, meals, medical equipment and supplies, parking, and funeral expenses.

We strive to offer our patients and families toiletries, clothing, car seats, and recreational passes for much-needed respite for parents and healthy siblings.

IMPROVING HEALTH AND QUALITY OF LIFE FOR URBAN CHILDREN IN NEIGHBORING COMMUNITIES

At the Children’s Center, we prioritize service to our community, and particularly to young people in need who lack access to good medical care.

PREVENTING MALTRTREATMENT AND CHILD ABUSE. Each year, the Pediatric Emergency Department at Hopkins Children’s sees nearly 1,000 children who are suspected to have been abused. This is likely just the tip of the iceberg with an estimated 10,000 cases of child abuse or neglect annually in Baltimore. Hopkins Children’s offers these children much more than basic medical services. Pediatricians across specialties work hand-in-hand with a multidisciplinary task force comprised of emergency medicine experts, law enforcement personnel, and child psychiatrists. We also help bring abusers to justice and educate healthcare providers. The Children’s Center is nationally recognized as a leading voice for abused and neglected children.

THE HARRIET LANE CLINIC is a comprehensive primary and acute health care clinic. As medical home to approximately 8,500 children from birth to 21 years old, it serves urban East Baltimore neighborhood children and families. Over 90 percent of our patients are eligible for medical assistance; nearly 40 percent have chronic medical conditions. Most have major psychosocial and financial challenges associated with poverty, including substance abuse, homelessness, unemployment, and poor mental health.

Long-term relationships with low-income teens and mothers presents the clinic with a golden opportunity to intervene even before conception. Designed for low-income young women whom we see in primary care, we believe the program will improve access to primary and prenatal care by offering immunizations, chronic disease management, nutrition, contraception, smoking cessation counseling, mental health services, and help with substance use and violence exposure. These efforts are likely to improve young women’s health and reduce the frequency of pregnancies.

REDUCING CHILDHOOD HEALTH DISPARITIES. In partnership with Howard University, Children’s National Medical Center (CNMC), and the District of Columbia Department of Health, the Johns Hopkins Children’s Center plays a leading role in the D.C.-Baltimore Research Center on Child Health Disparities. Seeking to improve minority health through rigorous multidisciplinary research, the center targets disparities in violence and injury, substance abuse, obesity, diabetes, asthma, and other child health areas. Providing research training for minority and junior investigators interested in minority health issues is another important priority.

WHY JOHNS HOPKINS? We provide the highest quality, most comprehensive pediatric care available. Hopkins Children’s is consistently ranked among the top children’s hospitals in the nation. Our faculty members and trainees are recognized as national leaders in many disciplines and programs.

WE CARE DEEPLY ABOUT CHILDREN, THEIR HEALTH AND THEIR LIVES. Our programs serving at-risk children bear witness to our dedication to improve quality of life. Programs in Child Life, literacy, case management, youth fitness, legal advocacy, parent support, and emergency funds for vulnerable families are just a few of the services that complement our medical care, creating a comprehensive, compassionate, patient- and family-centered approach.

THE JOHNS HOPKINS CHILDREN’S CENTER

WE TRANSLATE DISCOVERIES INTO CONTINUOUS IMPROVEMENT IN PEDIATRIC CARE. Throughout its history, pediatric medicine at Johns Hopkins has been translating laboratory science and clinical observation into ground-breaking discoveries and therapies for children. In 1944, Hopkins physicians performed the first “blue baby” operation to correct a congenital heart problem. Here, Leo Kanner conducted pioneering research with autistic children; John Howland developed fluid replacement for diarrrhea; and Edwards Park defined the role of vitamin D in rickets. Our innovative pediatric research has led to major contributions, including treatments for sickle cell disease, cystic fibrosis and diabetes.

OUR LEADERSHIP IN PEDIATRIC MEDICINE IS UNMATCHED. Visionary leadership underlies both the exemplary care we provide to our young patients and the training we offer to fledgling pediatricians. We introduce innovations that push boundaries and advance pediatric medicine. We created the first pediatric trauma center in the United States. The Harriet Lane Clinic is one of the oldest pediatric clinics in the country. Our Child Life program, established in 1944, is a model for national and international programs.

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### WHAT WILL IT TAKE?

<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>SPECIFIC FUNDING NEEDS</th>
<th>CURRENT USE</th>
<th>ENDOWMENT</th>
<th>FUNDS NEEDED</th>
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<tbody>
<tr>
<td>Serving patients and their families</td>
<td>Patient- and Family-Centered Care: Family Advisory Council to provide holiday meals and celebrations, provide to emergent needs of families during their child’s hospital stay; salary of Family-Centered Care Coordinator</td>
<td>—</td>
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<td>Palliative Care Program: advanced practice nurse, administrative coordinator, transition of care coordinator, evaluation of outcomes</td>
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<td>Child Life: 3 new Child Life specialists</td>
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<td>Emergency fund for vulnerable children and families</td>
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<td>Neuro-Intensive Care Nursery</td>
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<td>Chairs for the division directors of 10 divisions who have no endowments at this time</td>
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<td>Young Investigators Endowment</td>
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<td>Education Division Director</td>
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<td>Patient Safety and Quality Division Director</td>
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<td>Professorship for Dr. Robert Wood (partially funded)</td>
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<td>Residency Program</td>
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<td>Total</td>
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### WHAT ROLE DOES PHILANTHROPY PLAY?

Children are a sacred trust. We see our services transform young lives daily. To determine how we can have the most positive outcomes, we have always seriously examined our programs; over the years, we have expanded the scope of our services accordingly. Many of the programs we described on these pages are sustained by philanthropy. We need funds to bolster our research enterprise, to help recruit and retain faculty and staff, and to train the next generations of pediatric leaders. Whether their gifts are monumental or modest, philanthropists share our commitment to children. Philanthropic gifts launched our predecessor, the Harriet Lane Home, and made possible our spectacular Rubenstein outpatient building and Charlotte R. Bloomberg Children’s Center. For 100 years, philanthropic gifts have supported our research, educational activities, and clinical programs. Today we look to philanthropy—large and small—to make possible the transformational leaps we envision for pediatrics.