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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. resume	VITA, Cynthia Alee Barnes-Boyd [partial] (1 page)	10/21/93	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3988

FOLDER TITLE:
[HRC Daily File] Thursday, October 21 [1993]

2014-0483-S
sb363

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
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Thursday Oct 21st

PHOTOCOPY
PRESERVATION

Children's

The Children's Memorial Hospital
2300 Children's Plaza
Chicago, Illinois 60614

The Child Life Department

Children's Memorial Medical Center is characterized by excellence in pediatric health care, but our goals extend beyond meeting the child's medical needs to the well being of the whole child. It is because of this commitment that Children's Memorial offers Child Life services to our patients and their families.

The Child Life Department plays an integral part in the child's healing process. The Department offers specialized programs that help children cope with the many new faces and sometimes painful procedures encountered at the Hospital. In addition, Child Life programs provide children with outlets for play, peer interaction and expression.

Department Services

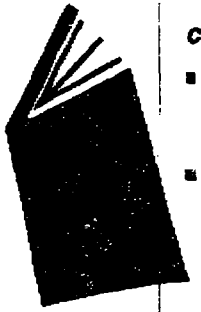
Child Life Specialists are members of the interdisciplinary health care team at Children's Memorial and often serve as child and family advocates. Each specialist has a bachelor's or master's degree in either Child Life, Child Development, the behavioral sciences, education or fine arts.

Child Life Specialists are certified by the Certifying Commission of the Child Life Council and affiliated with the Association for the Care of Children's Health.

A comprehensive 16-week internship program for qualified undergraduate and graduate students is available.

In addition, the Child Life Department is supported by more than 300 highly trained and supervised volunteers who provide valuable assistance to the staff in implementing the many programs and services offered to children and their families. Volunteers do everything from playing with infants and children one-on-one or in play groups, to helping parents adjust to the hospital environment by answering questions and addressing concerns.

Child Life Programming, planned and implemented by certified Child Life Specialists, is designed to support and educate children and families throughout their hospitalization.



Child Life Services Include:

- **Developmentally-based play groups for infants, toddlers/preschoolers, school age children and adolescents**
- **Individual Referral Program for children who are unable to attend groups or who require more specialized interventions. Child Life Specialists assess the patients' needs and interests and provide services at bedside.**
- **Creative and therapeutic outpatient programs for children with cancer and HIV infection**
- **Preparation for procedures, surgery and the hospital experience through hands-on interaction with dolls and medical equipment**
- **Family Resource Center with a toy, book and video library as well as medical information for parents**
- **Supervised activities evenings and weekends**
- **Volunteer visits at bedside for play and interaction**
- **Artists in Residence Program featuring high quality performing artists**
- **Holiday celebrations and events**
- **Funding for family outings**
- **Horticulture therapy year-round**
- **Summer Garden Court Program for daily outdoor play**
- **Pet therapy providing hands-on experience with puppies and small zoo animals**

History

In the 1930s, Children's Memorial was one of the first hospitals in this country and Canada to create a play program, directed by a play specialist who taught nurses how to play with children. The name changed to Therapeutic Recreation in the 1940s and to its current name, Child Life, in the 1970s. Today, our focus is on the play, and the social and emotional needs of the entire family. More than 500 programs exist in the United States and Canada.

More Information

For more information about Children's Memorial's Child Life Department, please call or write:

Children's Memorial Hospital
Child Life Department
2300 Children's Plaza, #31
Chicago, Illinois 60614
312/880-4482

Children's Memorial Medical Center is a 265 bed medical center dedicated to the care of children, pediatric research and medical education. Each year, Children's admits almost 9,800 patients, handles close to 180,000 outpatient visits, and performs over 10,000 surgeries.

MILE SQUARE HEALTH CENTER

2045 W. Washington Blvd.
M/C 698
Chicago, IL 60612

Telephone # (312) 413-7810 Fax # (312) 413-7812

FACSIMILE TRANSMISSION FORM

Date 10-20-93

To: Amy Nemko

Fax # 202-456-2539

From: Beverly Washington for DR Cynthia Boyd

Number of pages (including cover page) 30

Comments:

Mile Square Health Center

Mile Square Health Center is a community based facility which represents the collaborative efforts of the University of Illinois at Chicago and the Chicago Department of Health. The Center is located in the heart of an urban community designated at highest risk for morbidity and mortality due to medical and medically related socioeconomic factors including poverty, low literacy and early parenting. The Mile Square Health Center also serves as a community resource center providing social services, youth mentoring and community outreach.

MILE SQUARE HEALTH CENTER

MILE SQUARE REACH/EAST GARFIELD CASE MANAGEMENT PROGRAM
HEALTHY MOMS/HEALTHY KIDS

WHAT IS REACH/EAST GARFIELD CASE MANAGEMENT PROGRAM?
The Mile Square REACH/EAST GARFIELD CASE MANAGEMENT Program is a home follow-up program for pregnant women, infants and children under six years of age. The primary goal is to provide culturally sensitive, reality based services to families at higher risk of preventable illness. The program provides services to assist with health and social service needs.

WHAT IS THE SERVICE AREA?
REACH/EAST GARFIELD CASE MANAGEMENT provides services to families residing in Chicago inner city communities. The majority of participants live in communities surrounding or near the Mile Square Health Center.

WHO MAKES THE HOME VISITS?
Families are visited in their home by a case manager who may be a Registered Professional Nurse with skills in infant assessment and family nursing, social workers with skills in meeting social services needs or other trained case managers. Case Manager Assistants are often referred to as "Community Health Advocates" who advocate on behalf of the families and often live in the same community.

HOW OFTEN ARE THE VISITS?
Home visits are made at defined intervals throughout the six years of the child's life. The number of visits may be increased according to individual family needs.

WHO MAY PARTICIPATE?
Pregnant women, infants and children up to six years of age who are assigned to Mile Square Health Center through the Illinois Department of Public Aid.

HOW ARE FAMILIES RECRUITED?
Referrals to REACH/East Garfield are received from nurses, physicians, and social workers at Mile Square Health Center, and University of Illinois Hospital and Clinics. Also, nurses, physicians, social workers or staff from any agency with clients meeting the above stated criteria May refer to Mile Square Health Center.

WHAT SERVICES ARE PROVIDED?

- Health screening and referral for emergency or health maintenance care.
- Health education tailored to the unique needs of our special families.
- Coordination of referrals to and from other health and social agencies.
- Assistance in accessing health and health related services at Mile Square Health Center and The University of Illinois Hospital and Clinics for all family members.
- Newsletters providing age appropriate information about child care.
- Phone follow-up to provide support to families, answer questions and confirm appointments.
- Special after-school programs for teenage mothers who meet special criteria.
- Training for "community health advocates" or case manager assistants.
- Prenatal Orientation
- Prenatal Classes
- Parenting Class
- Outreach Services - delivering education and coordinating resources in a community setting
- Breastfeeding Support
- Case management of substance abusers who are pregnant or have children under 1 year of age

HOW IS THE PROGRAM FUNDED?

The ***REACH Program*** is funded by the Department of Health and Human Services, the American Academy of Pediatrics, the University of Illinois Hospital and the Harris Foundation.

University of Illinois at Chicago
Mile Square Health Center

ABSTRACT

REACH-FUTURES

The infant mortality rate (IMR) of Chicago remains nearly twice the national rate despite interventions. The highest IMRs occur in areas of poverty, teen pregnancy, low education and little or no prenatal care, such as the target community. Maternal-infant health services are available in the project's area, but the scope of services is limited and linkage to professional providers by community organizations and residents is difficult.

Goals and Objectives

REACH-Futures is an innovative service delivery model designed to meet the following major objectives:

1. Reduce infant morbidity and mortality and improve infant health in a low income, inner-city target community;

2. Establish a maternal/child health promotion model that utilizes trained community members under the supervision of professional nurses to promote primary health care of mothers and infants, knowledgeable use of health resources, and parenting skills;

3. Strengthen linkages between the community, health care services and health related resources;

4. Enhance peer resources for self and infant care, healthy life-styles, maternal support, and positive parenting skills within the community.

Description

During the first year of this five year project, a team of Maternal Child Health Advocates (MCHAs) was recruited and trained to provide individualized, intensive and culturally sensitive home services to clients. Training and development continued into the second year when the MCHAs completed a 16-week program on maternal-child health and community outreach. Additional training was provided in child abuse, breastfeeding promotion, and group dynamics. Services to pregnant women began in August, 1990 and advocates began making home visits to pregnant women, mothers and infants in September 1990. Under the direction of the nurse, the MCHA and client develop a plan that assesses the home, health knowledge, life style, and social system of the family. A relationship is established with the family in their own environment. The nurse completes a physical assessment within the first three weeks of life. The average visit time is 25 minutes after the initial

visit. Home visits are done twice a month during pregnancy and as frequently as needed during the first year of the infant's life. Families are contacted at least once a month. Home visits focus on: providing a safe physical environment and accident prevention; promotion of preventive care; recognition of signs of illness and seeking early and appropriate treatment; and improving parenting skills, especially cognitive and social-emotional growth stimulation and effective non-physical discipline. The MCHA works to establish a good relationship with the mother and helps her develop problem solving skills. Appropriate referrals are made for health problems and health-related other problems such as inadequate housing. Routine program monitoring includes quarterly narrative reports, monthly statistics and biweekly cases conferences. Health outcomes for the REACH-Futures infants will be compared to outcomes for infants from the same communities before the program was introduced.

PROFESSIONAL VITA:

Cynthia Alee Barnes-Boyd, RN, PhD, FAAN
1411 East 49th Street
Chicago, Illinois 60615
(312) 624-1940

BUSINESS

University of Illinois at Chicago
Mile Square Health Center
2045 West Washington Boulevard
Room 407 - M/C 698
Chicago, Illinois 60612

CURRENT POSITIONS

Executive Director
Mile Square Health Center
University of Illinois at Chicago

Clinical Assistant Professor of Nursing
Maternal/Child Health Division
University of Illinois at Chicago
College of Nursing

Reviewed 10/93

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VITA

NAME: Cynthia Alee Barnes-Boyd

BIRTH PLACE: (b)(6)

BIRTH DATE: 001

EDUCATION:

PhD in Nursing Science
University of Illinois at Chicago
1990

MSN
University of Illinois at Chicago
1979

BSN
University of Illinois at Chicago
1975

Diploma
Wesley-Passavant School of Nursing of Northwestern Memorial Hospital
1973

PROFESSIONAL LICENSURE: Registered Nurse: Illinois

PROFESSIONAL EXPERIENCE:

Executive Director
Mile Square Health Center
University of Illinois at Chicago
Mile Square Neighborhood Health Center
Chicago, Illinois
1991-Present

Director of Community Outreach
University of Illinois at Chicago
Chicago, Illinois
1991-Present

Clinical Assistant Professor of Nursing
Department of Maternal/Child Health
University of Illinois, College of Nursing
1980-Present

Assistant Director of Nursing
Parent/Child Health
University of Illinois Hospital at Chicago
Chicago, Illinois
1980-1991

PROFESSIONAL EXPERIENCE continued:

Director
Resources, Education and Care in the Home
University of Illinois Medical Center
1984-Present

Advisor/Special Consultant
Neonatal and Pediatric Services
Oak Brook, Illinois
1982-Present

Director of Professional Education
Neonatal and Pediatric Services
Oak Brook, Illinois
1982-1990

Clinical Consultant
Roseland Community Hospital Perinatal Program
Chicago, Illinois
1979-1980

Critical Care Clinical Nurse Specialist
ICU/ICN/ER
Wyler Children's Hospital
University of Chicago Hospital and Clinics
Chicago, Illinois
1978-1980

Head Nurse, Pediatric and Neonatal Intensive Care
University of Illinois Medical Center
Chicago, Illinois
1977-1978

Head Nurse, Pediatric Intensive Care
University of Illinois Medical Center
Chicago, Illinois
1975-1977

Staff Nurse, Pediatrics
University of Illinois Medical Center
Chicago, Illinois
1973-1975

PROFESSIONAL ORGANIZATIONS:

American Nurses Association
American Public Health Association
Black Alumni Association of University of Illinois
Caucus of Black Health Care Workers
Illinois Nurses Association
Maternal Child Health Coalition
Midwest Nursing Research Society
NAACOG

PROFESSIONAL ORGANIZATIONS (continued)

National Association of Neonatal Nurses
National Perinatal Association
Nursing Assembly-Chicago Lung Association
Perinatal Association of Illinois
Sigma Theta Tau
Society of Critical Care Medicine

PROFESSIONAL ACTIVITIES-BOARD MEMBERSHIP:

Mayor's Advisory Committee on Urban Women's Health
1993-Present

Fellow American Academy of Nursing
American Academy of Nursing Association
1992-Present

Chair
Mayor's Advisory Committee on Infant Mortality
1990-Present

Healthy Start Consortium on Infant Mortality
1991-Present

Perinatal Association of Illinois Board Member
1989-1991

Advisory Board Member
Wyeth Ayerst Laboratories
1987-1989

North Central Region Nurse Advisory Board Member
Mead Johnson
1986-1987

Editorial Board: Neonatal Network
1984-1987

NAACOG Advisory Board Nursing Update Series
1984-1986

Advisory Board Member
Mead Johnson Nutritional Division
1983-1987

Neonatal & Pediatric Services of Chicago
Board of Directors
1982-1990

RESEARCH

"Effects of Sustained Nurse/Mother Contact on Infant Outcomes Among Low Income African-American Families
August, 1990

"The Effect of Bronchopulmonary Hygiene on TcPO2 Values of Critically Ill Neonates."
Critical Care Medicine
January, 1982

PUBLICATIONS:

"Minimizing Hypoxia Due to Endotracheal Suctioning: A Review of the Literature". Co-Author Karin Kirchhoff, Heart & Lung: The Journal of Critical Care, St. Louis, Vol. 15, No. 2, March, 1986

"Intrauterine Growth Retardation", NAACOG Update Series, Volume 4, Lesson 9, 1986, Continuing Professional Education Center, Inc. (CPEC)

"Facilities Report" NNICU, University of Illinois, Perinatology/ Neonatology, August, 1981

"An Issue of Personhood: Ethical Issues in Fetal Research", (Accepted)

AWARDS:

Bronze Award, American Academy of Pediatrics for Clinical Research, "The Effect of Bronchopulmonary Hygiene on TcPO2 Values of Critically Ill Neonates", 1978

Who's Who of American Women Thirteenth Edition

Who's Who in American Nursing, 1988-1989 Edition

Personalities of the Midwest Seventh Edition

March of Dimes Outstanding Nurse Award, 1988

Metropolitan Health Care Council Outstanding Woman Health Manager, 1988

Perinatal Association of Illinois Award of Merit, 1989

Black Caucus of Health Workers of the American Public Health Association-Midwest Area "Black Women in the Health Profession", 1992

AWARDS (cont'd): The Lawrence Parks-William Eaddy Outstanding Service Achievement Award, 1993

RESEARCH SCHOLARSHIP: Chicago Lung Association Scholarship, Clinical Research, Neonatal Respiratory Care, 1980

GRANT EXPERIENCE: Principle Investigator "REACH-Futures", Funded Department of Health and Human Services/American Academy of Pediatrics, Harris Foundation, "Health Tomorrows Partnership for Childrens" Program 1989-1994

Principle Investigator, "Resource, Education and Care in the Home" (REACH), Funded Department of Health and Human Services-Maternal/Child Health, 1986-1989

Program Director, Healthy Start Primary Care Expansion Initiative, Funded by the Illinois Department of Public Health, Healthy Start Consortium, 1993

Program Director, Co-Investigator, "Fast Immunization Tract" (FIT) Program, Funded by the Joyce Foundation, 1993-1994

Co-Investigator, Health and Cost Impact of Maternal/Child Advocate Services, Funded - National Center of Nursing Research

Co-Investigator "Validating the Safety of Nurse-Health Advocate Services. Funded by the National Center of Nursing Research, 1992-1994

Co-Investigator, "Early Identification, Intervention and Home Follow- up for Mothers at Risk of Delivering Low Birth Weight Infants (H.A.P.), Funded 1983-1984 and 1984-1985

Co-Investigator, "Chronic Infant Enrichment Program" (C.I.E.P.), approved-not funded

--CURRICULUM VITAE--

Javette C. Orgain, M.D.
P. O. Box 806527
Chicago, Illinois 60680-4126

POSITION

Acting Medical Director

Clinical Assistant Professor

BOARD CERTIFICATION/ELIGIBILITY

Board Certified, American Board of Family Practice, 1985.

TRAINING

SECONDARY EDUCATION:

1964 - 1968 St. Mary High School
Chicago

UNDERGRADUATE:

1968 - 1972 University of Illinois
Chicago, Circle Campus (UICC)
B.S. - Mathematics

PRE-MED:

1973 - 1976 University of Illinois
Chicago, Circle Campus (UICC)

EMERGENCY MEDICAL:

1977 - 1978 Chicago Fire Department

MEDICAL SCHOOL:

1976 - 1981 University of Illinois College of Medicine
Chicago

RESIDENCY:

1982 - 1984 Family Practice
Saint Joseph Hospital
Chicago

PRACTICE EXPERIENCE

1992 - pres	Acting Medical Director Mile Square Neighborhood Health Center Chicago Department of Health and University of Illinois
1991 - pres.	Clinical Assistant Professor Department of Family Practice University of Illinois at Chicago (UIC)
1985 - 1991	Staff Physician Family Practice Section RUSH Anchor-HMO Chicago

ACADEMIC APPOINTMENTS

1991 - pres.	Clinical Assistant Professor Department of Family Practice, UIC
1987 - 1990	Assistant Clinical Professor Rush-Presbyterian-St. Luke's Medical Center (RPSLMC), Chicago
1985 - 1987	Adjunct Clinical Professor RPSLMC

HOSPITAL APPOINTMENTS

1991 - pres.	Department of Family Practice University of Illinois Hospital (UIH)
1990 - 1991	Chairperson Department of Family Practice Saint Francis Hospital Blue Island, Illinois
1985 - 1991	Department of Family Practice RPSLMC

PROFESSIONAL COMMITTEE MEMBERSHIPS

1991 - 1993	Reviewer American Academy of Family Physicians Foundation, Health Education Materials Review Program

PROFESSIONAL COMMITTEE MEMBERSHIPS, cont'd

1989 - 1990	Member, Ad Hoc Committee and Subcommittee on Minority Physician Traineeship, School of Public Health, UIC
1988 - 1991	Member, Credentials Subcommittee Department of Family Practice Saint Francis Hospital
1987 - 1991	Member, Medical Records Committee Saint Francis Hospital
1986 - 1989	Committee on Student Evaluation and Promotion Rush Medical College
1985 - 1989	Representative RUSH Anchor-HMO Medical Staff Association Chicago

OTHER PROFESSIONAL ACTIVITIES

1993	Senior Management Seminar/Training Office of Organization and Development University of Illinois
1993 - pres	Member, Health Committee Illinois Black Leadership Roundtable
1993	Speaker, African - American History Month Student Nation Medical Association Southern Illinois University Medical School
1993	Speaker Midwest Regional AIDS Conference Black EXPO Community Health Association
1993	Speaker African - American AIDS Network Chicago Black Family Reunion Celebration
1993	Medical Consultant **"Prescription for Health"** Africans in America WGBO - TV (to be aired in winter 1993)

OTHER PROFESSIONAL ACTIVITIES, cont'd

1992 - pres	Physician Coordinator in Chicago for Department of Health and Human Services and National Medical Association "Healthy People 2000" Project
1992	Moderator 1992 Black EXPO Chicago "Black Health Is...Black Wealth"
1990 - pres.	Speaker and mentor Mentors Program, CCPA/NMA
1990	Coordinator Community Health Screenings Daniel Hale Williams Health Center Chicago
1989	Speaker 25th Anniversary Celebration Student National Medical Association
1988	Co-sponsor/Coordinator Community Health Screenings Memorial Tribute to the Late Mayor Harold Washington
1987	Citizens Ambassador Program Health Delegation to China People to People International
1986 - 1987	Faculty Development Department of Family Medicine RPSLMC-Christ Hospital
1985	Traditional Medicine and Religion Delegation East Africa (Egypt, Ethiopia, Kenya)
1984	Traditional Medicine and Religion Delegation West Africa (Benin, Nigeria, Senegal, Togo)
1977 - 1984	Instructor and Instructor trainer Basic Cardiac Life Support American Heart Association

PROFESSIONAL MEMBERSHIPS

American Academy of Family Physicians

1983	Illinois resident delegate to AAFP Congress of Delegates

Illinois Academy of Family Physicians

1984	Resident delegate to IAFP Congress of Delegates

National Medical Association

1993 - 1995	Chair, Family Practice Section
1993 - 1994	Co-coordinator Illinois pilot mentor project NMA and National Minority Mentor Recruitment Network
1992 - 1996	Board of Trustees Trustee at Large, Region IV

National Medical Association

1992 - pres.	Regional Consultant NMA/Centers for Disease Control African-American Womens' Health Promotion: Breast and Cervical Cancer Screening Physician Education Project
1992	Member, special ad hoc committee for Re-organization of the House of Delegates
1991	Member, Medical Student Scholarship Committee
1991 - pres.	Chair, Continuing Medical Education Region IV, and Cook County Physicians Association, Inc. (CCPA)/NMA
1991 - pres.	Chairperson elect, Family Practice Section
1990 - 1991	Secretary, Family Practice Section
1990 - 1992	Chairperson, Region IV
1990 - pres.	Committees of the Board of Trustees - Policy Implementation - Membership Services - Liaison with ANMA and Medical Students

PROFESSIONALS MEMBERSHIPS, cont'd

1989 - 1992	Council on Concerns of Women Physicians
1988 - 1990	Treasurer, Region IV
1982 - pres.	Delegate, House of Delegates (exception, 1984)

Cook County Physicians Association, Inc.
Local Component Society of the NMA

1989 - pres	Chair, Community Affairs Community
1987 - 1989	President
1984 - 1986	Secretary/Treasurer
1982 - 1983	Secretary

American College of Physician Executives

American Medical Women's Association

University of Illinois Alumni Association

University of Illinois Black Alumni Association

UNDERGRADUATE/PRE-MED ACTIVITIES

Circle Health Careers Organization (UICC)

Black Student Organization for Communication

1971 - 1972	Vice-President Founding member

Senate Sub-Committee on Student Discipline (UICC)
Student Chairperson

American Medical Student Association

American Medical Womens Association

Student National Medical Association

1977 - 1979	Officer/Delegate House of Delegates
1978 - 1980	Coordinator Community Affairs Committee

COMMUNITY ACTIVITIES

1991	Mentor, Sojourner Program "I Dream a World" Exhibition Chicago Historical Society

COMMUNITY ACTIVITIES, cont'd

1991	Chairperson Reception honoring John R. Lumpkin, M.D., M.P.H., first African-American appointed Director, Illinois Department of Public Health Sponsored by NMA
1991	Speaker African-American History Month Garfield High School Chicago
1991 - pres.	Member, Chicago Urban League
1990	Interviewed, **ESSENCE** magazine
1989	Speaker "Black History Alive 1989" Hyde Park Career Academy
1987, 1989	Speaker, Summer Upward Bound Program
1987, 1988	Panelist, WVON radio talk show
1987	Program Coordinator Physicians for the United Negro College Fund
1986	Chicago Telethon UNCF Lou Rawls Parade of Stars
1986 - pres.	DuSable Museum of African American History
1985 - pres.	Operation PUSH

HONORS AND AWARDS

1993	Honoree Seminar on Black Women in the Health Professions co-sponsored by University of Illinois, Urban Health Programs and Black Caucus of Health Workers, American Public Health Association
1992	Fellow, American Academy of Family Physicians
1991	Nominated Women of Today American Biographical Institute, Inc.

HONORS AND AWARDS, cont'd

1991	Nominated Steven's Who's Who in Health & Medical Services
1990	Outstanding Leadership Award Cook County Physicians Association, Inc.
1986	Certificate of Service Chicago State University College of Nursing

Revised 10/93

MISSION STATEMENT
MILE SQUARE NEIGHBORHOOD HEALTH CENTER

The mission of Mile Square Health is to provide wholistic, quality health services in the midst of an underserved, urban community. The concept of wholistic service includes not only actions to restore health, but also those to prevent disease, promote healthy life styles and provide personalized support to individuals and families. Community education, outreach, advocacy and caring involvement are important attributes of our mission. To achieve these goals, we acknowledge that our practice arena extends well beyond a "building" and into the heart of the community.

We acknowledge our responsibility to treat all we serve with dignity and respect regardless of worldly status, race, ethnicity or individuality. We further acknowledge our obligation to care in a manner that is free of racial or cultural bias and accepting of differences among and within culture.

We believe that in unity there is strength. Therefore out mission directs us to engage in a dynamic, empowering relationship with the community. This partnership requires a commitment to collaboration, personal involvement and professionalism.

We accept the responsibility to actively participate as a center for mentoring health professionals, young citizens and our colleagues. As a team, we believe that each of our members must act as both a leader and a follower in executing this mission.

Finally, we have accepted the challenge to excel in this endeavor. We recognize that to do so requires commitment to excellent, flexibility in mind and spirit and clarity in communication.

ENERGY AND COMMERCE COMMITTEE
SUBCOMMITTEE:
CHAIRWOMAN:
COMMERCE, CONSUMER PROTECTION AND COMPETITIVENESS
OVERSIGHT AND INVESTIGATIONS

GOVERNMENT OPERATIONS COMMITTEE
SUBCOMMITTEE:
LEGISLATION AND NATIONAL SECURITY

Congress of the United States
House of Representatives
CARDISS COLLINS
7TH DISTRICT, ILLINOIS

TELECOPY TRANSMISSION

TO: AMY NEMKO

ATTN: _____

FROM: BOB KETTERER

DATE: 10/20/93

PAGES (INCLUDING COVER SHEET): 3

SPECIAL INSTRUCTIONS: _____

PLEASE CALL (708) 383-1400 TO CONFIRM TRANSMISSION

PLEASE SEND REPLY TO:

2308 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1307
(202) 225-5006

SUITE 3860
230 SOUTH DEARBORN STREET
CHICAGO, IL 60604-1686
(312) 353-5754

328 LAKE STREET
OAK PARK, IL 60302-2804
(708) 383-1400

MISSION POSSIBLE

A Grass Roots Effort Fights For Survival Of West Side Infants

Cynthia Barnes-Boyd has a mission: reduce the high infant mortality rate on Chicago's Near West Side.

In 1988, the rate was a dismal 24.6 deaths in each 1,000 live births, higher than many poor countries. That compares unfavorably with a citywide rate of 15.2 and a national rate of 10.6. Since it serves as a measure of the overall health status of the community, the West Side's high infant mortality rate is a sad irony in the boulevard of the city's renowned Medical Center District.

Barnes-Boyd, assistant director of nursing at the University of Illinois Hospital, is determined to improve neighborhood conditions. She directs a community-based health program for low-income women and infants living on the Near West Side.

The program relies on face-to-face contact. Nurses from the Hospital's Division of Parent and Child Health team up with community women who are trained to be local "health advocates." Together, they provide home-based health education to several hundred pregnant women and their babies.

"Our goal is healthy pregnancies and healthy infants," said Barnes-Boyd.

The five-year program, called Reach Future, is supported by the U.S. Department of Health and Human Services Bureau of Child and Maternal Health and the American Academy of Pediatrics. Reach Future codirectors are Karla Nacion and Kathleen Norr, both faculty members of the UIC College of Nursing.

The program strives to save the high number of Near West Side infants who die before their first birthday.

"We approach this problem in two ways that differ from the traditional approach," said Barnes-Boyd. "First, we address not only the medical factors, but the socioeconomic factors that affect infant mortality, including poor maternal education, single parenting, parenting at an early age, and poverty.

"Second, we use trusted community residents who make actual home visits. Our experience shows that continuity and frequent contacts with clients are essential, but providing this level of service with doctors or nurses is costly.

"Our program brings the services of registered, professional nurses together with those of Near West Side residents who are specially trained by our staff to promote health and wellness," she said.

Like the women they serve, nearly all of the advocates live in low-income

. . . the West Side's high infant mortality rate is a sad irony in the backyard of the city's renowned Medical Center District.

The Reach Future program relies on face-to-face contact.

housing projects. They receive three months of training in nutrition, first aid, exercise, substance abuse and AIDS education, domestic violence, and other areas that affect the health of young mothers.

"Someone has to care," said advocate Alicia McDonald. "It's our community, too. You look around at the pain, and you know we have a whole lot of work to do."

Reach Future emphasizes frequent patient contact and close ties to community health and social service agencies. From the time a mother learns she is pregnant until the time her baby is two years old, she is visited at home by the same professional nurse and the same community health advocate.

The first step is enrolling the pregnant woman in a good prenatal care program, either at a nearby hospital or a Chicago Department of Health clinic.

"People ask why a woman who lives six blocks from a major medical center would not seek prenatal care on her own," Barnes-Boyd said. "There are many answers to that question, including no money, no transportation, no child care, and no insurance.

"In fact, these women are very concerned about their own health and their baby's health. But prenatal care is considered preventive care — and seeking preventive care when they're 'not sick' is the lowest priority for women who are dealing with issues of

Community health advocates Alicia McDonald (left) and Gail Dixon offer health care tips and support to new parents at the U. of I. Hospital.

basic survival."

The complexity of large urban medical centers is another obstacle, Barnes-Boyd said.

"For many poor and uneducated women, seeking health care in such a large system is very difficult. Registering and handling reimbursement matters can be intimidating and exhausting. The kinds of questions medical personnel are required to ask often are intrusive. Ultimately, the experience alienates many women, and they don't come back."

To overcome these hurdles, UIC teams help women apply for aid to pay for prenatal programs. They also help make appointments and arrange for transportation and child care so the women can keep their appointments. They help women understand prenatal health care instructions, especially about proper diet and the dangers of drugs and alcohol. Equally important, UIC teams help women understand the importance of taking time to take care of themselves as they cope with the demands of a job or caring for other children.

Once the babies are born, UIC nurses and health advocates visit patients' homes frequently to give physical checkups. They teach mothers the proper way to feed, clothe, and bathe their babies. And they help mothers learn how to play with their babies, assist development, and recognize signs of illness.

"We emphasize the importance of accepting and working with the resources a mother has," said Barnes-Boyd.

"If a mother has no crib, but she has a serviceable chest of drawers, we help her make a proper bed for the baby in a drawer."

Above all, program staff are trained to respect the cultural traditions of the black and Hispanic women they serve.

"We teach women to care for their babies within the dictates of their culture," said Barnes-Boyd. "If we say 'no' to cultural traditions, the door closes."

Such traditions may include cod liver oil, teas, and other home remedies.

"If a traditional remedy is ineffective but also harmless to the baby, we respect the mother's cultural reasons for using it," she added.

"But if the remedy is harmful, we teach the mother a healthy alternative."

Community advocates also help mothers tap into YMCAs, local churches, and other community resources for help getting housing, utilities, and public aid. They include West Side Future, a network of state-supported social services that promote maternal and child health.

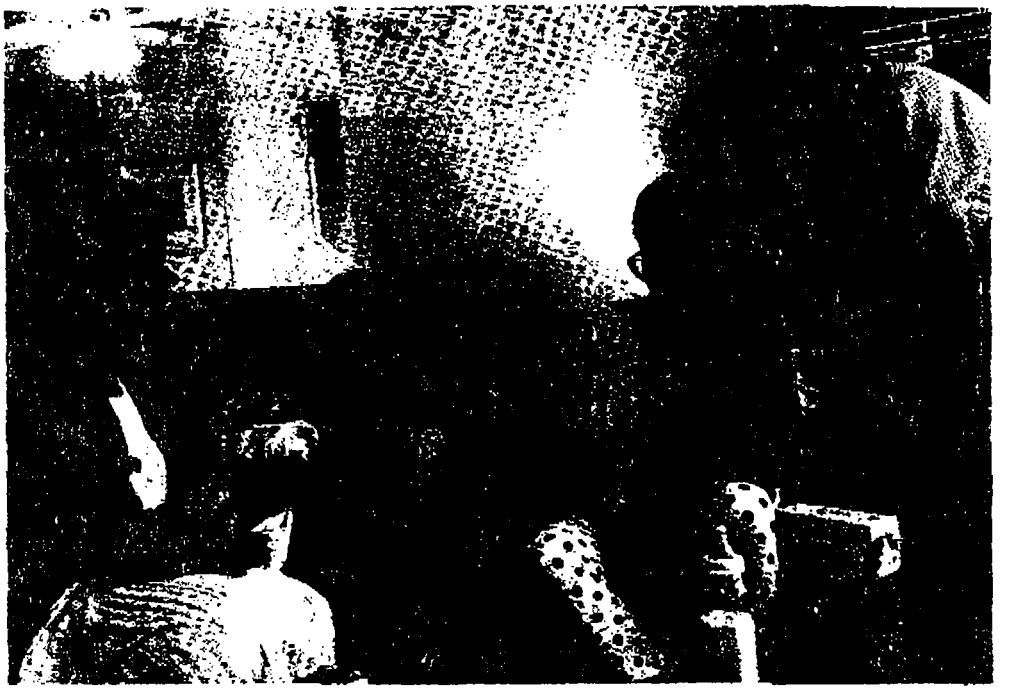
Barnes-Boyd recently completed her doctoral dissertation on how consistent follow-up care improves the survival rate, health, and development of infants in low-income black families. She believes the potential for the Reach Future approach to benefit other urban neighborhoods across the country is good, even in communities where professional resources are limited.

"This is a cost-effective alternative to traditional programs," she said. "It's more likely to succeed because it emphasizes community involvement."

Barnes-Boyd believes an urban university such as UIC is the ideal partner in such a program.

"Working together, university health centers and urban communities can tackle and reduce infant mortality," she said.

On Chicago's Near West Side, that message carries new hope. ◆



Glenda Burnett, Reach Future operations coordinator (left), and community health advocates visit a West Side mother at home.

"You look around at the pain, and you know we have a whole lot of work to do."

Home-visitor program reaches out to young, inner-city mothers

By Debra Fleischman
Staff Writer

Amy, a 14-year-old mother, sat on a tattered love seat inside her muggy, unair-conditioned apartment on Chicago's south side. She was cuddling her five-month-old daughter, Caprice, who kept resisting attempts to clean an inflamed rash that covered her neck.

When a visiting nurse and community aide arrived, Amy told them that Caprice's rash had been getting worse over the past few weeks. She didn't have any medication for it because doctors told her over the phone that it probably wasn't anything to worry about.

"They didn't give me cream or nothing like that," said Amy, who recently completed eighth grade at a nearby school for pregnant teens. "They said at the clinic that she's just got a lot of skin on her neck, and it doesn't get any air. They just said to wash it a lot and keep it cool."

Whoever Amy spoke to at the clinic probably assumed that such basic medical advice would be simple to follow, but Queen Scott, the visiting clinical nurse consultant from the University of Illinois at Chicago, knew better. She knew just by looking at what Caprice was wearing that day. Scott and a trained community aide named Shirley Howard visit high-risk mothers and their infants.

It was at least 95 degrees outside, yet Amy had dressed Caprice in a furry, acrylic sweatsuit. No doubt, she chose the stylish outfit so Caprice would look her best for the visitors, but the heavy material was aggravating the rash. The closed windows also were no help to Caprice, whose fuzzy black hair was moist from perspiration.

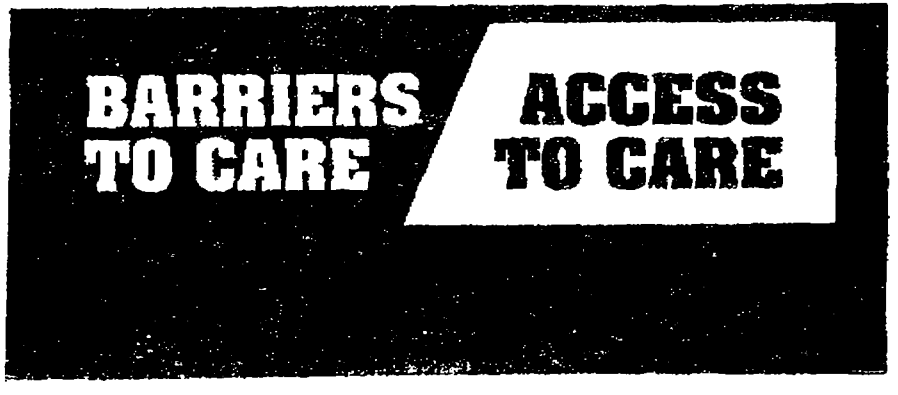
Scott knew it was time to get to work doing what she does best -- speaking to low-income, young mothers in a language they can understand.

"She (Caprice) does look absolutely adorable," Scott said. "But she must be very hot in this. You have to think of her like yourself -- would you wear a long, heavy sweatsuit on a day like today?"

Amy, dressed in a denim mini-skirt and T-shirt, smiled, hinting that she got the point.

Michael Meinhardt

Nurse Queen Scott periodically visits Amy, a 14-year-old mother.



Maria Capossino

After examining Caprice and quizzing Amy about the baby's diet, Scott inquired about birth control. Amy said she's still on the pill, but Scott gave her some condoms, explaining that they

Continued on p. 8

Barriers

Continued from p. 1

will help protect her from sexually transmitted diseases (STDs). She also left her with some STDs brochures and promised to call her within a week to check on the rash and a possible case of oral thrush.

"Before we leave, do you have any questions about the baby, or about anything?" Scott asked.

Amy said no.

Scott didn't seem at all surprised with that answer. It was apparent that Amy probably wasn't sure what questions to ask. It also was apparent from the way she cuddled and played with Caprice that she is typical of most young mothers in low-income, inner-city communities -- she loves her baby, but she just doesn't know much about how to take care of her.

A unique program

In Chicago, hundreds of inner-city mothers like Amy are receiving health care services and counseling through REACH Futures, a home visitor program that aims to reduce infant mortality and morbidity by promoting primary health care of mothers and infants, parenting skills and knowledgeable use of resources. The program is coordinated by the University of Illinois at Chicago, the Chicago Department of Health and West Side Future, a state-funded community-based organization.

Through REACH Futures, professional nurses and specially trained community residents, such as Scott and Howard, periodically visit pregnant women and young mothers' homes in low-income, inner-city Chicago communities. They visit pregnant women twice a month, starting with early pregnancy, and continue once a month throughout the infant's first year. The young mothers are identified by West Side Futures case-finders in prenatal clinics served by the University of Illinois Department of Obstetrics and Gynecology and from postpartum units currently staffed by the University of Illinois.

REACH Futures is unique because the program uses community residents. The community visitors are minority women who grew up in the targeted inner-city neighborhoods, "know the turf," can relate well to the young mothers and are interested in maternal and child health, project director Cynthia Barnes-Boyd said.

"It's costly and unnecessary to use only health professionals," Barnes-Boyd said. "We need people who have had some of the same experiences as the people they are visiting. Sometimes these people we go to just need a friend, a familiar face that they can talk to, rather than someone with a white coat on."

A familiar face

When the program started, community residents accompanied the nurses strictly for protection in dangerous housing projects and other rough neighborhoods, Barnes-Boyd said. But she and other colleagues later [illegible] often relate better to the families than professional health care workers.

To help her expand the community residents' role in the program, Barnes-Boyd received a grant from Healthy Tomorrows -- a joint AAP and federal Office of Maternal and Child Health effort. The grant allowed her to recruit a professional maternal and child health nurse to train a team of residents in parent-child health advocacy. Under the nurse's supervision, the residents will be able to make home visits on their own, Barnes-Boyd said.

Michael Merchant

Scott and Howard go over notes before moving on to their next visit.

Community visitors will be given a small salary and health benefits after they are trained. The salaries and benefits will help some of the community visitors get off welfare, she said. Each community member will have a 50-family caseload. Next year, a second team of one nurse and five community advocates will be recruited, she said. Eventually, REACH Futures will handle a caseload of more than 500 families.

The professional nurses still will conduct initial infants' examinations, but from that point on, the community residents will make visits on their own and inform the professional nurse about any medical problems they might discover.

In those cases, arrangements would be made for appointments at the hospital/clinic, she said.

"The community advocates can get these women in the clinic faster than if they are on their own," Barnes-Boyd said.

The community residents will dress in public health uniforms as a protective measure to create an increased sense of status in rough neighborhoods, but their manner will be informal, she said. The first team of residents are scheduled to begin making visits on their own in September. The team is made up of blacks and Latinos.

"In these neighborhoods, it's very important that your face be the same color and that you speak the same language," Barnes-Boyd said. "The other way of doing things isn't working babies live any longer. Trying to drag these people into 12 different clinics for 12 [illegible] people they feel alienated by, it just doesn't work."

Vinetta Young, 27, is one of the community residents currently in REACH Futures training. Young, who is pregnant with her third child, grew up in a Near West Side Chicago housing project. She had her first baby at 19.

Young talks enthusiastically about becoming a community advocate for REACH Futures.

Michael Merchant

Scott hollows Caprice, five months, may have [illegible]

"I love the whole idea of it," she said. "When I was growing up, I didn't know much about prenatal care or child care. I wished I had someone to come over and tell me things, or just talk."

Being "one of them" definitely helps when it comes to coaching parenting skills, Young said.

"If one of the teen moms is really down, I can look at her and say, 'Girl, things get better, you got your whole life ahead of you,'" she said. "And I can [illegible] their spirits. I show them that I care, so then they care also."

'Not sick - just poor'

The REACH Futures target area is Chicago's Near West Side, where nearly 75 percent of births are to unmarried mothers, and 28 percent of births are to teen mothers. The area's 57,000-person population is 74 percent black, 12 percent white and 10 percent Hispanic.

Continued on p. 9

Barriers

Continued from p. 8

More than half have incomes below the poverty line, Barnes-Boyd said.

A University of Illinois study showed that in the target area and surrounding communities, nearly half of the low-income infants discharged from the U of I hospital had one or more physical problems in the first two weeks of life, she said.

REACH Futures targets babies who are not necessarily sick, but who are poor and receive little follow-up care after they are released from the hospital, Barnes-Boyd said.

"The ICU (Intensive Care Unit) babies get good follow-up," she said. "We seek out the babies who have no medical problems, but they are just going home to poor families. We go after the ones that nobody else follows up on."

Low-income families on Chicago's Near West Side face a myriad of health care barriers, Barnes-Boyd said. There are numerous programs to help them financially, but the services are not well coordinated, she said.

In the area, there are three large tertiary care centers, a Chicago Department of Public Health clinic and numerous store-front clinics and private physicians. But the care is fragmented, with neither formal linkage nor mechanisms for follow-up, she said. Health records are scattered. The lines at the clinic are intimidating, and the care is very depersonalized, Barnes-Boyd said.

In addition, all the area's health care services require that the mothers take the initiative to seek care, which in most cases doesn't happen, she said.

Mothers who have had children already are the least likely to seek prenatal care, because they think they "know it all already," Barnes-Boyd said.

As a result, late or no prenatal care, inadequate health maintenance and failure to initiate immunizations are common problems. REACH Futures tries to fill those gaps, she said.

Difficult cases

After leaving Amy's, Scott and Howard headed straight for their next visit. They were scheduled to see Martha Guerra, a 17-year-old Hispanic mother whose frequent moves have made it difficult for REACH Futures' staff to follow.

The homemade tattoos on her arm and lower legs make her look decisively "tough," but something about Guerra is very gentle and likeable. Her five-month-old son, Raol Saldivar, was amused by his visitors. He showed off the handsome smile he inherited from his young mother.

Despite the smiles, Guerra told Scott that Raol has not been feeling well lately. She said he vomits after every feeding.

Scott, who had expressed concern about Raol's oversized head since his birth, was worried that the feeding problems could be an additional symptom of hydrocephalus. She urged Guerra to take him to the hospital's clinic for an examination.

After the visit, Scott said she fears Guerra won't take her advice.

"She (Martha) said the doctor that she usually takes him to thinks its OK, that he just has a big head," Scott said. "But we have been concerned about his head for a long time. I want to try to get her in to see one of our doctors, but I think it's hard for her to get over there. The clinic she goes to now is right around the corner."

Scott said Guerra and Raol have been a difficult case to follow because they keep moving. Guerra recently married the baby's father, but had previously been staying with a different man, Scott said. The home they were at that day apparently was Guerra's sister's, not the same home they visited before.

She also had changed the baby's first and last name, probably when she married the father, Scott said.

Scott has had trouble tracking Martha Guerra and her son.

Before leaving, Scott asked Guerra if she was using any type of contraception. She said no.

"Do you want to get pregnant again?" Scott asked. Guerra shook her head no.

"Well you're going to get pregnant, if you're having sex and not using any protection," Scott said.

Scott handed her some condoms, and instructed her to use them with contraceptive foam. She asked Guerra if she had heard of the rhythm method, to which Guerra once again answered "no." Scott quickly explained how it works, but warned her that it really isn't the safest birth control method.

Guerra took the condoms, but appeared disinterested in Scott's talk about other types of birth control.

Later, Scott said she doubts Guerra will even use the condoms.

"Birth control isn't in their culture," she said. "She'll get pregnant again. I can guarantee it. There are certain cases where we can only do so much. The rest is up to them."

New study cites benefits of home visitor programs

Home visitor programs can significantly improve maternal and child health while helping to prevent health and developmental problems in high-risk populations, according to a new report in *June Pediatrics*.

Home visitor programs are those in which volunteer, paid, professional or paraprofessionals provide medical, social or educational support services through periodic visits to homes. Services can be targeted to an individual child or to an entire family.

Such programs are especially beneficial in low-income and rural areas, where barriers to more conventional types of health care exist, according to researchers at the University of North Carolina, Chapel Hill.

The researchers based their conclusions on a review of seven home visitor programs nationwide: The Helping Mother Program, in North Carolina; the Parent-Infant Project, in Colorado; the Rural Alabama Pregnancy and Infant Health Program, in Alabama; the Healthy Start Program in Kansas; the Resource Mothers Program, in South Carolina; the Resource Mothers Program, in Virginia; and the Prenatal-Early Infancy Project, in New York.

In each of the programs, home visitors start providing services to women during pregnancy.

The researchers say the programs can lead to increased birth weight and help improve prenatal care, maternal-infant interaction and women's development. The programs also can help improve the use of health services by mothers and infants, the report states.

In addition, home visitor programs can provide social support that is not often found in clinical settings, the researchers say.

Such support includes: outreach and liaison between the pediatrician, the family and the community; involvement with socioeconomic issues that directly affect the well-being of the child and family; reinforcement and follow-up of preventive care; and encouragement and support given by someone who has the advantage of being with the family in their home, the researchers say.

Although many programs strive for universal participation, most serve primarily high-risk populations, the report states.

Pediatricians can help support home visitor programs by being aware of such programs in their area and referring families to appropriate services, the researchers say. They also can advocate for funding and development of such programs at the local, state and national levels.

The report, "Home Visitors and Child Health: Analysis of Selected Programs," was prepared by: Jean Chapman, M.D., MPH; Earl Siegel, M.D., MPH; and Alan Cross, M.D.

A study says mothers like Amy benefit most from home visitor programs.

NEWSCLIP
312/751-7300

ELK GROVE TIMES

ELK GROVE, IL
PUBL. WED
CIRC. 4,536

MAY 5, 1993

American Academy of Pediatrics offers advice on prenatal care

Amber Johns knows that she may not reach all the women in her community that desperately need the prenatal and postnatal health care and information she provides, but she knows she's making a difference with those she does see.

"It feels good to know that someone out there needs you—and that people are getting the care they need," she said.

Johns is one of nine trained community residents—also referred to as maternal and child health advocates—who provide individualized, intensive and culturally sensitive health care services to near west side Chicago residents.

These services aim to reduce infant mortality and morbidity by promoting primary health care of mothers and infants, parenting skills and knowledgeable use of resourses.

The program, REACH-Futures, is unique because it uses community residents as advocates.

These advocates are women of color who grew up in the targeted inner-city neighborhoods, "know the turf," can relate well to young mothers and are interested in maternal and child health, project director Cynthia Barnes-Boyd said.

"The goal of this program is to empower women to eventually do these things on their own and have the advocates provide support only," Barnes-Boyd said.

The program is coordinated by The University of Illinois Hospital and Clinics, in collaboration with the Chicago Department of Health and West Side Future, a state-funded community-based organization.

It is one of 20 programs funded as collaborative effort between the American Academy of Pediatrics and the federal Maternal and Child Health Bureau.

The advocates initially visit pregnant women to teach them postpartum care.

A week after the mothers give birth, advocates visit the women and newborns to make sure they are giving the care they were previously taught.

Advocates visit the new mothers once a week for the first month. A professional nurse accompanies the advocate for the second visit, at six months and again at 12 months.

The program serves women with infants up to 18 months of age.

C. Barnes-Boyd

The Children's Memorial Medical Center

2300 Children's Plaza
Chicago, Illinois 60614
312\880-4000

FACSIMILE TRANSMISSION

DATE:	October 20, 1993
TO:	Amy Nemkl
COMPANY:	White House Briefing
TELEPHONE NUMBER:	202/456-7845
FAX NUMBER:	202/456-2539 or 202/456-2239
FROM:	**Susan Hayes Gordon** **Department of Government & Community Affairs** **The Children's Memorial Medical Center**
TELEPHONE NUMBER:	**312/880-6854**
FAX NUMBER:	**312/880-3304**
COMMENTS:	**List of people attending private meeting with Mrs. Clinton tomorrow.**

NUMBER OF PAGES: 3 (Including Cover Sheet)

PRIVATE MEETING WITH HILLARY RODHAM CLINTON
OCTOBER 21, 1993
EXECUTIVE CONFERENCE ROOM
3:20 - 4:00 P.M.
CMMC Representatives

1. Blair White
   Chairman, CMMC/CMH Board of Directors

2. Jan Jennings
   President and CEO

3. Margaret E. O'Flynn, MD
   Chief of Staff

4. Mrs. Mills
   Woman's Board President

5. Dr. Zaparackas
   Medical/Dental Staff President

6. Jamie O'Malley, RN, MS
   Vice President for Patient Services

7 Dr. Myers
   Head, Department of Pediatrics

8. Dr. Carroll
   Acting Head, Department of Surgery

9. Dr. Hall
   Head, Department of Anesthesia

10. Dr. Crussi
    Head, Department of Pathology

11. Dr. Poznanski
    Head, Department of Radiology

12. Dr. Dulcan
    Head, Department of Child Psychiatry

14. Ted Leiterman
    Executive Vice President

15. Pat Magoon
    Executive Vice President and Chief Corporate Officer

16. Susan Hayes Gordon
    Vice President for Government and Community Affairs

* Also invited were Mayor Daley, Senator Simon (who regretted) and Senator Braun. We understand that Congressman Rostenkowski will accompany Mrs. Clinton.

Children's Memorial
Medical Center

2300 Children's Plaza
Chicago, Illinois 60614
312\880-4000

FACSIMILE TRANSMISSION

DATE:	October 19, 1993
TO:	Amy Nemkl
COMPANY:	White House Briefing
TELEPHONE NUMBER:	202/456-7845
FAX NUMBER:	202/456-2539 or 202/456-2239
FROM:	Julie Matternas Department of Government & Community Affairs The Children's Memorial Medical Center for Susan Hayes Gordon Vice President of Government & Community Affairs
TELEPHONE NUMBER:	312/880-6852 (Susan's Phone: 312/880-6854)
FAX NUMBER:	312/880-3304
COMMENTS:	Information on Children's Memorial that you requested. I also have included a press release on Jan R. Jennings, Children's President and CEO. We will send more information as soon as we have it. You should know that the percentage of Medicaid patients that Children's treats has increased dramatically over the past several years. For example, in 1978, 24% of Children's inpatient days were Medicaid; in 1993, 52% of Children's inpatient days were Medicaid. Please don't hesitate to call me if you have any questions.

NUMBER OF PAGES: 9 (Including Cover Sheet)

FACT SHEET

THE CHILDREN'S MEMORIAL MEDICAL CENTER
2300 Children's Plaza
Chicago, Illinois 60614

* Children's Memorial has 265 beds, making it much larger than most other children's hospitals.

* Children's offers every pediatric specialty and subspecialty.

* Children's cares for three times as many children as any other hospital in the Chicago area.

* In 1992, Children's had 11,443 admissions, logged 189,555 outpatient visits, and performed 10,765 surgeries.

* Children's is a pediatric trauma center for the State of Illinois, with skilled transport teams available around the clock to transfer sick and injured infants and children.

* Children's is the major pediatric cardiac diagnostic, treatment and research facility in the Midwest, performing 3,500 outpatient consultations, 5,000 electrocardiograms, 600 heart catheterizations, and 400 heart surgeries annually. In 1988, CMH performed its first heart transplants. To date, ~~39~~ 42 transplants have been performed--the youngest patient being one week old.

* Children's is a pioneer in genetic research, developing methods for detecting hereditary disorders such as Tay-Sachs disease and sickle cell anemia.

- Children's is a major center for pediatric surgery including organ transplants, reconstructive surgery, craniofacial surgery, orthopedic surgery and neurosurgery.

- Children's outpatient surgery program is one of the busiest in the Midwest, performing many kinds of surgery without overnight hospitalization.

- Children's treats 70 percent of all children with leukemia and solid tumors in Chicago and its six-county area.

- Children's is one of the nation's largest centers for treatment and study of myelomeningocele, commonly referred to as spina bifida, the most common crippling birth defect. The center currently follows some 1,000 children with spina bifida, incorporating the skills of a multidisciplinary team.

- Children's is a regional center for the care of hemophiliacs.

- Children's is a Level III perinatal center in a statewide network--the highest level possible. This means that Children's cares for the most critically ill infants--those that are premature, have life-threatening heart diseases, and those that require lifesaving surgeries.

- Children's is a participant in a statewide program in child abuse.

- Children's is one of three pediatric arthritis centers in the nation to be funded by the National Arthritis Foundation to do research in pediatric rheumatology.

- Children's is a world-renowned referral center for the diagnosis and treatment of orthopedic problems, including hip dysplasia, congenital club foot, skeletal dysplasia and scoliosis.

- Children's is a designated center for the diagnosis and treatment of cystic fibrosis, the most common fatal genetic disease in the U.S.

- Children's is the major pediatric diagnostic center in the Midwest with state-of-the-art radiology and nuclear medicine facilities including magnetic resonance imaging (MRI) with highly-trained technicians, and one of the most complete toxicology and pathology laboratories in the Chicago area.

- Children's is a referral center for inpatient and outpatient pediatric physical and occupational therapy as well as orthotics (bracing) expertise.

- Children's is a referral center for the care of children with enuresis, the involuntary loss of urine; a multidisciplinary team looks for physical and dietary, as well as psychological causes for wetting problems.

- Children's is a referral and surgical center for the care of children with congenital and acquired hearing loss including speech and hearing testing and therapy and cochlear implantation surgery.

- Children's has an 18-bed inpatient unit for the care of children with emotional problems. The bi-level unit, which was renovated in 1991, is the most modern in the area.

- In 1991, Children's Memorial opened its new six-bed bone marrow unit. The new unit is part of the Medical Center's 22-bed Center for Cancer and Blood Diseases.

OTHER HELPFUL BITS ABOUT CHILDREN'S

- At Children's, parents are encouraged to participate in the care of their child. They can sleep overnight, perform much of their child's routine care just as they do at home, and learn to help with a portion of the medical care, all of which assists parents in becoming better prepared for bringing their child home from the hospital.

- Thanks to more than a century of dedicated work by people at Children's Memorial, the outlook for youngsters with certain types of childhood cancer has improved dramatically. Twenty years ago, patients with leukemia seldom lived beyond a few months, but today, they have a 70 to 80 percent chance of cure.

- Children's is not only a hospital where children receive the finest in health care, it is also a laboratory where more than a million tests are performed each year to diagnose childhood diseases. These tests can lead to the early detection and prevention of serious problems.

- Many of the stuffed toys in the Neonatal Intensive Care Unit at Children's Memorial are larger than the patients. Some of the babies there weigh less than two pounds and they lie in isolettes with elaborate mechanical devices connected to their tiny bodies.

- Many premature babies who would have died 10 years ago now live and grow into adulthood because of Children's Memorial. Each year, several hundred infants are treated in the Neonatal Intensive Care Unit within an atmosphere filled with love and sophisticated technology.

- Children's Memorial's transport team is on call 24 hours a day to bring critically ill and injured children to the hospital's intensive care units by ambulance, helicopter and fixed wing. In FY 1990 773 transports were made to Children's.

* Cystic fibrosis remains a devastating disease. But when it was diagnosed 40 years ago, few children survived beyond their first birthday. Today, thanks to research and treatment programs available at Children's, a regional center for cystic fibrosis, many children with CF are living well into adulthood.

* Infants and youngsters come to Children's from around the world to receive care for life-threatening conditions and rare diseases. But thousands of others from the Chicago area are treated each year for more routine care in the hospital's more than 40 outpatient clinics.

* Children's continues to care for chronically ill children after discharge from the hospital through its licensed homecare agency, CM HealthCare Resources, Inc.

NewsRelease

The Children's Memorial Medical Center

FOR IMMEDIATE RELEASE
October 19, 1992

CONTACT: Sarah Wilcox/
Erin Shields
(312) 880-4500

THE CHILDREN'S MEMORIAL MEDICAL CENTER ANNOUNCES ITS NEW PRESIDENT AND CHIEF EXECUTIVE OFFICER, JAN R. JENNINGS

George D. Kennedy, chairman of the board of The Children's Memorial Medical Center (CMMC) in Chicago, today announced the appointment of Jan R. Jennings as the president and chief executive officer of The Children's Memorial Medical Center, effective January 18, 1993. Jennings comes to Children's from Millard Fillmore Hospitals of Buffalo, New York, where he has served as president and chief executive officer for the past nine years. Millard Fillmore is a major affiliate of the School of Medicine and Biomedical Sciences, State University of New York at Buffalo.

"We're pleased to have found someone whose philosophy of care is so compatible with our vision at Children's Memorial. Mr. Jennings' extensive health care administration experience coupled with his personal style made him our top candidate. He will be an excellent successor to Earl J. Frederick, who has led this hospital with the needs of Chicagoland's children foremost in his mind," said Kennedy.

Jennings was identified as one of seven candidates through a nationwide search conducted by an executive search firm. He was then chosen by the CMMC search committee from among these candidates.

-more-

"It's been a career-long desire of mine to pilot a premier children's hospital," said Jennings. "I look forward to continuing what Earl Frederick, a known giant in the health care field, has put into place as president of Children's Memorial."

At Millard Fillmore, Jennings has been responsible for oversight of an academic tertiary-care facility, an acute-care suburban hospital, a network of primary care centers, a long-term care facility, the VNA Healthcare Group, a foundation, an ambulatory surgery center and a development corporation.

Prior to Jennings' arrival at Millard Fillmore Hospitals, he was the president and chief executive officer at St. Luke's Memorial Hospital Center in Utica, New York. In 1983, he was honored with the Robert S. Hudgen's Memorial Award as "Young Hospital Administrator of the Year," by the American College of Hospital Administrators. He holds a masters degree from the Graduate School of Public Health, University of Pittsburgh, and a bachelor's degree from Indiana University of Pennsylvania.

According to Mrs. James P. (Lorna) Langdon, Woman's Board president and member of the CMMC board of directors, "Besides being a delightful person, Jan Jennings is the perfect leader to take our institution into the future and to accomplish the goals Earl J. Frederick set out for us."

Jennings, 45, will soon relocate to Chicago with his wife, Patricia. The Jennings have a son, Zachary, who is a student at Brown University.

CMMC CEO/add two

Earl J. Frederick is scheduled to retire on November 1, 1992. To ensure a successful transition, Frederick will continue as president and chief executive officer on a part-time interim basis until Jennings' arrival in January.

Children's Memorial is a 265-bed medical center dedicated to the care of children, pediatric research and medical education. Each year, Children's admits almost 10,000 patients, handles close to 180,000 outpatient visits and performs over 10,000 surgeries. The institution also serves as the primary pediatric training site for the Northwestern University Medical School.

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ENERGY AND COMMERCE COMMITTEE
SUBCOMMITTEES:
CHAIRWOMAN:
COMMERCE, CONSUMER PROTECTION, AND COMPETITIVENESS
OVERSIGHT AND INVESTIGATIONS

GOVERNMENT OPERATIONS COMMITTEE
SUBCOMMITTEE
LEGISLATION AND NATIONAL SECURITY

Congress of the United States
House of Representatives
CARDISS COLLINS
7TH DISTRICT, ILLINOIS

TELECOPY TRANSMISSION

DATE: October 18, 1993

TO: Patty Solis

FROM: Bud Myers

RE: Proposed visit by Hillary Clinton to 7th CD IL this week

PAGES (INCLUDING COVER SHEET): 6

SPECIAL INSTRUCTIONS:

Here are suggestions and background you requested.

Of course, Congresswoman would like to fly out with Mrs. Clinton.

If there are any questions, I can be reached at 202-225-5006.

PLEASE CALL (202) 225-5006 WITH ANY QUESTIONS ABOUT TRANSMISSION

PLEASE SEND REPLY TO:

2308 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1307
(202) 225-5006

SUITE 3660
230 SOUTH DEARBORN STREET
CHICAGO, IL 60604-1685
(312) 353-5754

328 LAKE STREET
OAK PARK, IL 60302-3604
(708) 383-1400

October 18, 1993

TO: Bud Myers Adm. Asst.

FROM: Bob Kettlewell District Adm.

RE: Proposals for Hillary Clinton visit to 7th CD this week

Here are three suggestions in keeping with the theme of women's preventitive health, in order of preference.

1. Mile Square health Center
2045 West Washington Blvd.
Chicago, IL 60612
Dr. Cynthia Barnes-Boyd, PhD, RN, Executive Director
312-413-7810

Mile Square Health Center is an FQHC and a joint venture of the Chicago Department of Health and the University of Illinois, located near public housing on Chicago's near west side. Once one of the Nation's largest section 330 Community Health Centers, Mile Square was closed but subsequently reborn with the help of Congresswoman Collins. Mile Square is well known throughout the west side, and provides a whole range of Maternal and Child Health services with a strong focus on education and prevention. Mile Square currently operates the REACH-futures program, a program which uses community residents as advocates to empower women to take control of their own health. Neighborhood residents are recruited and trained in preventitive health and then employed to go back into the neighborhood to educate their peers and neighbors. This visit could carry the message of of the importance of preventative care along with the message of people taking responsibility for their own health. Mile Square is run by a minority woman, Dr. Cynthia Barnes Boyd. Mrs. Clinton could tour the facility and meet the participants of the womans empowerment program.

2. The American Cancer Society has been setting free mammography sites throughout the west side in cooperation with Congresswoman Collins. They could set up a site for Thursday AM at one of the following locations and deliver a crowd of women.
-Austin Health Center
4909 W. Division
Chicago

-2102 W. Ogden

-Columbus Park
Contact: Mary Lou Mahar 312-641-6150 or Alberta Johnson 800-421-8879

3. Winfield Moody Community Health Center
1276 N. Clyborn Ave.
Chicago, IL
Bernice Mills-Thomas, Executive Director - closest to downtown -
312-337-1073

Winfield Moody is a Section 330 Community health center with a strong emphasis on prevention and education regarding maternal and child health, serving primarily the residents of Cabrini-Green. The only drawback for us is its near north rather than westside location.

Home-visitor program reaches out to young, inner-city mothers

By Debra Fleischman
Staff Writer

Michael Mahoney

Nurse Queen Scott periodically visits Amy, a 14-year-old mother.

Amy, a 14-year-old mother, sat on a tattered love seat inside her muggy, unair-conditioned apartment on Chicago's southside. She was cuddling her five-month-old daughter, Caprice who kept resisting attempts to clean an inflamed rash that covered her neck.

When a visiting nurse and community aide arrived, Amy told them that Caprice's rash had been getting worse over the past few weeks. She didn't have any medication for it because doctors told her over the phone that it probably wasn't anything to worry about.

"They didn't give me cream or nothing like that," said Amy, who recently completed eighth grade at a nearby school for pregnant teens. "They said at the clinic that she's just got a lot of skin on her neck, and it doesn't get any air. They just said to wash it a lot and keep it cool."

Whoever Amy spoke to at the clinic probably assumed that such basic medical advice would be simple to follow, but Queen Scot, the visiting clinical nurse consultant from the University of Illinois at Chicago, knew better. She knew just by looking at what Caprice was wearing that day. Scott and a trained community aide named Shirley Howard visit high-risk mothers and their infants.

It was at least 95 degrees outside, yet Amy had dressed Caprice in a furry, acrylic sweatsuit. No doubt, she chose the stylish outfit so Caprice would look her best for the visitors, but the heavy material was aggravating the rash. The closed windows also were no help as Caprice, whose fuzzy black hair was moist from perspiration.

Scott knew it was time to get to work doing what she does best – speaking to low-income, young mothers in a language they can understand.

"She (Caprice) does look absolutely adorable," Scott said. "But she must be very hot in this. You have to think of her like yourself – would you wear a long, heavy sweatsuit on a day like today?"

Amy, dressed in a denim mini-skirt and T-shirt, smiled, hinting that she got the point.

BARRIERS TO CARE / **ACCESS TO CARE**

Maria Cuevarro

After examining Caprice and quizzing Amy about the baby's diet, Scott inquired about birth control. Amy said she's still on the pill, but Scott gave her some condoms, explaining that they

Continued on p. 8

Barriers

Continued from p. 1

will help protect her from sexually transmitted diseases (STDs). She also left her with some STDs brochures and promised to call her within a week to check on the rash and a possible case of oral thrush.

"Before we leave, do you have any questions about the baby, or about anything?" Scott asked.

Amy said no.

Scott didn't seem at all surprised with that answer. It was apparent that Amy probably wasn't sure what questions to ask. It also was apparent from the way she cuddled and played with Caprice that she is typical of most young mothers in low-income, inner-city communities — she loves her baby, but she just doesn't know much about how to take care of her.

A unique program

In Chicago, hundreds of inner-city mothers like Amy are receiving health care services and counseling through REACH Futures, a home visitor program that aims to reduce infant mortality and morbidity by promoting primary health care of mothers and infants, parenting skills and knowledgeable use of resources.

The program is coordinated by the University of Illinois at Chicago, the Chicago Department of Health and West Side Futures, a state-funded community-based organization.

Through REACH Futures, professional nurses and specially trained community residents, such as Scott and Howard, periodically visit pregnant women and young mothers' homes in low-income, inner-city Chicago communities. They visit pregnant women twice a month, starting with early pregnancy, and continue once a month throughout the infant's first year. The young mothers are identified by West Side Futures case-finders at prenatal clinics served by the University of Illinois Department of Obstetrics and Gynecology, and from postpartum units currently staffed by the University of Illinois.

REACH Futures is unique because the program uses community residents. The community visitors are minority women who grew up in the targeted minority neighborhoods, "know the turf," can relate well to the young mothers and are interested in maternal and child health, project director Cynthia Barnes-Boyd said.

"It's costly and unnecessary to use only health professionals," Barnes-Boyd said. "We need people who have had some of the same experiences as the people they are visiting. Sometimes these people we go to just want a friend, a familiar face that they can talk to, rather than someone with a white coat on."

A familiar face

When the program started, community residents accompanied the nurses strictly for protection in dangerous housing projects and other rough neighborhoods, Barnes-Boyd said. But she and other colleagues later discovered that community residents often relate better to the families than professional health care workers.

To help her expand the community residents' role in the program, Barnes-Boyd received a grant from Healthy Tomorrows — a joint AAP and federal Office of Maternal and Child Health effort. The grant allowed her to recruit a professional maternal and child health nurse to train a team of residents in parent-child health advocacy. Under

Scott and Howard go over notes before moving on to their next visit.

the nurse's supervision, the residents will be able to make home visits on their own, Barnes-Boyd said.

Community visitors will be given a small salary and health benefits after they are trained. The salaries and benefits will help some of the community visitors get off welfare, she said. Each community member will have a 60-family caseload. Next year, a second team of one nurse and five community advocates will be recruited, she said. Eventually, REACH Futures will handle a caseload of more than 500 families.

The professional nurses still will conduct initial infants' examinations, but from that point on, the community residents will make visits on their own and inform the professional nurse about any medical problems they might discover.

In those cases, arrangements would be made for appointments at the hospital's clinic, she said.

"The community advocates can get these women in the clinic faster than if they are on their own," Barnes-Boyd said.

The community residents will dress in public health uniforms as a protective measure to create an increased sense of safety in rough neighborhoods, but their manner will be informal, she said. The first team of residents are scheduled to begin making visits on their own in September. The team is made up of blacks and Latinos.

"In these neighborhoods, it's very important that your face be the same color and that you speak the same language," Barnes-Boyd said. "The other way of doing things isn't working better than any longer. Trying to drag these people into 12 different clinics for 12 different services, where they face people they feel alienated by, it just doesn't work."

Yvonne Young, 27, is one of the community residents currently in REACH Futures training. Young, who is pregnant with her third child, grew up in a Near West Side Chicago housing project. She had her first baby at 19.

Young talks enthusiastically about becoming a community advocate for

Scott bathes Caprice. At five months, Amy's baby may have oral thrush.

REACH Futures.

"I love the whole idea of it," she said. "When I was growing up, I didn't know much about prenatal care or child care. I wished I had someone to come over and tell me things, or just talk."

Being "one of them" definitely helps when it comes to teaching parenting skills, Young said.

"If one of the teen moms is really down, I can look at her and say, 'Girl, things get better, you got your whole life ahead of you,'" she said. "And I can say that because I know. I like to lift their spirits. I show them that I care, so then they care also."

'Not sick – just poor'

The REACH Futures target area is Chicago's Near West Side, where nearly 75 percent of births are to unmarried mothers and 28 percent of births are to teen mothers. The area's 57,000-person population is 74 percent black, 12 percent white and 10 percent Hispanic.

Continued on p. 9

Barriers

Continued from p. 6

More than half have incomes below the poverty line, Barnes-Boyd said.

A University of Illinois study showed that in the target area and surrounding communities, nearly half of the low-income infants discharged from the U of I hospital had one or more physical problems in the first two weeks of life, she said.

REACH Futures targets babies who are not necessarily sick, but who are poor and receive little follow-up care after they are released from the hospital, Barnes-Boyd said.

"The ICU (Intensive Care Unit) babies get good follow-up," she said. "We seek out the babies who have no medical problems, but they are just going home to poor families. We go after the ones that nobody else follows up on."

Low-income families on Chicago's Near West Side face a myriad of health care barriers, Barnes-Boyd said. There are numerous programs to help them financially, but the services cannot well coordinated, she said.

In the area there are three large tertiary care centers, a Chicago Department of Public Health clinic and numerous store front clinics and private physicians. But the care is fragmented, with neither formal linkage nor mechanisms for follow-up in mind. Health records are scattered. The lines at the clinic are intimidating, and the care is very depersonalized, Barnes-Boyd said.

In addition, all the area's health care services receive from the mother-infant initiative to seek care, which in most cases doesn't happen, she said.

Mothers who have had children already are the least likely to seek prenatal care, because they think they "know it all already," Barnes-Boyd said.

As a result, late or no prenatal care, inadequate health maintenance and failure to initiate immunizations are common problems. REACH Futures tries to fill those gaps, she said.

Difficult cases

After leaving Amy's, Scott and Howard headed straight for their next visit. They were scheduled to see Martha Guerra, a 17-year-old Hispanic mother whose frequent moves have made it difficult for REACH Futures' staff to follow.

The homemade tattoos on her arm and lower legs make her look deceptively "hard," but something about Guerra is very gentle and likeable. Her five-month-old son, Raul Saldiver, was amused by his visitors. He showed off the handsome smile he inherited from his young mother.

Despite the smiles, Guerra told Scott that Raul has not been feeding well lately. She said he vomits after every feeding.

Scott, who had expressed concern when Raul's premature heart valve at birth was worried that the feeding problems could be an additional symptom of hydrocephalus. She urged Guerra to take him to the hospital's clinic for an examination.

After the visit, Scott said she fears Guerra won't take her advice.

"She (Martha) said the doctor that she usually takes him to thinks he's OK, that he just has a big head," Scott said. "But we have been concerned about his head for a long time. I want to try to get her in to see one of our doctors, but I think it's hard for her to get over there. The clinic she goes to now is right around the corner."

Scott said Guerra and Raul have been a difficult case to follow because they keep moving. Guerra recently married the baby's father, but had previously been staying with a girlfriend, Scott said. The home they were at that day apparently was Guerra's sister's, not the same home they visited before.

She also had changed the baby's first and last name, probably when she married the father, Scott said.

Before leaving, Scott asked Guerra if she was using any type of contraception. She said no.

"Do you want to get pregnant again?" Scott asked. Guerra shook her head no.

"Well you're going to get pregnant, if you're having sex and not using any protection," Scott said.

Scott handed her some condoms, and instructed her to use them with contraceptive foam. She asked Guerra if she had heard of the rhythm method, to which Guerra once again answered "no." Scott quickly explained how it works, but worried her client really won't use what Scott counsel counsel.

Guerra took the condoms, but appeared disinterested in Scott's talk about other types of birth control.

Later, Scott said she senses Guerra will even use the condoms.

"Birth control isn't in their culture," she said. "She'll get pregnant again. I can guarantee it. There are certain cases where we can only do so much. The rest is up to them."

Scott has had trouble tracking Martha Guerra and her son.

New study cites benefits of home visitor programs

Home visitor programs can significantly improve maternal and child health while helping to prevent health and developmental problems in high-risk populations, according to a new report in Iowa Pediatrics.

Home visitor programs are those in which volunteer, paid, professional or paraprofessional provide medical, social or educational support services through periodic visits to homes. The visits can be targeted to an individual child or to an entire family.

Such programs are especially beneficial in low-income and rural areas, where barriers to more conventional types of health care exist, according to researchers at the University of North Carolina, Chapel Hill.

The researchers based their conclusions on a review of seven home visitor programs nationwide: The Helping Mother Program in North Carolina; the Parent-Infant project, in Cincinnati; the Rural Alabama Program; and Infant Health Program, in Alabama; the Healthy Start Program, in Kansas; the Resource Mothers Program, in South Carolina; the Resource Mothers Program, in Virginia; and the Prenatal-Early Infancy Project, in New York.

In each of the programs, home visitors start providing services to women during pregnancy.

The researchers say the programs can lead to increased birth weight and help improve prenatal care, maternal-infant interaction and women's self-esteem. The programs also can help improve the use of health services by mothers and infants, the report states.

In addition, home visitor programs can provide social support that is not often found in current settings, the researchers say.

Such support includes outreach and liaison between the professionals, the family and the community involvement with socioeconomic issues that directly affect the well-being of the child and family; reinforcement and follow-up of preventive care; and encouragement and support given by someone who has the advantage of being with the family in their home, the researchers say.

Although many programs strive for universal participation, most serve primarily high-risk populations, the report states.

Pediatricians can help support home visitor programs by becoming aware of such programs in their area and referring families to appropriate services, the researchers say. They also can advocate for funding and development of such programs at the local, state and national levels.

The report, "Home Visitors and Child Health: Analysis of Selected Programs," was prepared by: Jean Chapman, M.D., MPH; Earl Siegel, M.D., MPH; and Alan Cross, M.D.

A study says mothers like Amy benefit most from home visitor programs.

Obituaries 3/10/86 Tribune

8-year-old Richard J. Daley II, grandson of late Chicago mayor

Richard J. Daley II, namesake and 13th grandchild of the late Chicago mayor, died at home Saturday after a long illness. He was 8 years old.

Richard, who was born in May, 1976, nine months before his grandfather's death, was the son of William Daley, the youngest of the mayor's four sons. William is a partner in the Chicago law firm of Mayer, Brown & Platt. He was a top aide in the presidential campaign of Walter Mondale, and he ran his brother Richard's 1983 campaign for mayor.

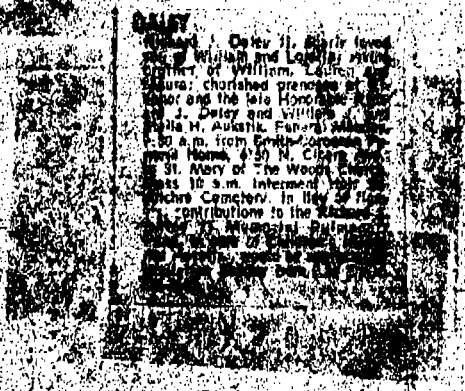
Mass for Richard J. Daley II will be said at 10 a.m. Monday in St. Mary of the Woods Catholic Church, 7000 N. Moselle Ave.

Richard, who had been ill for several years with chronic fibrosis of the lungs, was a 3d grader at St. Mary of the Woods School. He was one of 22 Daley grandchildren.

"He would have been the future mayor of Chicago," a friend of the Daley family said. "He was a bright, loving, precious young boy."

He was the second grandson of Mayor Daley to die in recent years. Kevin Daley, 2-year-old son of State's Atty. Richard M. Daley and his wife, Margaret, died in 1981 of complications from the spinal defect with which he was born.

Richard is survived by his parents, William and Loretta; two sisters, Lauren and Maura; a brother, William; his grandmother, Eleanor Daley, widow of the late mayor; and grandparents William and Stella Autenrieth.


DALEY
Richard J. Daley II, 8, fondly loved son of William and Loretta (nee Autenrieth) Daley; cherished grandson of Mayor and the late Honorable Richard J. Daley and William and Stella H. Autenrieth. Funeral Monday, 9:30 a.m. from Emil P. Corcoran Funeral Home, 4130 N. Cicero Ave. to St. Mary of the Woods Church. Mass 10 a.m. Interment Mount Olivet Cemetery. In lieu of flowers, contributions to the Richard J. Daley Memorial Fund

April
Mondy
send again
w/ correct
spelling

The
Children's Memorial
Medical Center

2300 Children's Plaza
Chicago, Illinois 60614
312/880-4000

DATE: March 9, 1993

TO: Kim Tilley
Communications Research
The White House Office of Communications

FROM: Susan Hayes Gordon
Vice President
Government and Community Affairs

RE: Invitation for Mrs. Clinton to visit Children's Memorial

Kim, Rita Conroy told me the terrific news of your position with the Administration. Congratulations!

I know you must be buried with work, but would appreciate very much your seeing that Patty Soliz receives the attached invitation. Given Mrs. Clinton's longstanding advocacy for children and her leadership role in the campaign for health care reform, we think Children's Memorial would provide a great backdrop for a Chicago event. We would love to have Mrs. Clinton visit in April when she's here for the Cubs opener, but if that is not possible, we'll host her any time it works with her schedule.

If you have any questions, please call me at 312/880-6854. Again, thanks very much for your help. Please say hi to Peter for me.

The
Children's Memorial
Medical Center

2300 Children's Plaza
Chicago, Illinois 60614
312/880-4000

March 8, 1993

Ms. Patty Soliz
Scheduler
Mrs. Clinton's Office
The White House
Washington, D.C. 20500

Dear Ms. Soliz:

Please consider the attached open invitation for Mrs. Clinton to visit Children's Memorial Medical Center in Chicago. We understand that Mrs. Clinton will be in Chicago for the Cubs opener, and hoped a visit to Children's might fit into the schedule. If it does not work at that time, please know that we would be delighted to host Mrs. Clinton anytime and believe that we could provide a perfect backdrop for unveiling or discussing the Administration's campaign for health care reform and the importance of increasing access to health care for all children. We could tailor any event to suit your purposes involving our patients, their families, physicians, or a larger group of Chicago health care providers in a town meeting, press conference or a tour.

Children's is experienced at advancing major events and, in fact, hosted Vice President Al Gore and Mrs. Gore in 1988 during the presidential primary. (My own experience on both the Mondale and Dukakis presidential campaigns has been beneficial in this regard.) If you allow us to host a visit at Children's Memorial, you could be assured that we would cooperate fully with your staff in producing an excellent event.

I will follow up with you soon on this request. In the meantime, should you have any questions, please call me at 312/880-6854.

Thank you in advance for your consideration.

Sincerely yours,

Susan Hayes Gordon

Susan Hayes Gordon
Vice President
Government and Community Affairs

Affiliated with
The Children's Memorial Hospital
and The Children's Memorial

The
Children's Memorial
Medical Center

2300 Children's Plaza
Chicago, Illinois 60614
312/880-4000

March 8, 1993

Mrs. Hillary Rodham Clinton
The White House
Washington, D.C. 20500

Dear Mrs. Clinton:

On behalf of The Children's Memorial Medical Center in Chicago, which you may recall from your days in Chicago, I write to commend you on your efforts to reform our nation's health care system and to pledge our support of your efforts -- both to contain costs and to improve access to care for children. Knowing of your depth of understanding about children's hospitals and your commitment to children's advocacy, we would be honored to have you visit our medical center in Chicago.

For more than a century, Children's Memorial Hospital has remained true to its founding mission of providing care to every child in need, without regard to their families' financial means. Because of this mission and our urban location, we care for thousands of poor children each year. In fiscal year 1992, we provided 190,000 outpatient visits and 72,000 inpatient days of care. Half of our inpatients are Medicaid recipients. In addition, we treat many children that don't qualify for Medicaid whose families lack or have inadequate insurance coverage. Last year, Children's Memorial provided more than $10 million in unreimbursed care for these children.

Children's Memorial would provide a perfect backdrop for you to unveil or discuss the Administration's campaign for health care reform and the importance of increasing access to affordable and quality health care for all children. Following are just a few examples of the kinds of events we could host for you:

* A town meeting with providers and/or parents of children with significant medical needs to gather their insights and address their concerns about health care reform.

* A press conference to provide a platform for discussion of issues, legislation, or announcements. This could involve our young patients, their parents, and/or physicians.

* A tour of our hospital. We'd be happy to tailor the tour to fit your needs.

Children's has extensive experience in advancing major events and we are accustomed to planning visits of this magnitude. For example, in 1988, Children's hosted a visit by then Senator Al Gore and his wife Tipper during the presidential primary.

We will follow up soon on this request. Should you have any questions, please have your staff call Susan Hayes Gordon, Vice President of Government and Community Affairs, at 312/880-6854. Thank you in advance for your consideration.

Sincerely yours,

Jan R. Jennings
President and CEO

Affiliated with
The Children's Memorial Hospital
and The Children's Memorial

The
Children's Memorial
Medical Center

2300 Children's Plaza
Chicago, Illinois 60614
312\880-4000

FACSIMILE TRANSMISSION

DATE: March 9, 1993 TIME: 2:50 p.m.

TO: Kim Tilley

COMPANY: The White House Office of Communication

FAX NUMBER: 202/456-2239 VOICE NUMBER: 202/456-7845

FROM: Susan Hayes Gordon

DEPARTMENT: Community & Government Affairs

FAX NUMBER: 312/880-3304 VOICE NUMBER: 312/880-6854

COMMENTS: Thanks very much for agreeing to deliver the attached to Mrs. Clinton's scheduler, Patty Soliz!

NUMBER OF PAGES: 4 (including cover sheet)

312/880 6854

THE WHITE HOUSE
WASHINGTON

Suzie Gordon

Charlotte Hayes
X6277 10:15

Nancy Chestnut
690-5409
Chesshers

CHILDREN'S MEMORIAL MEDICAL CENTER
FACSIMILE TRANSMISSION

DATE: March 10, 1993

TO: Kim Tilley

COMPANY: The White House Office of Communication

FAX NUMBER: 202-456-2239 **VOICE NUMBER:** 202-456-7845

FROM: Susan Hayes Gordon

DEPARTMENT: Government and Community Affairs

FAX NUMBER: 312-880-3304 **VOICE NUMBER:** 312-880-6854

COMMENTS: Per our conversaton, following please find our corrected invitation.

NUMBER OF PAGES: Three (3)
(Including cover sheet)

OVE PLAN Rep Sara Rep Mel, Sarah R

(1) Childrens' hospitals will be eligible for designation as "essential community providers" which will entitle them to be contractors to all plans in a service area. As a consequence, they will receive rates & treatments as favorable as any provider in a plan & will also be eligible for assignment of general and specialty patients.

(2) They will be eligible to join in consortia with other "essential providers" and as such receive PHS dollars going to underserved populations (i.e. "new access dollars")

Mel Reynolds - at F. P.
We need him to be in
Congress

(3) vulnerable population adjustment funds will be available ~~for th~~ because of high volume & low income patients.

(4) Children will continue to receive all benefits currently ~~under~~ receiving under Medicaid (wrap around)

(5) If they are also affiliated with academic health centers, they will be eligible for benefits associated w. that affiliation.

(6) The point of service provision will also benefit them.