Planning for a Healthy Family through International Adoption

International adoption provides opportunities for orphaned and abandoned children from around the world to start a new life in safe and loving homes.

In its mission to improve the health of all children through high-quality, coordinated patient care, Children’s Hospital Colorado offers medical services to families in varying stages of intercountry adoption.

The International Adoption Clinic is directed by Gretchen Domek, MD, MPhil, Assistant Professor of Pediatrics, School of Medicine, and Senior Investigator, Center for Global Health both at the University of Colorado Anschutz Medical Campus.

This specialized, multidisciplinary clinic was founded in 1999 to meet the growing demand for services tailored to the unique needs of international adoptees.

Dr. Domek describes some of the health challenges that orphaned children face, “We see lots of developmental delays in children from orphanages. The quality of the orphanage or foster home can vary quite a lot. One-on-one contact and individualized care is important for a child’s development, but can often be lacking in group home settings. Flat heads, malnourishment, and delayed developmental milestones are common occurrences and can be signs of neglect.”

Parents considering an international adoption often need help understanding the health and developmental status of a possible adoptee and the likelihood of intellectual deficiency.

Wanting to get the most accurate picture of what life with a particular child would be like, parents enlist the support of the International Adoption Clinic (IAC).

The IAC offers two types of visit to help answer questions about potential adoptees; a pre-adopt screening and a post-adopt evaluation. Dr. Domek and her colleague Karen Dodd, P.N.P.-B.C., M.S., a pediatric nurse practitioner, provide pre-adopt screenings.

In these situations, the adoption agency provides as many details about

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Kendra Downer, Guatemala Project Specialist, Moves Forward to Give Back

When Kendra Downer was asked why she applied for the position of Guatemala Project Specialist—a role she started this past June—she replied: “I especially liked the idea of supporting a sustainable project site and being part of the process of building a long-term relationship between the students and staff at the University of Colorado and the community in El Trifinio.”

Kendra has lived abroad for many years. Originally from a small town near Toronto, Canada, she later moved to Chicago and graduated from the University of Wisconsin-Madison with a Bachelors in International Studies in 2012.

After graduation, Kendra moved to Bogota, Colombia for a year to teach English to elementary school kids before relocating to Lima, Peru to work as the volunteer coordinator for a small non-profit.

Over the three years she spent in Lima, Kendra held a few different positions in the tourism and non-profit industry.

After many years abroad and desiring to be closer to her family, Kendra decided to look for a job closer to home that suited her curiosity in global health. “I am particularly interested in Epidemiology and Community Health Education as both examine root causes of illness and can be used to address and investigate health issues through different cultural perspectives. It is my interest in the intersection of health and culture that has drawn me down the global health path.”

Even though Kendra has not yet visited the Guatemala project site, she believes that her past experiences in Peru will only help shape her understanding of the project and benefit her approach.

Kendra spent much of her time abroad living and working in underserved communities. She has an understanding of the daily challenges that come with living in a place with limited resources.

Her experiences in Latin America will help her become an effective liaison between our Colorado and Guatemala teams. “During my time in South America I was exposed to many different cultural interpretations of illness, as well as alternative and traditional healing practices that provided me with new perspectives and challenged my existing understanding of certain health issues,” Kendra reflected.

Kendra’s role as Guatemala Project Specialist will focus on coordinating travel logistics for the many physicians, nurses, midwives, trainees, and administrative personnel that travel to and from the clinic throughout the year. “I think there will be quite a bit of cross-over with my previous positions. I spent a few years working as a Travel Advisor for both a for-profit travel agency and a non-profit organization, planning international trips for large groups of university students. I also spent a few years doing international development work implementing and supporting projects on the ground in underserved communities abroad. As the Project Specialist, I will work on the administrative and logistical aspects of the Guatemala projects from the U.S. but I hope to be able to provide some input to help resolve any potential challenges and roadblocks that come with working in a community with limited resources,” shared Kendra.

“I think the most fascinating, though challenging, aspect of global health work is being able to immerse yourself in and learn from other cultures and use their understanding of health to promote preventative health and healing practices in a way that is accessible and accommodating to different backgrounds and values,” said Kendra.

Kendra keeps herself quite busy with other interests outside of work. She loves to cook and as a new Denver resident, she has enjoyed exploring the music scene, as well as the variety of outdoor activities that Colorado has to offer such as running, biking and hiking. Kendra also likes to take classes to hone new skills and hopes to continue working on her salsa dancing and maybe pick up a new instrument.

The Center for Global Health is very excited to welcome Kendra to the team.

Kendra Downer, Guatemala Project Specialist

“"I think the most fascinating, though challenging, aspect of global health work is being able to immerse yourself in and learn from other cultures and use their understanding of health to promote preventative health and healing practices in a way that is accessible and accommodating to different backgrounds and values."”

Kendra Downer, BA, Guatemala Project Specialist, Center for Global Health

Right: Kendra teaching chess to an elementary student in a community called Huaycan on the outskirts of Lima, Peru as part of her work as a volunteer coordinator at a non-profit called, “The Light and Leadership Initiative.”
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a child’s medical history as possible: health records, pictures, and sometimes videos are received by the IAC.

This phase of the adoption process is very time sensitive. Dr. Domek explains, “Families often have between 24 and 72 hours to turn around and make a decision about whether they want to adopt a particular child. It’s very important and interesting work; I feel like a detective looking for red flags in a child’s mental, physical, and developmental health.”

Parents may have to arrange immediate surgery for their adoptive children, others will have to manage acute conditions like giardia (intestinal parasites), or more long-term issues related to mental health or cognitive functioning. Based on the pre-adopt records, Dr. Domek tries to paint an honest picture of what a child’s needs may include, so that families are fully prepared for what to expect if they decide to adopt.

When families decide to move forward with adopting a child, a complex process is set into action. International adoptions can take one to four years to complete and are governed by three sets of laws, the laws of the child’s country of residence, U.S. federal law, and the laws of the U.S. state of residence of the family.

The United States is part of a treaty on international adoption called the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption. The convention sets standards and safeguards to ensure that the adoption is in the best interests of the child and has been done ethically without risk of abduction or trafficking.

Navigating the bureaucracy of international adoption is challenging, but in some ways, that length of time helps families adjust to the idea of having a new member. “Families understand there is not a nine-month period of time where the mother is physically changing and the baby is growing. Instead, there is often this frustrating transitional period when you’re waiting to get the word [that the adoption has been approved]. Then it all happens quickly, and I think that can be a bit of a shock,” Dr. Domek explains.

Once the child has arrived and has adjusted to life with his or her new family, the child is brought to the International Adoption Clinic for a comprehensive visit with a multidisciplinary team of pediatric service providers. “During those first few weeks with a family, the child is adjusting to a new place and new people. A new sleep pattern is being established after a period of jet lag. The children are generally going through so much adaptation that you can’t judge their development very well” Dr. Domek states. “During this period, some children hoard food and overeat to the point of throwing up. With proper nourishment and reassurance, many of these issues will quickly resolve over the first few weeks.”

After the initial four to six week adjustment period, a post-adoption evaluation is conducted by the IAC team over the course of a 90 minute visit.

In addition to Dr. Domek and Ms. Dodd, the team consists of a neuropsychologist who focuses on cognitive, social, and emotional development, an occupational therapist who checks sensory and fine motor skills involved in tasks like playing and eating, and a physical therapist who checks muscle strength, quality of movement, and gross motor skills like crawling and walking.

This integrative medicine team is what sets the IAC apart from primary care physicians in private practice. Dr. Domek elaborates, “At this visit we all take the history together. We ask questions about how the child is eating, bonding, sleeping. Then each therapist does their assessment, and at the end I do a physical exam. We come back together

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and give our recommendations. Then those recommendations are put on paper, sent to the family, and also shared with the family’s primary care physician after the appointment."

Sometimes the exam calls for additional input from specialists like cardiologists or neurologists. Dr. Domek chuckles as she recalls warning a colleague in neurosurgery that she was about to receive an unusual MRI to evaluate. It wasn’t unusual because of a medical condition, but rather because it was a photograph of a person in China holding up an MRI film against a window with all the activity of a bustling Chinese city in the background.

Other logistic issues arise as well, “Some of the medical files can be very, very complicated. Things are not always consistent, like labs come back differently than they are reported in the history”, Dr. Domek explains.

Some health issues are common in the IAC, and some of them relate to the child’s country of origin. Cleft lip and palate conditions are often seen in Chinese children, whereas fetal alcohol syndrome is more common in children from Eastern European countries.

In many instances, the child is abandoned, so there is no information about the date of birth or medical history of the biological parents. Sometimes parents will travel to the child’s country of origin to meet their new baby, and find out that there are biological siblings in the same group home.

Although several odd conditions and circumstances are easily handled by the clinic, there are not comprehensive guidelines for addressing medical concerns in adopted populations.

“The Redbook and the American Academy of Pediatrics have some guidelines, but they’re fairly loose. I recently conducted a literature review on the subject, and I think there is a need for clearer guidelines on screening protocols. If we knew what the evidence showed, it might help us create more standardized practices. This kind of service would be overwhelming for a primary care pediatrician in private practice to take on, a 20 minute appointment is not sufficient, and the extensive developmental assessments would not be possible. Adoption services are really a separate pediatric specialty, and the services our clinic provides can greatly assist general practitioners and adoptive families.”

Dr. Domek loves her work at the IAC. Adopted as a child herself, she is invested in making sure that adopted children and their families receive high quality, comprehensive care and services. She credits her team with the success of the clinic and the quality of care provided, “We are booked three months out at this point. We see children not only from Colorado but also from several surrounding states. People are quickly learning about all of the helpful services our clinic provides for international adoptees and their families.”

Learn more about Dr. Domek’s work, contact her at gretchen.domek@childrenscolorado.org

*By Molly Terhune*
The maternal and child health program within the Colorado School of Public Health’s Center for Global Health announced that it has been re-designated by the World Health Organization as a WHO Collaborating Center for Promoting Family and Child Health.

The program, which is a partnership between Children’s Hospital Colorado (Children’s Colorado) and the Colorado School of Public Health, is the only Family and Child Health Collaborating Center in North America.

WHO collaborating centers are institutions such as research institutes, parts of universities or academics that are designated, in four-year increments, by the Director-General to carry out activities in support of the WHO programs. Currently there are more than 800 WHO Collaborating Centers in over 80 countries working with the WHO on areas such as nursing, occupational health, communicable diseases, nutrition, mental health, chronic diseases and health technologies.

“This re-designation means that the Center for Global Health will continue to be actively engaged in developing transformational maternal and child health interventions and programs,” said Stephen Berman, MD, FAAP, Director of the Center for Global Health.

“Since being designated in 2012, we’ve been able to expand on a global scale several key programs including Helping Babies Breathe®, the Pediatrics in Disasters training curriculum, and vaccine related research. Through education and service programs, as well as policy development, we have expanded the Trifinio Center for Human Development, which provides care to children and families living in an impoverished region located in southwest Guatemala,” Dr. Berman added.

Through the re-designation, the Center for Global Health’s maternal and child health program will continue to focus on four major program outcomes in partnership with the WHO and its regional affiliate, the Pan American Health Organization (PAHO):

- Assist countries in reducing health inequity and excessive morbidity and mortality for maternal, infant, child and adolescent resource-limited populations by providing technical assistance to WHO/PAHO, Ministries of Health and academic medical and public health centers.
- Assist countries in accelerating vaccine research and implementation to impact the inequitable infant and maternal morbidity and mortality among poor resource populations.
- Train vulnerable communities and countries in disaster preparedness in ways that will prioritize the care of vulnerable children.
- Assist WHO/PAHO in developing and assessing the introduction of mobile technologies that will enhance maternal, newborn, child and adolescent health.

“The Center for Global Health is honored to be a part of this distinguished group and have the re-designation of WHO Collaborating Center.

“By working collaboratively with the WHO, the Center for Global Health is addressing the need for sustainable economic development in the poorest areas of the world in ways that will provide opportunities for families to improve their economic conditions, provide educational opportunities to their children and reduce excessive maternal and child mortality,” added Dr. Berman.
You are invited to participate!

October 10-13, 2016 – Disaster Course
October 14, 2016 – Global Health Symposium
October 17-21, 2016 – Global Health Course

This course prepares its participants for international experiences and future global health work. The interactive training incorporates readings, lectures, small group problem based learning exercises, technical skill sessions, and a Disaster simulation exercise.

Space is limited for this course, and preference will be given to those who are actively involved in promoting and implementing global health activities in low resource countries. If you are interested in attending, please obtain a registration form by clicking here.

Questions about the course may be directed to Michelle Shiver, Center for Global Health at Michelle.Shiver@ucdenver.edu

Deadline for receipt of registration is September 5, 2016.
Collaboration Brings New Lodging Facility to Guatemala Clinic

Site will house faculty, trainees and medical volunteers at growing Center for Human Development.

In July, several leaders from Children’s Hospital Colorado, the University of Colorado School of Medicine, the Skaggs School of Pharmacy and Pharmaceutical Sciences and the Colorado School of Public Health, the Center for Global Health, and the Centers for Disease Control traveled to Guatemala to celebrate the opening of the new lodging facility at the Trifinio Center for Human Development.

The facility was made possible in part thanks to the efforts of deans and chairs from the various schools and departments at CU Anschutz who were instrumental in raising the $100,000 needed to complete the project.

As a result, up to 25 visiting students, residents, faculty members, pharmacists, nurses and community health workers now have a comfortable and safe place to stay while working on site in the community at the family medical clinic, the dental clinic or at the soon-to-be-opened birthing clinic.

Several attendees expressed how impressed and inspired they were by the collaboration between AgroAmerica, the supporting hospitals and schools and the Trifinio Center for improving the lives of the children and families of those working in the banana and palm oil plantations AgroAmerica runs. Further, the quality of equipment and capabilities, including the pharmacy, made several attendees excited about how much this clinic facility can offer.

“It is exciting to think of the possibilities we have at Trifinio to improve the health not just of our community but also to create an innovative health model that can be replicated around the world,” said Stephen Daniels, MD, PhD, Professor and Chair of Pediatrics, School of Medicine at the University of Colorado Anschutz Medical Campus and Pediatrician-in-Chief L. Joseph Butterfield Chair in Pediatrics at Children’s Hospital Colorado.

But it was the degree to which the local community members were involved with the direction and planning for the clinic and its programming that struck Jodie Malhotra, PharmD, International Affairs Coordinator and Assistant Professor at the Skaggs School of Pharmacy and Pharmaceutical Sciences. “I was able to truly witness the community’s support and engagement in the clinic. It was also very clear that the community leaders are very supportive of the clinic,” Dr. Malhotra shared. “We even had the opportunity to accompany the community nurses on a visit with a new mother at her home to see how they work with the mother and baby. Their means of assessing the baby and educating the mother were very inspiring.”

Also during the trip, the Colorado contingent met four students from the CU Anschutz Medical Campus who were working in the clinic this summer.

“This clinic provides a life-changing opportunity for health students to benefit from service learning. It was clear that we have at least as much to gain as we have to offer in this unique collaboration with the Trifinio community.”

David Goff, MD, PhD, Dean, Colorado School of Public Health

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Collaboration Brings New Lodging Facility to Guatemala Clinic

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It was easy to see the effect that the experience would have not only on their careers, but also their professions. “This clinic provides a life-changing opportunity for health students to benefit from service learning,” said David Goff, MD, PhD, dean of the Colorado School of Public Health. “It was clear that we have at least as much to gain as we have to offer in this unique collaboration with the Trifinio community.”

Look for more news in the coming months celebrating the opening of the birthing center – a key step toward improving the area’s population health.

In addition to Drs. Daniels, Malhotra and Goff, attendees included:

Edwin Asturias, MD, Associate Professor of Pediatric Infectious Diseases and Epidemiology at CU Anschutz and Director of Latin American Projects, Center for Global Health
Steve Berman, MD, FAAP, Professor of Pediatrics and Epidemiology at the CU Anschutz and Director, Center for Global Health
Richard Johnston, MD, Emeritus Professor of Pediatrics, School of Medicine at the CU Anschutz
Jerrod Milton, Vice President of Operations, Children’s Hospital Colorado
Reina Turcios-Ruiz, MD, FIDSA, Director of the Central America Regional Office, Centers for Disease Control

Left: Steve Berman, MD, FAAP, Professor of Pediatrics and Epidemiology at the CU Anschutz and Director, Center for Global Health, stands with community nurses at the Center for Human Development in Guatemala.

Right: Buff’s House, the new lodging facility, nearing completion of construction will open this month.

Below: The new lodging facility will house faculty and trainees when they volunteer at the clinic.
Friday, October 14, 2016
University of Colorado Anschutz Medical Campus

All Students, Faculty, Staff, Community Members and Leaders with an interest in global health work are invited to attend.

Call for Abstracts

To apply to be a presenter, please submit a 250 word abstract highlighting your current international work.

This Symposium not only shares your work with the community, but also proposes the opportunity to promote potential networking and collaboration with other global health advocates.

If you are interested in presenting your work to the audience, please click here to see the required guidelines.

The Center for Global Health is issuing a call for nominations for the 2016 Award for Excellence in Global Health.

Call for Nominations

The purpose of this award is to recognize and publicly honor those individuals, institutions or organizations based in the state of Colorado that have made a significant and exemplary contribution to the sustained improvement of the health of multiple populations over an extended period of time in a global health setting.

This award will be given at the Global Health Symposium. If you are interested in nominating a deserving candidate, please click here to see selection criteria and how to nominate.

Submit your abstract and nomination to Michelle Shiver, administrator at michelle.shiver@ucdenver.edu no later than Monday, August 22, 2016 (midnight).
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<td>Post-Earthquake Nepal: Student Report from the Field</td>
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Want to watch a lecture you missed? [Click here](#).