WOMEN’S AND CHILDREN’S HEALTH

COVER STORY

Look to the stars
Weeklong summer camp brings joy to children with chronic kidney disease

Tragedy and triumph
Oncology student walks the uneven road to success

Suffering in silence
UTHealth specialist dispels fallacies and improves quality of life for women
Look to the Stars
Weeklong summer camp brings joy to children with chronic kidney disease

Start Early to Live Longer
Teaching children and parents good health and safety habits

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New center links pediatric care and public health

“That’s What Nurses Do”
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The Comeback Kid
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Tragedy and Triumph
Oncology student walks the uneven road to success

Suffering in Silence
UTHealth specialist dispels fallacies and improves quality of life for women

From Uncertainty to Smiles
A young family overcomes cleft lip and palate

Catching Fire
UTHealth program reduces e-cigarette use among youth

Giving Kids a Smiling Chance
Annual outreach event provides dental care to kids in need

A Jump Start to Lifelong Learning
Texas State Legislature enhances support to early childhood development

About the Cover
Superheroes only exist in comic books and Hollywood, right? This is not the case at Camp Shining Stars, a summer camp led by Joshua Samuels, MD, who brings superheroes, myths, and legends to life to create extraordinary memories and experiences for kids with chronic kidney disease.

For one week each summer, Samuels and third-year McGovern Medical School students who volunteer as camp counselors help kids at Camp Shining Stars conquer fears and enjoy childhood. While there is no shortage of fun and excitement, the true magic lies in the enduring lessons learned and lifelong friendships each child takes home.
“The best and most beautiful things in the world cannot be seen or even touched—they must be felt with the heart.”

— Helen Keller

WITH GRATITUDE

A commitment to women’s and children’s health is a promise to secure the well-being of our communities long into the future. Across UTHealth, our experts are driving research and delivering care that empowers women to take control of their health and helps children thrive in their most critical years of development.

I am pleased to share this year’s Out in Front: Women’s and Children’s Health publication, which highlights the extraordinary contributions of our students, clinicians, and researchers to this field—from bringing joy to children with chronic kidney disease, to paving the way for women to succeed in STEM careers, to reducing e-cigarette use among youth.

The generosity of donors like you make these advancements possible. Your investment extends beyond the walls of UTHealth, supporting women as they change the landscape of health care and enabling families to keep their children healthy and happy.

On behalf of the members of the UTHealth community who share your commitment to advancing women’s and children’s health, we simply say: Thank you.

Giuseppe N. Colasurdo, MD
UTHealth President
Alkek-Williams Distinguished Chair
"Were you expecting someone with long blonde hair?" he asked the children and teenagers who gathered for orientation at Camp Shining Stars. The crowd erupted in laughter. Joshua Samuels, MD, may not be the real Thor, but he is still a superhero to these campers. For one week every August, he offers nearly 70 children with chronic kidney disease the opportunity to build friendships and memories at Camp Shining Stars.

Our kidneys give us the ability to filter out wastes and excess fluids. But individuals with chronic kidney disease require constant monitoring and treatment to halt the development of end-stage kidney failure, which is fatal without artificial filtering from dialysis or a kidney transplant.

"Children with chronic kidney disease spend much of their lives being told they cannot do something because of their illness," Samuels says. "Camp Shining Stars is about telling them ‘yes.’"

**Expanding the horizon**

Held at the barrier-free Camp For All in Burton, Texas, campers can glide down a zipline, navigate the ropes course, gallop on horseback, and much more. Camp For All provides barrier-free facilities and programming for more than 11,000 campers of all abilities each year. Physicians, nurses, and dietitians from McGovern Medical School at UTHealth, UT Physicians and Children’s Memorial Hermann Hospital meet all the medical needs at Camp Shining Stars—including dialysis—allowing the campers to focus on fun. And Samuels ensures there is no shortage of it. Each day, he transforms into a new character based on the camp’s yearly theme. While he kicked off the 2019 theme of myths and legends as the mighty Thor, campers awoke the next day to find their doctor had grown into the larger-than-life Paul Bunyan.
From water games and archery lessons to canoeing and talent shows, Samuels and the counselors lead a lineup of activities that each camper can enjoy.

"Once the kids laugh at me, I’m no longer this scary doctor," Samuels says. "It’s a chance for me to help these children expand their horizons and practice becoming independent."

While the campers build lifelong friendships and learn to be independent, students from McGovern Medical School learn to walk in the shoes of their future patients. Third-year medical students going through their pediatrics clerkship volunteer as counselors to facilitate the fun and gain a deeper appreciation of the challenges faced by children with chronic kidney disease.

Tori Lehmann, a 2019 medical student counselor, cherished the opportunity to help campers grow. "My cabin had a young girl who would isolate herself because she assumed that her medical challenges would prevent her from enjoying the activities," says Tori. "Her peers and I continued to encourage her, and by the end of camp, she had conquered the ropes course and participated in a talent show on stage."

"The beauty of Camp Shining Stars is many of our campers join us every year from ages seven to 17, so we get to see them grow up into confident young adults," explains Samuels, who sees patients at several UT Physicians pediatric clinics in Houston and Katy. "Some campers even return as counselors to pass on their experience."

Guiding stars

Jonah Spell’s journey with chronic kidney disease began when he came down with a life-threatening fever at eight months old. He spent most of his next year and a half in the hospital until his father donated a kidney to help him survive.

Jonah attended Camp Shining Stars each year from age 12 to 17, making unbreakable friendships and gaining invaluable wisdom. In 2018, at the age of 24, he returned to camp as a counselor to share his wisdom and guide younger campers.

"The friends I made and the experiences I had at Camp Shining Stars are a big part of who I am today," he says. "At camp, everyone is family. I understand the pain and fear my campers are going through, and I make sure they know they are not alone."

Just as explorers depend on the stars to guide their way, the children at Camp Shining Stars look to each other for advice, friendship, and inspiration.

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POWERING THE STARS

CROWDFUNDING ROCKETS CAMP SHINING STARS ABOVE THE CLOUDS

In July 2019, Samuels launched a crowdfunding campaign to help create more opportunities for children with chronic kidney disease to attend Camp Shining Stars. Gathering support from friends, family, colleagues, and patients, the campaign raised $15,000.

"Camp Shining Stars would not be possible without the generosity of donors," says Samuels. "These funds will ensure our campers can continue building life-changing experiences and lifelong friendships."

Each year, Camp Shining Stars requires approximately $40,000 to support about 70 campers and 20 medical professionals, medical students, and staff members. Contributions to the crowdfunding campaign help cover costs such as medical supplies, activities, and transportation for campers.

To support the 2020 Camp Shining Stars campaign, visit go.uth.edu/campshiningstars.

"The beauty of Camp Shining Stars is many of our campers join us every year from ages seven to 17, so we get to see them grow up into confident young adults," explains Samuels, who sees patients at several UT Physicians pediatric clinics in Houston and Katy. "Some campers even return as counselors to pass on their experience."
Injuries—including those from car accidents, falls, and drowning—are the leading cause of death and disability of children. Pediatricians can partner with parents to enlist prevention strategies to avoid these tragedies.

Other rapidly increasing health problems, such as obesity, can also be prevented in childhood, reducing the risk of diabetes, stroke, and other chronic conditions in adulthood.
Mary E. Aitken, MD, wants to start working with children today to improve the health of adults tomorrow. In October 2019, she became the new Chair of the Department of Pediatrics at McGovern Medical School at UTHealth and Physician-in-Chief at Children’s Memorial Hermann Hospital.

“Prevention is the core of pediatrics—whether in the form of a vaccine, a car seat, or a healthy diet—and getting vital information to parents both in the clinic and in the community is the key to having healthy children,” Aitken says.

Although her research focuses on childhood injury prevention, her new role at UTHealth requires a broader vision. “I want to further grow the department to meet the evolving and complex needs of our patients,” Aitken says. “These include not only acute and chronic medical conditions, but also childhood nutrition, safety, education, and environment.”

Aitken says the Dan L Duncan Distinguished University Chair in Pediatrics was a key factor in her decision to come to UTHealth. “The generosity of the Duncan Family, along with the collaboration between McGovern Medical School and its hospital partners, eloquently demonstrated a commitment to the success of the Department of Pediatrics,” she says. “The chair is a wonderful tool that can be used to build services for children.”

During the next couple of years, Aitken and her team will evaluate their success by measuring overall growth of the department and services. This assessment will include ongoing attention to quality and safety improvements along with new screening measures for social determinants of health such as food insecurity or housing instability. In the long-term, she anticipates using this information to develop specific programs and partnerships to further respond to the needs of pediatric patients.

“We know that adverse events and stressors in early life dramatically shape health not only in childhood but throughout adulthood. Identifying and addressing both the physical and behavioral health needs of children is necessary, coupled with the support and services parents need,” she says.

Because in the end, a long and healthy life is everybody’s goal.

Mary E. Aitken, MD
Dan L Duncan Distinguished University Chair in Pediatrics
Professor and Chair, Department of Pediatrics
McGovern Medical School at UTHealth

“Knowing that we can be loved exactly as we are gives us all the best opportunity for growing into the healthiest of people.”

Mister Rogers
With about 7.4 million children, Texas has more than twice the number of Arkansas, Louisiana, Oklahoma, and New Mexico combined. While Texans may say everything here is bigger and better, children’s health is one area that could be improved.

“Children’s Health and the School of Public Health have resources that can be incredibly powerful to address childhood health issues head-on,” says Messiah. “But we also need the research to determine if these approaches are best practices.”

“There is a lot of work to be done in the state, especially given that one in seven children in the United States lives in Texas, we need to refocus our attention on their health,” says Sarah Messiah, PhD, Director of a new center focused on improving wellness for children in North Texas. The Center for Pediatric Population Health is a collaboration between UTHealth School of Public Health in Dallas and Children’s Health.

The Dallas-based center supports the school’s statewide multidisciplinary research teams. Those researchers work with health care providers and community organizations to improve the physical and mental health of children and adolescents through prevention, better health outcomes after illness or injury, and effective use of health care services. The collaboration with Children’s Health, for example, focuses on improving wellness for North Texas children.

Research shows healthy children grow to become healthy adults, with population health serving as a bridge between traditional public health and health care services.
Messiah says one of the first things she discovered when she moved to Dallas from Miami was the high incidents of asthma in children in the Dallas-Fort Worth Metropolitan Area: about 10% of all children and 12% of African-American children. As a result, these asthma patients were swamping local clinics. To address the issue, Children’s Health rolled out 150 digitally connected school clinics staffed by school nurses. Researchers at the Center for Pediatric Population Health analyzed patient data and found that asthma was the reason for more than half of the clinic visits.

“If we can control asthma in a school-based setting and make sure the kids are taking their medication, they won’t end up in the clinics and overburden the system with coughs and other related symptoms because the parents can’t afford the asthma medication,” Messiah says.

The center can also play a major role in healthy weight development by helping pediatricians connect families with school- or community-based physical activity programs, which researchers can evaluate to determine effectiveness. Exercise, however, is only part of the healthy equation, according to Messiah.

“Today’s children are the first generation whose parents grew up in the obesity epidemic. Parents are so challenged right now with their own health issues—pre-diabetes, cardiovascular disease—that it’s not just about nutrition and activities for one child, but for the whole family,” she says. “And when you consider that one out of three children and half of all minority children across the board are at an unhealthy weight, you’re playing catch-up all the time.”

Success is the measure of any plan, and that is true for Messiah and the center. She says a decline in the number of asthma-related clinic visits would be one measure of success. Another would be fewer incidents among children of pre-diabetes, high blood pressure, and other metabolic factors leading to diabetes, stroke, and heart disease in adulthood.

Messiah also wants to help launch the careers of the center’s faculty and students so they can contribute to pediatric health in Texas and across the country. “I want to build a team of experts in various fields,” she says. Another goal is to build the center’s reputation as a place that provides world-class training in public health methodology that interfaces with clinical settings.

“There is no other center like this anywhere,” Messiah says. “We are at the intersection of public health and clinical care. To me, this is what pediatric population health is all about.”

Sarah Messiah, PhD
Professor, Department of Epidemiology, Genetics, and Environmental Sciences
Director, Center for Pediatric Population Health
UTHealth School of Public Health

The research is in: Healthy children grow up to become healthy adults.
There was always a nurse. Sheri Henriksen remembers this clearly from one of the most trying times in her family’s life.

In 1998, her five-year-old son suffered septic shock, a body-wide infection that can cause organ failure and dangerously low blood pressure. At the time, only a small percentage of adults survived the condition that her son had, which triggered the septic shock, and no research had been conducted on survivability of this condition in children. He fought through the first month at a children’s hospital, breathing through a respirator in a drug-induced coma.

“I saw that the nurses not only carried out the doctors’ instructions, but they spent almost all of their time with the children,” Sheri says. As her child struggled to survive, nurses kept vigil over him day and night; some requested to stay with him their entire shift rather than rotating to another patient. The nurses’ compassion went beyond providing medical care; they helped the entire family function through the crisis and balance spending time with him while caring for his three-year-old brother.

“We had some incredible nurses,” she says, noting that when her son finally recovered enough to leave the intensive care unit, they kept him in good spirits by helping the family wheel him to the playground.

“One nurse would build a tent with sheets when he was in the hospital bed, and we would all get to play—even while he was hooked up to so many machines,” Sheri says. “When he finally came home three and a half months later, I vowed that one day I would do something for nurses.”

Two years later, Leslie Bowlin, former Chair of PARTNERS and a current member, told Sheri about the organization, which supports students and faculty at Cizik School of Nursing at UTHealth. Sheri quickly became a dedicated PARTNERS volunteer, serving as chair from 2009 to 2010 and contributing to its development as an effective advocacy and fundraising organization. She personally supported PARTNERS financially and made lifelong friends.

“I have really treasured the camaraderie in PARTNERS of so many wonderful women involved in the community, many of whom had careers as nurses,” Sheri says. “Once a nurse, always a nurse.”

In 2019, she decided to create a legacy to reflect her love for nurses and commitment to education by making a gift through her estate to support the future of Cizik School of Nursing.

“Because of what I saw nurses do for my son, the gift that defines my legacy will be to Cizik School of Nursing,” she says. “I want to give back to those who gave my family the gift of life.”
The gift will create the Sheri Clark Henriksen Distinguished University Chair, establish the Sheri Clark Henriksen Scholarship Endowment, and enhance the PARTNERS Scholarship Endowment Fund. Together, these will help carry out Sheri’s vision to educate nursing students, recruit exceptional faculty and help them develop professionally, and support PARTNERS—all key components of ensuring well-trained nurses for years to come.

“Nursing is a calling. And we have a dire need for nurses across the country,” Sheri says. “I feel like if I can jump in and help a little, that’s a rewarding thing to do.”

Diane M. Santa Maria, DrPH, RN, Interim Dean of Cizik School of Nursing, believes Sheri’s gift will prove especially effective at helping train new nurses because it includes both scholarships for more students and support for the professors who will teach them.

“I am beyond grateful for Ms. Henriksen’s extraordinary generosity,” says Santa Maria. “She has devoted herself to our students and faculty for many years, and we will be honored to carry these endowments in her name.”

Sheri reflects back to 2014, when PARTNERS honored her at its annual Spring Luncheon. She appreciates the opportunity she had to share with the guests about the roots of her commitment to nursing, roots that grew from a hospital room more than 20 years ago.

“What I really wanted to share at the luncheon was the impact these caring nurses had on our lives—from my son being so sick as a child to him growing up and graduating from Rice University. This is what nurses do!” she says.
After six months of rehabilitation, Matthew was just about to return to action in April 2018 when he suffered a sudden onset of blurry vision.

“We knew it was serious when his ophthalmologist urged us to get him to the emergency room for an MRI,” says Matthew’s mother, Rhea Gonzales. “That night we found out he had a brain tumor.”

Matthew’s condition deteriorated as he began chemotherapy. The tumor, located near the center of his brain in the pineal region, grew rapidly, causing a life-threatening buildup of cerebrospinal fluid. Doctors performed emergency surgery to drain the fluid and relieve the pressure on his brain, but the tumor kept growing.

Following a weeklong hospital stay with two rounds of chemotherapy, Matthew needed another emergency surgery to remove his tumor. Surgeons were able to remove approximately 80% of the tumor, and when he regained consciousness, Matthew spent the next few months completing six more rounds of chemotherapy and relearning to walk.

After his final round of chemotherapy, his surgeons decided that it would be impossible to remove the rest of the brain tumor. However, they wanted to buy him time by attempting a third surgery to remove as much as they could.

Matthew’s father, Rick Alarcon, began desperately searching for help, calling hospitals, and scouring the web for neurosurgeons. When he came across David I. Sandberg, MD, Co-Director of the Pediatric Brain Tumor Program at Children’s Memorial Hermann Hospital, he was sure he was on to something.

“From the moment we met Dr. Sandberg, we felt like we were in good hands,” says Rick. “He explained his plan to us, and we were confident he would do everything in his power to help Matthew.”

On October 17, 2018, Sandberg took Matthew to the operating room to remove the remaining brain tumor while Rick and Rhea sat in the waiting room, praying that this surgery would save their son.

Six hours later, Sandberg rushed into the room.
Matthew’s Journey
A REMARKABLE RECOVERY TURNS THE TIDE AGAINST CANCER

Matthew’s brain tumor couldn’t keep him sidelined for long. Family, friends, and classmates were a constant source of hope throughout his journey.

“We knew from his smile that there was good news,” says Rick. “I just remember him saying they were able to remove 100% of the tumor.”

Fifteen minutes later, Matthew opened his eyes. He spoke with clarity and even cracked jokes with the nursing staff. Three days after surgery, he was healthy enough to return home.

“Brain tumors can have devastating consequences for children and teenagers who are still developing,” says Sandberg, who sees patients at UT Physicians Pediatric Surgery – Texas Medical Center. “We were fortunate to remove Matthew’s tumor without complications, and we are hopeful it never returns.”

Expecting to graduate high school in 2020, Matthew continues to regain his strength and independence. Although he no longer suits up in shoulder pads and a helmet, he has become a source of inspiration for his teammates, working out alongside them and boosting morale on the sidelines.

“I take things day by day, and I’m just glad to be here and moving forward,” says Matthew. “I want to become a motivational speaker to help others.”

“This was the most difficult time of our lives, but we felt confident every step of the way with Dr. Sandberg,” says Rick. “We needed the best neurosurgeon, and we got the greatest.”

Traditionally, treatments for pediatric brain tumors involve surgery, chemotherapy, and radiation. But surgery is not always possible, and chemotherapy and radiation can severely damage developing bodies and nervous systems.

Sandberg is leading groundbreaking research into a safer, more effective way to treat pediatric tumors. By directly infusing drugs into the brain instead of using traditional systemic chemotherapy or radiation, Sandberg aims to bypass the side effects and provide better outcomes for children.

“The drugs used to treat cancer are toxic, but our work aims to deliver drugs in a novel way that we hope will be safer and more effective for children,” he says.

Alongside Sandberg, Rachael W. Sirianni, PhD, engineers nanoparticles that carry drugs to specific tissue sites and prolong their action. She aims to enhance the effectiveness of the drugs Sandberg uses to treat pediatric brain tumors by making the drugs less toxic and more effective at destroying cancer cells.

“We want to provide hope to children and their families in their most critical time of need,” says Sirianni. “We care deeply about this problem, and we are passionate about finding better treatments.”

Rachael W. Sirianni, PhD
Assistant Professor, Vivian L. Smith Department of Neurosurgery
McGovern Medical School at UTHealth
Cancer Biology Program
Therapeutics and Pharmacology Program
MD Anderson UTHealth Graduate School
Alexandria Cogdill made the card herself. She signed it—as did everyone in the lab—with a personal flourish: “We took good care of your cells, and they’re excited to kill some tumor!”

Eleanor,* the card’s recipient, loved the encouraging words. She had quite a bit in common with Alexandria (Alex), a recent college graduate on her treatment team and now a fourth-year PhD student at MD Anderson UTHealth Graduate School. The same age, they were both college athletes who majored in biology, with stories so parallel that, as Alex saw it, they basically had the same life.

Doctors infused Eleanor with souped-up immune cells from her own body meant to track down and destroy her tumor. Only these did not. Eleanor returned for a second round, and Alex insisted on helping develop the immune cells again; she had seen this kind of treatment dissolve softball-sized tumors in days. She made another card, but the treatment still didn’t work.

“When I heard that Eleanor passed, I lost it,” Alex says. “I felt like I had failed her. I didn’t want to do it anymore; I was tired of losing people.”

Alex has known cancer since childhood; her father, her first cousin, and all four of her grandparents fought the disease. She remembers her grandfather, a tall, athletic Coast Guard veteran, shriveling under the onslaught of metastatic lung cancer.

Passionate and competitive, with an insatiable drive to learn, Alex completed her undergraduate degree in biology in 2007 during the infancy of cancer immunotherapy. Scientists had recently sequenced the human genome, and researchers began to believe they could spur the body’s immune system to recognize and attack cancer.

Alex soon began a two-year fellowship at the National Institutes of Health with Steven Rosenberg, MD, PhD, a pioneer in immunotherapy. He invented a treatment by which doctors harvest immune cells that have naturally recognized and attacked a tumor—albeit too few to make a difference on their own—multiply them in a laboratory, and infuse them back into the patient.

“I just thought that was nuts at first, but it worked really well,” she says. “The possibilities of this kind of treatment captivated me.”

Along with Rosenberg, mentors like leading physician-scientist Jennifer A. Wargo, MD, and 2018 Nobel Laureate immunotherapy researcher Jim Allison, PhD—both faculty members at MD Anderson UTHealth Graduate School—guided Alex along her journey as a budding oncologist. They encouraged her to continue reaching higher as she worked on research at Harvard Medical School and earned a master’s degree focused on bioengineering from the University of Pennsylvania.

“I think there are people in your life who sometimes make you think differently about what you’re capable of, and those people have done it for me,” Alex says.

As a first-generation student in a field with very few women, Alex has developed a passion for helping women pursue STEM (science, technology, engineering, and mathematics)-related careers. She works with GenHERation, an empowerment network for young women, fulfilling what she views as her responsibility to show the way forward for others.

*name changed to protect the privacy of the patient
“Sometimes as a woman, it’s hard to imagine yourself being somewhere if you can’t see someone who looks like you in that position,” she says.

Alex has already come further than she ever imagined. Studying at a laboratory in France as a prestigious Fulbright Scholar, she researches how the gut microbiome affects a patient’s response to immune therapy, which could lead to more effective, personalized treatments.

As the future beckons, she keeps reminders of the past close at hand: pictures of those she has lost to cancer. They remind her why she set out on this journey, and that to truly care—as she did for Eleanor—means a willingness to feel the pain of loss.

“That kind of grief sticks with you,” she says. “But it can be a powerful motivator to do something good.”

Priscilla Alfaro, MD ’89, remembers how, as a new graduate from McGovern Medical School at UTHealth, she relied on an informal network of friends to help her start her career as a female physician.

“We face unique challenges as women in medicine,” says Alfaro, a pediatrician and Chief Medical Officer at a health technology company. “Keeping people close who I could rely on made a big difference.”

A new alumni organization at McGovern Medical School, called Women in Medicine, aims to provide a more robust, structured support system for the school’s female students and alumni. The group began with the McGovern Medical School Alumni Association, where members recognized a need for a forum where women could share their knowledge and experience.

“It’s especially important for those of us who are further on in our careers to share our personal experiences with issues like families and the work/life balance,” says Alfaro, President of the McGovern Medical School Alumni Association. She serves on the executive committee for Women in Medicine alongside Melanie Collins, MD ’91, who led the Alumni Association prior to Alfaro’s term.

“There can be some impediments along the way to being a female physician,” says Collins. “Lack of role models in leadership positions is huge.”

While female physicians can face a wide range of challenges—from choosing specialties to maintaining personal wellness—Collins and Alfaro identify family life as perhaps the most central. With raising children traditionally delegated mostly to women, female physicians may struggle to balance competing priorities—a reality even in families that try to split childrearing duties more evenly.

“We need to let others know the different ways you can continue to practice medicine even when having a family is important to you as well,” Collins says. As an increasing number of women pursue careers as physicians, Alfaro hopes Women in Medicine will continue to grow as a source of information and support.

“We want it to be a safe environment where we can share our experiences and learn from each other,” says Alfaro. “That’s the goal, and I think it’s exciting that we’re doing this.”

Mentors including Jennifer Wargo, MD, (top right) and Jim Allison, PhD, (bottom center) have helped Alex overcome pushback against her strong personality in a mostly male profession.
Symptoms came and went at first—discomfort, incontinence, anxiety—until they became a part of her daily life, affecting her ability to play golf and be intimate with her husband. Yet it took three years after the first signs before Kim Cole, NP, sought treatment for what turned out to be a prolapsed bladder. The muscles supporting the bladder had weakened, causing her bladder to, as Kim puts it, try to fall out of her body.

"I was kind of in denial. I thought, ‘This will go away eventually,’ so I just let it be,” explains Kim. “But it was always there. I could feel it was always there. And I had to go to the bathroom frequently.”

The average woman waits five years before seeking medical help for pelvic organ prolapse, often suffering silently as it infiltrates every aspect of her life. “Part of my delay in seeking treatment was that I was facing getting older,” adds Kim. “I felt like my body was failing me.”

Almost half of all women over age 50 have a pelvic organ prolapse of some kind. Prevalence increases with childbirth, which can injure surrounding muscles, and as a normal part of aging as estrogen levels decrease. Genetic and lifestyle factors—like smoking and obesity—can increase the risk of developing the disorder.

Mustering up her courage, Kim went to see her general practitioner, who encouraged her to schedule an appointment with a specialist. Walking in the parking garage, she saw a flyer for Gazala Siddiqui, MD, a urogynecologist at UT Physicians, the clinical practice of McGovern Medical School at UTHealth.

Once again, she pulled together her nerves, this time to visit the website on the flyer. After watching a video of Siddiqui, she immediately felt at ease.

"I thought, ‘I could trust this person,’ so I scheduled an appointment with her,” says Kim. “And when I met her at her office in Bellaire, I just fell in love with her—even though I didn’t like what she told me, which was that I needed surgery.”

"The success rate for most patients is around 80% to 90%,” explains Siddiqui. “There is no benefit in waiting—it’s about your quality of life.”

Yet even with the high success rate, Kim was uneasy about having surgery. “I had never had anesthesia before. So, that was an extra fear, which was probably unfounded,” says Kim.

After realizing how much her quality of life has improved following surgery, Kim Cole (right) refers the women in her life who also suffer from prolapsed bladder to Gazala Siddiqui, MD (left).
Siddiqui is quick to explain that treatment rests in the patient’s hands. “You get to say when you are ready,” says Siddiqui. “Seeing a doctor can help your symptoms from getting worse.” She adds that surgery is not the only option. Pelvic floor exercises and a pessary device, which helps support pelvic organs, may be the best option for mild prolapse.

“Dr. Siddiqui is a hidden gem. She’s extremely compassionate and caring about her patients,” says Kim. “She’s firm about what you need to do—but with good reason. She knows what is best for you and your recovery. And her staff was so friendly and helped normalize what I was going through.”

In Kim’s case, it was another 12 months before she felt ready to schedule her surgery at Memorial Hermann-Texas Medical Center. What surprised her was that there was virtually no pain after her surgery. The hardest part of her recovery was taking it easy for four to six weeks—no lifting heavy objects, no high-impact exercise. Her husband, Ken, stepped up to care for her during this time.

“I’m not used to people taking care of me; I’m extremely independent,” says Kim. “But my husband was a champ. It was really a nice time for us to be together.”

Her surgery was a success. After diligently following her post-op instructions, Kim was able to return to working nights as a nurse practitioner in the neonatal intensive care unit. She was able to golf and play with her grandchildren without discomfort or pain. And her relationship with her husband became even stronger.

“I wish I had done this years ago,” says Kim. “The quality of my life is so much better. I think about it pretty often, how much more comfortable I am in daily living.”

Both Kim and Siddiqui encourage women experiencing symptoms not to wait. Break the silence.

“I think a lot of times, women don’t take care of themselves. As caretakers, everyone else comes first, and you go on the backburner,” adds Kim. “Taking care of myself was a big thing for me.”

Kim Cole, NP
Patient

The average woman waits five years before seeking medical help for pelvic organ prolapse.

Almost half of all women over age 50 have a pelvic organ prolapse of some kind.

The surgical success rate is between 80% and 90% for most patients.

Common causes of pelvic organ prolapse

AGE
OBESITY
CHILDBIRTH
MENopause

Gazala Siddiqui, MD
Assistant Professor, Department of Obstetrics, Gynecology, and Reproductive Services
McGovern Medical School at UTHealth

“I wish I had done this years ago. The quality of my life is so much better. I think about it pretty often, how much more comfortable I am in daily living.”
“It was like falling through a hole that had no floor,” says Paola, who was training to become a rheumatologist at the time. “I just remember hugging Luis and questioning what we did wrong.”

Luis, a geneticist, arranged for the couple to receive genetic testing before their pregnancy, but the results came back normal. Nothing indicated their pregnancy would be anything other than ordinary.

Cleft lip and cleft palate are birth defects that occur when a baby’s lip or mouth do not form properly during pregnancy. About one in 1,600 babies are born with cleft lip and palate, making it one of the most common birth defects. While the causes in most newborns are unknown, a combination of genes and environmental factors are likely responsible.

Still in shock, Paola and Luis began researching treatment options for their son, whom they decided to name Marco. Their search led them to the Texas Cleft-Craniofacial Team at McGovern Medical School at UTHealth, a collaboration with Children’s Memorial Hermann Hospital. There they met John F. Teichgraeber, MD, known affectionately as Dr. T.

“Dr. T stood by our side from that very first meeting,” says Paola. “His care and compassion gave us the confidence that Marco would be healthy and live a normal life.”

Over the next few months, Paola and Luis took comfort in support from friends and family. By the time Marco was born in July 2011, they were ecstatic to meet him.

Paola and her husband, Luis Franco, MD, had their 20-week ultrasound circled on the calendar for weeks. When the day arrived, the first-time parents eagerly studied the monitor along with the obstetrician.

A wave of excitement rushed over the couple when they learned they were having a boy. But nothing could prepare them for what their obstetrician told them next: Their son had a cleft lip and cleft palate.

“Everything became perfect the moment I saw him,” says Paola. “Once I was able to hold him, kiss him, and see how beautiful he was, I was finally able to climb out of that hole of uncertainty.”

Marco began nasoalveolar molding therapy to non-surgically reshape the gums, lips, and nostrils just five days after he was born. For 24 hours a day, he wore a mouthpiece and nasal stent to reduce the size of his clefts and prepare for a successful surgery. At 13 weeks, Teichgraeber successfully repaired Marco’s lip and nose.

Luis and Paola celebrated Marco’s first birthday by raising funds to thank Teichgraeber and his team for walking them through the first year of Marco’s life. Sharing their story with friends and family, they raised $11,000 for the team.

“We feel privileged to have such a wonderful community of support and access to incredible physicians such as Dr. T,” says Paola. “We want to help other families who are going through the same thing.”
For more than two decades, Teichgraeber devoted his career to serving children born with cleft lip/palate. As the former Director of the Texas Cleft-Craniofacial Team and a frequent volunteer on mission trips, he used his surgical expertise to provide hope and healing for families around the world.

In anticipation of Teichgraeber’s retirement from the practice in August 2019, Matthew R. Greives, MD, led a secret crowdfunding campaign to commemorate his colleague and mentor’s legacy of selfless service. The campaign’s target was to raise $50,000 to establish the Dr. John F. Teichgraeber Educational Endowment in the Division of Pediatric Plastic and Craniofacial Surgery. However, an outpouring of support from patients, colleagues, friends, and family raised more than $100,000.

“I feel privileged to know Dr. T as a colleague, mentor, educator, surgeon, and friend,” says Greives. “As I step into his role as Director of the Division of Pediatric Plastic and Craniofacial Surgery, I am honored to continue his legacy by providing the same extraordinary level of care to patients and their families.”

At Teichgraeber’s retirement party, Greives surprised him by announcing the establishment of the endowment. The endowment will support research, distinguished visiting lecturers, and faculty and student attendance at conferences, creating a permanent source of funds to educate future health care leaders who follow in Teichgraeber’s footsteps to improve the health of our communities.

In 2014, just before Marco’s third birthday, Luis and Paola took jobs at the National Institutes of Health in Washington, D.C. By then, Teichgraeber was an integral part of their family. They continued traveling to the Texas Cleft-Craniofacial Team at UT Physicians Pediatric Surgery Clinic each year until Marco’s final facial reconstruction procedure in July 2019. “We changed our cities, jobs, lives—everything except Dr. T,” says Paola.

Following his parents’ example, Marco celebrated his eighth birthday by hosting a fundraiser to support the Texas Cleft-Craniofacial Team. “I already have everything I could ever want,” Marco told his mother. “I just want to do what you did for my first birthday to thank Dr. T.”

Marco included a personal note in each party invitation asking for donations to the clinic instead of gifts. After his birthday, he proudly presented Teichgraeber with a check for $900. “Most people don’t realize anything was ever wrong with Marco’s face,” says Paola. “He has never been self-conscious about who he is and how his face looks, and we have Dr. T, the Texas Cleft-Craniofacial Team, and UT Physicians Surgery Clinic to thank for that.”

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Steven H. Kelder, PhD, is a Co-Founding member of CATCH (Coordinated Approach To Child Health) Global Foundation. The Austin-based nonprofit distributes youth health programs, which were developed by researchers at UTHealth, to underserved schools.

As a professor at UTHealth School of Public Health in Austin, Kelder developed CATCH My Breath to provide prevention information to schools, parents, and health professionals to help students make an informed decision not to use e-cigarettes.

“I have a personal interest in this topic,” says Kelder. “I know many parents of addicted teens who are very angry that their kids and others can get these products just about everywhere, even in schools.”

Until 2019, state law prohibited the sale of tobacco products and e-cigarettes to anyone under the age of 18. “But you have 18-year-olds running small businesses selling e-cigarettes out of their backpacks on school campuses, even in the bathrooms,” Kelder explains.

Kelder conveyed that message in testimony to the Texas Legislature, which passed a bill banning the sale of tobacco products and e-cigarettes to anyone under the age of 21. Governor Greg Abbott signed the bill into law in June 2019.

Nicotine is an addictive drug that affects the brains of adolescents and adults differently. “This difference makes young people more susceptible to nicotine addiction,” Kelder points out. E-cigarette use among teenagers is at epidemic levels, up almost 300% from 2016 to 2019.

E-cigarettes deliver significantly more nicotine than regular cigarettes and send nicotine to the brain faster. “People get used to the higher nicotine and the faster jolt, and then they eventually become addicted,” Kelder says.

In 2015, Kelder used funds from the Beth Toby Grossman Distinguished Professorship in Spirituality and Healing to develop CATCH My Breath because no programs like it existed. With additional funding from Austin’s St. David’s Foundation and the Michael & Susan Dell Foundation, Kelder tested the online program in 12 Austin schools. The result: a 50% reduction in e-cigarette use among the schools’ students compared to a control group.

CATCH My Breath has expanded through CATCH Global Foundation to 2,700 schools covering about 1.2 million students in all 50 states at no charge to the schools, thanks to underwriting by CVS Health Foundation. “We have separate programs designed for students in grades five to 12,” Kelder notes. “We were in the right place at the right time with the right program.”

The program’s different versions address the evolving levels of knowledge and understanding of students, including the fact that most of them are going through puberty. Lessons focus on ways to resist peer pressure instead of just teaching about risk.

“We’re finding a very different profile of kids using e-cigarettes,” Kelder says. “They’re the popular kids, the athletic kids, the college-bound kids. These are influential social role models, so we want to teach kids how to say no without getting ostracized.”

CVS Health Foundation is working with Discovery Education to put CATCH My Breath on its digital platform used by 75% of schools in the United States. “I don’t think it’s unrealistic that we’ll be reaching two million kids by the end of 2020 with Discovery Education,” Kelder says.

Schools and teachers are not the only ones to discover the program. Canada and 14 other countries also use the program developed at UTHealth. And that, in itself, is breathtaking.
When Margo Y. Melchor, EdD, RDH, sees a little girl in a dental chair, she sees herself. Growing up in a family that lacked dental insurance for a number of years, her parents brought her to UTHealth School of Dentistry for her first appointment at age five. Now as the school’s Director of Community Outreach, she oversees the same community-focused care that set her on the path to a career in oral health. “I feel like I’ve come full circle,” Melchor says.

ANNUAL OUTREACH EVENT PROVIDES DENTAL CARE TO KIDS IN NEED

That community outreach at the School of Dentistry, in partnership with the Greater Houston Dental Society, has found one of its most visible expressions in Give Kids a Smile, an annual event that provides free preventive and limited dental services along with education to children from low-income, uninsured families. “Many of these children have probably not visited a dental office,” says Melchor. “That’s usually due to barriers such as transportation, parents who work several jobs and can’t take time off, lack of insurance, or language barriers.”

Held at the School of Dentistry, Give Kids a Smile serves approximately 300 children each year. Community partners are asked to identify schools or organizations with significant dental needs. Faculty and students from the School of Dentistry’s mobile dental van team visit those schools to determine what care the children will need when they arrive at Give Kids a Smile.

On the day of the event, an army of volunteers including dental and dental hygiene students, residents, faculty, and local dental professionals such as members of the Greater Houston Dental Society ensure each child receives individualized attention. Faculty supervise the students who, guided by pediatric residents, provide a range of care including cleanings, fillings, fluoride treatments, and simple tooth extractions.

“It gives the students an opportunity to become better acquainted with managing children, especially how to calm them if they are afraid,” explains Melchor. “It also may spark an interest for the students to go into pediatric dentistry or public health.”

Chelsea Wehr, a first-year resident at the School of Dentistry, volunteered with Give Kids a Smile in 2018 and 2019. She helped treat the most fearful children, whose perceptions of dentists may only have come from what others told them. “We have an opportunity to give them a really good experience and change their minds,” she says. “That’s my favorite part of the job.”

Many of the children served come from families that do not understand how to maintain oral health; Melchor says parents will often put babies to bed after a bottle of milk or juice, which leaves sugar that could eat away at their teeth. Once decay sets in, it can have consequences that reverberate into the future. “Studies show that dental pain is a big contributing factor for children missing school,” she says. “When children are in pain, they can’t study well, they can’t think well, and they miss out in learning.”

Melchor views Give Kids a Smile as a critical opportunity to teach children and parents the importance of practicing oral health at home; no matter how much care children receive at the School of Dentistry, only good brushing and eating habits will have a lasting effect. She hopes children will leave the school, as she did, with good memories and a foundation for a lifetime of oral health. “I love seeing their smiles, the way they come out high-fiving the dental students,” she says. “Just to know that these children had a positive experience is a great reward.”
Recognizing the value of early childhood education, Texas First Lady Laura Bush advocated for statewide funding for the Children’s Learning Institute’s Texas School Ready program in the early 1990s. This comprehensive preschool teacher training program combines research-based, online courses, face-to-face coaching, child progress monitoring tools, and curricular resources to alter teachers’ institutional practices to help children be more prepared for kindergarten and beyond.

Texas School Ready provides tools to help teachers learn more about the specific instructional needs of the children in their classrooms and how to support children using engaging lessons and activities. Since 2003, Texas School Ready has positively impacted nearly 500,000 children and 25,000 early childhood teachers in Texas. As a result of the program, teachers are more responsive to the individual needs of the children in their classrooms and increase their use of language-building strategies.

However, with an ever-changing economic climate, state biennium funding dropped from $15 million to $7 million in 2011, then to $3.5 million in 2017.

In an effort to continue serving as many teachers and children as possible after the first drop in funding, Landry’s team created an online platform with the Texas School Ready tools. “Our professional development training, progress monitoring, and classroom tools—these became open sources to all Texas schools, Head Start programs, and child care centers serving low-income families,” says Landry. The online program, called CLI Engage, launched at the end of 2015.

“However, the 2017 cut in funding limited our ability to provide coaching,” explains Landry. “This is not something we could put on our online platform.” Landry adds that while CLI Engage is highly used across the state, when you do not have the coaching model, you are missing a key component. Coaching helps teachers enhance their performance in the classroom to improve their practice and foster a better learning environment for children.

Thanks to the Legislature, especially members of our regional delegation returning the funding back to the $7 million level for fiscal years 2020-2021, Texas School Ready will be able to provide five coaching sessions to approximately 500 pre-kindergarten teachers per year over the biennium. The program is targeting public schools and charter schools in West Texas, the Rio Grande Valley, rural communities, and communities with bilingual classrooms.

“We reached out to public schools to develop a plan to prioritize coaching sessions,” says Landry. “Because so many schools want and need it, our hope is that we will eventually get back to the $15 million in biennium funding to allow us to work closely with more public schools.”

As of December 2019, the team has recruited its first group, which represents 16 school districts, 136 teachers, 2,992 students, and 18 counties. By staying on this path, Landry expects they will serve 48 school districts, 150 campuses, 10,000 students, and 60 counties in the first year. That number doubles with the biennium.

The 2019 Texas legislative session was a success for Susan H. Landry, PhD, who directs the Children’s Learning Institute at McGovern Medical School at UTHealth, when the institute received a healthy increase in critical state funds that will help the very youngest students get a jump start to lifelong learning.
But state funding is just one piece of the pie helping the Children’s Learning Institute to broaden its reach to help young developing minds reach their potential.

“Philanthropy has helped us extensively in Texas School Ready and in supporting parents and teachers,” explains Landry. “For example, philanthropy is completely funding our extension of Children’s Learning Institute’s progress monitoring system from kindergarten to first and second grade. Our community partners are a critical component of our success.”

CHILDREN’S LEARNING INSTITUTE MILESTONES

EARLY 1990s
Laura W. Bush advocates for statewide funding for Texas School Ready program.

Texas School Ready funding drops from $15M to $7M per biennium.

Online Texas School Ready platform, CLI Engage, is launched.

State funding for Texas School Ready drops even lower to $3.5M.

State funding returns to $7M per biennium. And, the first Texas School Ready group is recruited, including 16 districts, 136 teachers, almost 3,000 students, and 18 counties.

Since 2003, Texas School Ready has positively impacted nearly 500,000 children and 25,000 early childhood teachers in Texas.
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