Let’s Make it Happen

A unique partnership of healthcare leaders, the local arts community and philanthropists is dreaming big for a new Women and Children’s Center at Santa Clara Valley Medical Center.
THERE USED TO be a sign near the tangled maze of Boston’s “Big Dig” construction zone that read, "Rome wasn’t built in a day — if it were, we would have hired their contractor.”

Of course the Italian capital wasn’t built in a day (or by a single contractor), as if that was ever really a question. But we say it anyway to remind ourselves that building great things takes time. The Boston version gives us something more. You can’t hire-out greatness. You have got to do the work yourself.

Since the 1970s, local leaders have attempted to establish a children’s hospital in San Jose, pointing out that year-after-year, it was the largest city in the United States without one. Those efforts, through no fault of their own, haven’t succeeded.

Still, the need persisted. Thanks to the efforts of many over the years, Santa Clara Valley Medical Center has built a powerhouse system of care for kids, offering essential preventive services along with some of the finest specialty and trauma care in California. In many ways, VMC has been serving as San Jose’s children’s hospital all along.

It’s time to make that official. And the best part is — we already have the building.

Easily the largest stumbling block to past efforts was the building itself, considering the expense of construction. Fortunately, thanks to the voters of Santa Clara County, new hospital facilities will open on the main VMC campus in 2016. That will free space in an existing structure to repurpose as a Women and Children’s Center. It will not be easy, but it represents San José’s best chance to have a proper medical center dedicated to women, kids and babies. The VMC Foundation is proud to play a part, and at the direction of County leadership and VMC CEO Paul Lorenz, we have launched the largest fundraising campaign in our history: $25 million to fund the transformation of our current Main Hospital building into a Women and Children’s Center. In the world of hospital fundraising, that may sound like a bargain. But county hospitals, long the work horses of our healthcare safety net, haven’t always caught the eyes of philanthropists. We think otherwise, because in this valley, we value results over glamour. And this project delivers immense value to the community, now and into the future.

And of course, it’s going to be magical. With our creative partners, Silicon Valley Creates, we will build a truly iconic Center that will stand as a testament to our shared values and commitment to health care equality. So please join us in this effort. Read this section. Call me for a tour. Become a champion, advocate and — best of all — a donor to our cause.

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Valley Medical Center Foundation
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**Dr. James Byrne did not like what the numbers were telling him.** He had worked hard since 2003 as Chief of Obstetrics and Maternal Fetal Medicine to make VMC one of the safest hospitals in California to have a baby. But the national story was quite different.

In the past decade, the United States was one of only eight countries to show an increase in maternal mortality. The national cesarean rate — a key measure of maternal health safety — had reached an all-time high of nearly 33% in 2009, rising for 13 consecutive years. The U.S. is now ranked 60th in the world for maternal safety. The link between poverty and maternal health is especially pronounced, with maternal death rates in high-poverty areas twice that of more affluent communities.

Of course, VMC has long bucked this trend, with some of the lowest c-section rates for any hospital in California, and some of the best results with natural childbirth after cesarian. This high performance has led to VMC receiving recognition at the state and national level. Its physicians, nurse practitioners and nurses have received accommodations and awards for maternal and gynecology care. But even with that, Jim wasn’t satisfied.

VMC has done better. But what about improving the rest of the country?

It took a chance meeting with start-up executive Deira Gerrit-sen to inspire a next step. She shared a passion for improving maternity care for women. So in 2011 they and others founded the Lucina Maternity Foundation, a non-profit with the bold, audacious plan of re-imagining maternity care in America.

VMC Foundation Executive Director Chris Wilder sat down with Jim and Deira to discuss maternal health in the U.S. why VMC is one the safest places to have a baby and how midwives can potentially play a role in making the new Women and Children’s Center at VMC a model for maternity care nationally.

**Chris Wilder:** County hospitals have this reputation — and we are attempting to blow it up — that they are the places you go when you have no other choice, and because of that, the care must not be as good. But that’s not true here.

**Jim Byrne:** VMC is a hidden gem for Silicon Valley women’s services. We have a tremendous facility. Our group of attending physicians, nurse practitioners and nurses is in parallel with the finest medical universities in the country. And we provide care for a woman’s entire life span, not just for pregnancy. Our doctors and programs serve women through advanced health services including menopause and women’s cancer.

**CW:** As we think about how to create a true Women and Children’s Center, we are looking at opportunities to bring in pregnant women who have a number of choices for where to deliver. Why should they choose VMC?

**JB:** If a woman is looking out for the best interest of herself and her child, she is really looking to have the healthiest possible birth opportunity. VMC has a strong track record as one of the safest birthing hospitals in Northern California. Our cesarean section rate is one example of that. Our rate is recognized by the state as one of the best, with the lowest numbers.

**CW:** Why is that?

**JB:** The distinction between our caesarian rate and some of the other local hospitals really comes from our awareness about the long term safety benefits of avoiding cesareans. In addition, VMC has teams of doctors and nurses in place that enable us to provide excellent care to women, allowing them to deliver naturally in most cases.

It’s also about culture. Our culture is one that is centered on the woman. It’s not centered on the hospital and individual doctors’ needs.

**CW:** Let’s dumb this down a little bit for a guy like me who has no medical training whatsoever — why is a c-section not preferable?

**JB:** Natural births are associated with less risk to the mother, quicker recovery, and better health outcomes for the baby. And women who deliver naturally with their first child often have an opportunity to do so with all their children. In contrast, each repeat cesarean section poses progressively greater risk to a woman and her children.

**CW:** Which is why you started Lucina Maternity
midwives to open the practice, which they wholly own and operate. That practice has helped provide validation that maternal care outcomes can really be excellent if midwives and physicians work together using recognized best practices. The cesarean rate has been very low, the health outcomes have been positive and the women and their families who have participated in the program are very satisfied.

CW: I know you are interested in bringing Lucina to VMC as part of the Women and Children’s Center. Can you tell us more?

DG: So for Lucina, it’s about educating people about the benefits of team based care that includes certified nurse midwives. It is also about shifting the public perception of who a certified nurse midwife is and what she does.

CW: Aren’t those fighting words, Jim? That perhaps doctors shouldn’t do everything all the time?

JB: Not at all (laughing). U.S. health care is evolving rapidly. The American College of Obstetrics and Gynecology, the American College of Nurse-Midwives, and other leading national groups have openly campaigned for developing the physician-midwife collaborative care approach. For most physicians, a team allows them to elevate their skill set and provide more time concentrating on their patients who have complex medical and surgical conditions. This is possible when patients who are more routine can have care with a highly trained teammate. We already have that in place in most VMC prenatal care clinics with our highly trained nurse practitioner colleagues. And now there is an opportunity to add certified nurse midwives.

CW: Is there a reason why certified nurse midwives aren’t used more frequently in this country? Is it just a matter of a culture shift that medical centers have to undergo, or is it more than that?

JB: One of the big barriers for midwives in the U.S. has been inconsistent levels of training and inconsistent definitions of what constitutes a midwife. In the U.K. and France, for example, a midwife is someone with extensive education and training, very much in line with physicians. Here in the U.S., that’s not the always case, as there are several very different types of midwives with highly varied levels of education and professional training. For example, some individual midwives have no formal education, training, and no professional licensure. In contrast, Certified Nurse Midwives have undergraduate and master’s degrees, years of specialized training, and are licensed nurses. This wide variation creates a lot of confusion with the public, other health care providers, and with policy makers.

CW: And there is growing demand for these programs?

DG: Yes. When we helped launch Bay Area Maternity, the demonstration practice in Cupertino, we had a full roster within six months. There is a demand from a wide variety of women for more choices, less intervention and more personalized care.

CW: Deira, when you got into this you were relatively new to the healthcare world. What got you involved?

DG: My background is in corporate start-ups, largely in the media sector. For a long time I wanted to do something that served a bigger purpose. Then I happened to have a personal experience with my youngest child, who was diagnosed with a pediatric cancer. After two years of treatment and successfully getting him through it, it became profoundly important to me to start doing something that was serving people. The fact that this work will affect the lives of children is an amazing alignment.

CW: Culturally, VMC has done a great job of moving away from this feeling that somehow a pregnancy is a medical condition that needs to be cured, and is rather a very natural and wonderful thing.

JB: We think this is a natural fit for VMC because we already work very well in teams, and our focus is on outcomes that are family based. We have long focused on serving our communities. We do not see pregnancy as illness, but as a foundational aspect of health.

CW: Maternal safety is a hot issue right now.

DG: It is, particularly in the United States. There has always been a global push on this issue because in developing countries, fixes are relatively easy compared to here at home. Sometimes the solution is just access to clean water, or electricity. But in the U.S., these problems are far more complex. We have social, legal and cultural barriers to overcome.

JB: What has emerged internationally in the last half decade is that the best maternal care is rendered by teams of highly trained professionals. We already have that in place at VMC and are looking to expand to allow more women to access our services. This results in more effective use of resources and better health outcomes. We are using the highest level of current medical science to help us better judge when to intervene as needed and also when to allow nature to move at its own pace.

As a result, we are seeing better outcomes for life’s most natural event. And that is super exciting, because at the end of the day, this is all about healthier women and families.

To learn more about the Lucina Maternity Foundation, visit www.lucinamaternity.org.
A Women and Children’s Center at VMC will not be created from scratch. As the largest provider of care to low-income women and children in Santa Clara Valley, VMC has built a vast network of services and programs to provide everything from check-ups and immunizations to advanced breast cancer care and pediatric trauma services.

Sue Kehl, R.N., VMC’s Director of Women and Children’s Services, is leading a comprehensive effort to streamline patient services at VMC in preparation for a new Women and Children’s Center. A former Nurse Manager for the Pediatrics and Neonatal Intensive Care Units, Kehl most recently played a major role in VMC’s conversion to an electronic medical record system.

Glenn DeSandre, M.D., Director of Neonatal Respiratory Care and Transport, examines a new patient in an isolation room to minimize the risk of infection. Over 350 babies receive care in VMC’s Neonatal Intensive Care Unit each year, some born as early as 24 weeks into pregnancy.

Alan Schroeder, M.D., Chief of Inpatient Pediatrics, rounds with a group of Stanford University medical students and residents in the Pediatric Intensive Care Unit. As a teaching hospital for Stanford, most VMC doctors, including Schroeder, serve as Adjunct Stanford Professors. “Teaching helps keep me honest,” said Schroeder. “The students are constantly challenging what we know and how we do things. A good teaching hospital has to be high functioning.”

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A young VMC Pediatric patient, Bonnie, smiles while playing with a volunteer in the Pediatric Play Room, located on the 5th floor of the soon-to-be Women and Children’s Center. Play therapy is an integral part of the care model at VMC, as young patients respond better to treatment when they have time to be a kid and have fun.
The Pediatric Therapy Playground, located on the roof just outside the Pediatric Unit at VMC, first opened in 2005 thanks to the generosity of donors. Its use is limited by the low-level guard rails and lack of adequate sun shade. As part of the Women and Children’s Center project, the VMC Foundation hopes to raise sufficient dollars to fund a major renovation of the space.

Alan Schroeder, M.D. demonstrates the “blow bubbles to distract anxious patient while being examined” technique to Stanford Medical student Diane Wu. Patient Bonnie, 3, appears somewhat amused.

An image of a fetus appears on screen during a patient visit to the Maternal Fetal Medicine Clinic at VMC. VMC sees over 100,000 visits from moms-to-be each year for prenatal care. This clinic specializes in patients deemed higher risk due to genetic disorders, chronic conditions like diabetes or other health issues that may cause a risk to the baby or mother during pregnancy.

Radiologists Kei Hanafusa, M.D. and Richard Silberstein, M.D. screen an image for breast cancer. VMC performs over 16,000 procedures in mammography each year, and is the only provider of cancer treatment in Santa Clara County to all residents, regardless of ability to pay.

Galina Drabkin (left), Lead Sonographer and Dianne Tiernan, Director of Diagnostic Imaging, pose with a new full breast screening ultrasound system for women with dense breast tissue. This device was purchased in response to a law authored by then State Senator and now County Supervisor Joe Simitian to improve cancer screening for women with dense breast tissue.
Steve Harris, the longtime Chief of Pediatrics at Santa Clara Valley Medical Center, is not a man prone to hyperbole. But the affable pediatrician was in a somber mood in a 2013 email sent to his colleagues. Having been at the forefront of many of VMC’s most successful efforts to expand care to needy kids, from opening new primary care clinics to the Children’s Health Initiative of the early 2000s, Harris is fiercely proud of VMC’s mission to provide the highest quality care to all, regardless of ability to pay.

But with the advent of healthcare reform, a growing population and the potential for competition from for-profit providers, Harris feared that all that could be undone without a plan for action.

“There are too many people who need our services in this community but don’t know how to find us,” he said. “We are, unfortunately, a too-well-kept secret in the South Bay.”

His answer, in part, was as bold as it was simple; convert the Main Hospital building at VMC into a Women and Children’s Center.

The appeal of the idea was obvious. With the opening of the Sobrato Pavilion slated for 2016, space will be available in the Main Hospital building to expand needed services. That building already houses the majority of VMC’s inpatient services for women and children, from Labor & Delivery to the Pediatric Intensive Care Unit.

Locating similar services in a single building is better for patients, and has numerous operational advantages. But it was the idea of creating a formal “Women and Children’s Center” that generated real excitement.

San Jose, after all, is the largest city in the United States without a free-standing children’s hospital. Efforts at creating such a facility have come and gone since the 1970s, and VMC was long seen as the natural host. Harris realized it was now a real possibility.

“One in a lifetime,” said Harris. “Let’s give ourselves a proper home.”

Paul Lorenz, the CEO of VMC, immediately understood the potential.

“My first reaction was – why didn’t we do this 10 years ago?” said Lorenz.

“Providing care to women and children is at the core of what we do as an institution. And we do it as well as any other provider. Our facilities should reflect that.”

There was also a strong business case for the project. California was well prepared for healthcare reform, with over 3 million residents obtaining insurance by the first enrollment period in April of 2014. For many of those people in Santa Clara County, VMC had already been their provider. But with insurance comes choice – and if all those newly insured residents suddenly were to choose a new provider, Lorenz feared that VMC would not be able to financially sustain the emergency and safety net services that benefit all County residents.

A Women and Children’s Center, thought Lorenz, would address Harris’ concerns about public awareness of VMC services and also strengthen VMC’s capacity to serve all County residents well into the future.

Lorenz brought the idea to County leadership and found tremendous support. Rene Santiago, Director of the Santa Clara Valley Health & Hospital System, and County Executive Jeff Smith supported the plan. The Board of Supervisors, led by Supervisor Ken Yeager, greeted the concept with enthusiasm.

“VMC serves 260,000 people on an annual basis,” said Lorenz. “Without the Board’s leadership and unwavering support and commitment, we would not be able to say we have one of the best – if not the very best – public healthcare system in the nation.”

The proposed facility, the Main Hospital, is a modern building opened in the late 90s. But to make it look and function like a world-class Women and Children’s Center, significant upgrades will be required. Currently, VMC cannot guarantee private rooms to families after the delivery of their baby (and that’s a lot of families, as VMC is one of northern California’s largest birthing centers). The private rooms that can be offered are located in a different building.

“Increasingly, family post-partum rooms are the standard of care,” said Lorenz. "Obviously, new parents want to spend those first, most precious hours and days with some privacy.”

The new Women and Children’s Center will offer just that, with an entire floor dedicated to new moms and babies with private family-sized rooms. Ground floor patient care services will be added, and all family and public spaces – now mostly stark and barren – will be reimaged and renovated. Most excitedly, perhaps, will be a repair and expansion of the roof-top pediatric therapy playground to include better sun shade protection and new, adaptive equipment for kids with severe burn, spinal cord or brain injuries.

And while, Lorenz understood that the County would need to make some investment in the building, public dollars would not be enough. For the first time in history, the VMC Foundation would need to embark on an eight-figure fundraising campaign.

A touch of magic
The timing was almost serendipitous. Just as the earliest plans for a Women and Children’s Center were coming into focus, Chris Wilder, the Executive Director of the VMC Foundation, received a
phone call from friend and former Board Chair Leah Toeniskoetter. Now Director of SPUR San Jose, a regional urban planning and good government organization, Toeniskoetter had recently returned from a trip to Chicago where she caught a peek at the newly opened Lurie Children’s Hospital.

“It was clearly a beautiful and healing environment,” said Toeniskoetter. “And my first thought was, ‘why can’t we have something like this in San Jose?’ So of course I called Chris.”

Already scheduled to be in town for a conference, Wilder paid a visit to Lurie. It did not disappoint. The new building, opened in 2012, was the result of a unique partnership with some of Chicago’s most famous art and cultural organizations. Wilder was overjoyed. There, in the lobby, was a massive aquarium to welcome visitors. The MRI room was decked out to look like a yellow submarine. Patient rooms were warm and inviting. Families found plenty of spaces to sit to rest, celebrate or mourn.

“It was everything you’d want a children’s hospital to be and more,” said Wilder. “And I knew, this is what we needed to do at VMC.”

Wilder understood that a project this size would require a large philanthropic commitment. But that was not his first concern.

“Finding the right design and creative partners was my first priority,” he said. “In Chicago, they brought all the major arts and cultural institutions together. Museums, symphony orchestras, universities, you name it. As a hospital foundation director, this isn’t my field of expertise. But I knew exactly who to call.”

Enter Silicon Valley Creates

Connie Martinez knows a thing or two about creating magical environments for children. As the former Executive Director of the Children’s Discovery Museum in San Jose, the co-founder of 1stACT Silicon Valley, and now the Chief Executive Officer of Silicon Valley Creates, Martinez has led some of the most significant art and cultural initiatives in our community. It took about 5 minutes into her meeting with Wilder to realize that creating a Women and Children’s Center at VMC would be her next one.

“We cannot think of a more worthy project to demonstrate the healing power of the arts,” said Martinez.

SV Creates and its team of designers and curators, working with VMC patient care staff and the VMC Foundation, crafted a visioning concept for the new Women and Children’s Center and, just as importantly, a working budget of $25 million.

The number is big – nearly twice the amount that the VMC Foundation typically raises in a year. But Wilder was not intimidated.

“In my 25 years of professional fundraising, I’ve never worked on a project this exciting. We are talking about creating a world-class medical center for women and children that will last generations. This is special.”

“This is Silicon Valley’s version of community barn-raising,” added Martinez. “It’s a collaborative approach to unleashing local talent and resources.”

It appears that excitement is shared. Within 6 months of starting the project, the VMC Foundation and SV Creates announced $5.75 million in donations towards the $25 million goal in the form of three Founding Leadership Sponsors: FIRST 5 Santa Clara County, John and Ann Rademakers, and the Sharks Foundation & SAP.

See LIFETIME, page 10
What is most remarkable about these sponsors is that we don't even have the full plan ready yet," said Wilder. "And they understand that. They are the catalyst that is launching this entire journey. Without them, we are nowhere."

In honor of their support, major areas of the new Women and Children's Center will be rededicated in recognition of the sponsors. The Sharks Foundation and SAP contributed $750,000 to sponsor the Pediatrics Unit, building on a multi-year legacy of support for that department. The Rademakers have pledged $1 million to support San Jose's only stand-alone Pediatric ICU, and FIRST 5 Santa Clara County gave an astonishing $4 million for naming opportunities to the entire 3rd floor, including Labor & Delivery and the Neonatal Intensive Care Unit.

"Our commitment to help make this happen puts a stake in the ground that we truly believe in the highest quality of services for the kids and families of this community," said FIRST 5 Santa Clara County CEO Jolene Smith.

"We are extremely pleased to be involved with such a unique project that is going to make a significant and positive impact on the lives of so many here in Santa Clara County," said Jeff Cafuir, former Manager of the Sharks Foundation.

"SAP is excited to support the development of the Women and Children's Center as it reflects our belief that we strengthen our communities when we are making smart investments in projects aimed at improving the health outcomes for women and children," said Jenny Dearborn, Senior Vice President at SAP.

Searching for a champion

"Early on, we decided that we wanted to do this project with a dozen donors, not hundreds," said Martinez. "We wanted a deep, meaningful partnership with our supporters, and that's only possible with a select number of people."

As such, the plan has always relied on securing a major, eight-figure gift to serve as the lead sponsor of the entire center, including naming opportunities to the building.

"We are looking for an individual, family or organization that is deeply committed to this valley and to the cause of great healthcare for all women and children, and who wants to leave a lasting legacy to this community," said Wilder.

"I'm not going to pretend that $25 million isn't a lot of money," he added. "But in the world of creating children's hospitals — with the impact, stature and legacy that those institutions imbue — our donors will get a bang for their buck."

"These contributions will ensure that every woman, child and family member, regardless of their financial and socioeconomic status, will have access to high-quality and compassionate healthcare in state-of-the-art facilities," said VMC CEO Paul Lorenz.

As fundraising continues, a team of VMC leaders, SV Creates and VMC Foundation staff is already re-imagining the redesign of the 5th floor, which includes Pediatrics, the Pediatric Therapy Playground and the Pediatric Intensive Care Unit. With construction of the adjacent Sobrato Pavilion still underway, needed space for the Women and Children's Center will not be totally available until 2015. But project planners are not eager for a long, drawn-out process.

"Come 2016, we want to cut the ribbon on this project. Our patients and staff deserve it," said Wilder. To learn more about the project, monthly tours of the proposed Center are available. Contact the VMC Foundation for details at 408-885-5299 or online at www.vmcfoundation.org.
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