It’s a big milestone: This year, Lucile Packard Children’s Hospital turns 20. Babies born in the hospital in 1991 are now attending college, and many of the first patients have kids of their own.

Packard Children’s has grown up, too. Since David and Lucile Packard made the $40 million donation that enabled the hospital to open its doors on June 9, 1991, the institution has become a national leader in innovative pediatric and obstetric care.

“We have a history of combining superb translated science and medical care with the first-order value of service to children and their families,” said David Stevenson, MD, director of the hospital’s Johnson Center for Pregnancy and Newborn Services, and vice dean of Stanford University School of Medicine. Early in his career, Stevenson helped plan Packard Children’s, traveling with Lucile Packard and Irving Schulman, MD, then chair of the Department of Pediatrics at Stanford, to learn what the community needed in the new hospital.

Both Lucile Packard, who died before the hospital opened, and the late Dr. Schulman, who served as the hospital’s first chief of staff, placed high value on meeting the health-care needs of children in Palo Alto and throughout the region, he noted.

“Our primary goal was to become a hospital that served the communities around us,” Stevenson said, “and we have done that.”

Changing needs
But the hospital has achieved much more. Its research, programs and services now attract patients from around
**San Francisco Chronicle**

“We can’t control our genes, but we can control our environment. You need to make your shield thicker, and that’s done through medication and psychotherapy.”

—KIKI CHANG, MD, assistant professor of psychiatry and behavioral sciences and director of the Pediatric Bipolar Disorders Program, on treating children with bipolar disorder. Jan. 8

**The Mercury News**

“Our culture’s changing. We are 24/7. People are so plugged in. There’s no transition time, no getting ready for sleep.”

—ALLISON SIEBERN, PhD, clinical instructor of psychiatry and behavioral sciences and associate director of Stanford’s Insomnia and Behavioral Sleep Medicine Program, on why so many Americans suffer from insomnia. Jan. 8

**Santa Cruz Sentinel**

“We know that behavioral change is a cycle. They get on the bus, they get off the bus.”

—HEATHER SCHWARTZ, a medical nutrition therapist at Stanford Hospital & Clinics, on the battle with her diabetic patients to stick to their health plans. A recent study suggests that people are able to regulate their behavior more effectively. A recent study suggests that people are able to regulate their behavior more effectively.

—KIKI CHANG, MD, assistant professor of psychiatry and behavioral sciences and director of the Pediatric Bipolar Disorders Program, on treating children with bipolar disorder. Jan. 8

**Newsweek**

“People are being hurt and even dying because of false medical claims.”

—JOHN IOANNIDIS, MD, chief of the Stanford Prevention Research Center, on misusing biomedical research. Jan. 24

**CNN.com**

“Someone will say something profound that everyone can connect with, and it can be very moving. That is a spiritual process.”

—KEITH HUMPHREYS, PhD, professor of psychiatry and behavioral sciences and a specialist in addiction medicine, commenting on a study finding that spirituality plays a role in recovery from alcoholism. Dec. 14

---

**For more information or to donate to the Women’s Cancer Center, visit underoneumbrella.stanford.edu or contact Dwane Anderson at 650-234-0665.**

---

**Targeting women's cancers**

For Lisa Schatz, receiving a diagnosis of cancer in 2006 was a kind of surreal experience. She remembers standing outside the Stanford Cancer Center, wondering, “I’m so healthy. How did this happen to me?”

Fortunately, she had a form of uterine cancer that could be treated with surgery alone, with high cure rates. But she said she recognizes that many women with cancer don’t share that good fortune.

“I felt I was one of the lucky ones,” said Schatz, who lives in Atherton. “I had less than a 2 percent chance of recurrence. But I was looking around and seeing many people who had to come in for multiple treatments and had lost their hair. I felt I wanted to do something for those who weren’t as lucky as I was.”

A former executive at Esprit and the Gap, Schatz decided to apply her management skills to community activism, helping to raise funds for the Women’s Cancer Center at Stanford. The center, part of the Stanford Cancer Center, involves some 80 faculty and staff in a comprehensive effort to improve survival and cure rates for breast and gynecologic cancers.

Schatz chaired a committee for a December luncheon in Menlo Park that raised more than $1 million for the center’s clinical and research programs. The event featured country music stars Garth Brooks and Trisha Yearwood, both of whom have close family members who have suffered from cancer.

In addition, Laurie Lacob, a community leader and volunteer, and a Stanford alumna, contributed a $10 million gift to the center.

The funds will help construct a new home for the Women’s Cancer Center, a remodeled space in the Blake Wilbur building, across the street from the clinical cancer center. The 13,800-square-foot space will provide centralized care for women with breast and gynecologic cancers, doubling the existing clinical space for patients. The center is scheduled to open this summer.

“The beautifully designed space will facilitate compassionate and individualized care for our patients,” said Jonathan Berek, MD, professor of obstetrics and gynecology and director of the Women’s Cancer Center. “And we are building an extraordinary program to go with it—one that substantially improves the integration of research and clinical care that we can offer our patients.”

Berek, who is internationally known for his work in ovarian cancer, said Stanford is working on many different fronts to fight breast and gynecologic cancers. Researchers are working on methods for early detection and prevention of these cancers, new therapies that use monoclonal antibodies and that corral the immune system to attack tumors, genetic-based approaches for detection and therapy, and studies involving cancer stem cells.

Stanford also is expanding its programs in supportive care for women, Berek said. The new Women’s Cancer Center will offer expanded social and psychological counseling services, support groups, guidance on sexual health and cosmetic and nutritional services.

A group of committed local women played a pivotal role in establishing the Under One Umbrella campaign in support of the Women’s Cancer Center at Stanford. The campaign was launched in late 2009 with a luncheon featuring award-winning actress Nicole Kidman and her husband, country music star Keith Urban.

This year’s luncheon was organized by Deborah Berek, Fran Codis-poli, Ann Doerr, Susie Fox, Jill Freidenrich, Lainie Garrick, Lisa Goldman, Laurie Lacob, Jillian Manus-Salman, Debbie Rachlief and Dianne Taube.

“I think women supporting women, being able to help one another, is very empowering,” said Lisa Schatz, who chaired the group. “We’re trying to build this together, with input and financial support from the community, to make it really organic. This is something we are all working on together with Stanford.”
Patients will have private rooms that integrate the use of personal technology; they will be able to undergo multidisciplinary procedures at one time and in one place; and their families will be able to consult with doctors over video monitors.

These are just some of the features envisioned in the proposed Stanford Hospital building that accentuate patient-centered care, an ascendant philosophy of health care that focuses on patients’ personal preferences, values and family dynamics as opposed to simply their diseases. It acknowledges the fundamental importance of patient and family participation in health care.

The hospital will be rebuilt to meet seismic safety standards and capacity needs as part of the Stanford University Medical Center Renewal Project. The estimated $3.5 billion initiative also will modernize and expand Lucile Packard Children’s Hospital, replace outdated Stanford University School of Medicine laboratories and renovate Hoover Pavilion, the original Palo Alto Hospital.

The current hospital building was constructed more than a half-century ago, a time when physician convenience and preferences were considered paramount. Today those outdated design priorities interfere with the ability of patients and their families to fully participate in the healing process, said George R. Tingwald, MD, a licensed architect and director of medical planning for the hospital renewal project.

Research has shown that when patients are comfortable and have relatives or friends involved with their care, clinical outcomes tend to improve, Tingwald said.

The following are several examples of how patient-centered care will be embodied in the new hospital building:

**Private rooms**

All 368 patient rooms completed during the first phase of the new building will be private. In addition to cutting down on the risk of infection and providing a more stress-free atmosphere for patients, private rooms support a larger role for families.

Families know more than nurses and doctors about the habits and personalities of their hospitalized kin. They can pick up on symptoms and needs that hospital caregivers might miss. Accommodating families in patient rooms—24 hours a day, seven days a week, even in intensive care unit rooms—is a first step in this process.

**Teleconferencing**

Today physicians generally meet with family members in person to discuss a patient’s condition, sometimes in a waiting room or corridor. But from the family’s perspective, it can mean feeling uncomfortable because of the lack of privacy of the encounter, feeling rushed to ask questions and misinterpreting or forgetting what was said.

In the new hospital, patients’ families and friends will have the option of speaking to doctors on a closed-circuit video monitoring system integrated into the building. Studies show that families are comfortable with this type of communication, and many prefer it to talking with doctors in person. One big advantage is that these remote interactions can be recorded and reviewed later.

**Information technology**

A system of tracking who goes in and out of patients’ rooms is also envisioned for the new hospital. When hospital staff members enter a patient’s room, their identification badges would send their name and information about their role to the room’s flat-screen monitor. Amid the hustle and bustle of a hospital, this helps orient patients and their families to the type of care they are receiving and who is involved. It also would become part of the overall building security.

Patient rooms and waiting areas will be outfitted with wireless Internet access to allow families and patients to communicate with relatives and friends, as well as take care of other business, while in the hospital. “Waiting rooms are now places where families work; they don’t just wait,” Tingwald said.

**Interventional platform**

Traditional operating suites will largely be replaced by an “interventional platform” on the second floor. These 28 rooms will be outfitted to handle a variety of procedures, including surgeries, catheterizations and imaging scans—often in the same “hybrid” room—eliminating the need for separate prep and recovery areas for each type of procedure. Patients will have an easier time finding their way to where their procedure will take place since all types will be in one hospital location.

Specialists who use this platform will benefit from working closely with their peers from other departments. They will have more opportunity to collaborate on ways to improve treatment strategies for patients undergoing multidisciplinary care or other protocols.

“A lot of times, staff members from these various departments don’t interact,” Tingwald said. “This is a cultural shift for doctors. There are things about it that are tough from their perspective. But from a patient’s standpoint, it’s simple and straightforward.”

For more information and updates on the Medical Center Renewal Project, visit the project’s website, stanfordpackard.org.
In January, Stanford University School of Medicine became the third site in the country to participate in a landmark clinical trial to use human embryonic stem cells to treat spinal cord injuries. The trial, primarily designed to test the safety of these cells, will enroll up to 10 patients who have experienced recent paralysis below the waist due to spinal cord trauma.

The trial is based on work at Geron Corp. in Menlo Park and UC-Irvine in which researchers were able to coax human embryonic stem cells into becoming precursors to oligodendrocytes, neural support cells found in the brain and central nervous system. The oligodendrocytes help form the myelin sheath that insulates the nerves and helps the nerves signal to one another.

The principal investigator in the trial is Gary Steinberg, MD, PhD, a professor of neurosurgery and neurosciences at Stanford, who has been involved in stem cell research for neurologic repair for more than a decade. Steinberg and his colleagues will treat patients in the trial at the Santa Clara Valley Medical Center in San Jose, one of the largest referral centers for acute spinal cord injury and rehabilitation on the West Coast.

The trial is run by Geron. Stanford Medicine News recently spoke with Steinberg about the trial.

**First step toward testing stem cell therapy for spinal injuries**

**What research suggests that these cells could be useful for treating spinal cord injuries?**

Experimental studies demonstrate that when these cells are injected into the injury site of spinal cord-injured rodents, they migrate throughout the injury site and mature into functional oligodendrocytes. These cells rebuild the myelin around the axons, which help transmit electrical signals between nerve cells, and produce proteins that help support neurologic function. The result is improved movement in the treated animals.

**What steps are involved in preparing the cells and applying them to patients?**

The human embryonic stem cells are specialized into the oligodendrocyte progenitor cells, which are evaluated for purity and frozen at Geron. The frozen cells must be thawed, tested for viability at the Stanford cell transplantation laboratory and delivered to the operating room at Santa Clara Valley Medical Center. Two million cells are then injected into the injured spinal cord in the patient, using a specially designed syringe positioning device that precisely controls the needle placement and penetration into the injury site.

**How will you monitor patients and determine whether the cells have worked effectively?**

The primary goal of the study is safety. Patients will be given standardized physical examinations and neurological testing before and after the injection of the cells and at specified times for a year to monitor safety. The secondary goal—whether the cells are effective—will use similar testing to look for signs of return of sensory function or motor function for a year after injection of the cells. The patients will be monitored for 15 years after cell administration.

**What are your greatest hopes for this trial?**

The greatest hope is that the cells are found to be safe after injection into the injured spinal cord of patients paralyzed below the waist from spinal cord trauma. We don’t expect to cure paralysis. It’s possible that if this study demonstrates the safety of the cell delivery, larger clinical studies will improve sensation, motor function or bladder/bowel control in future patients.

**Stem cells have been touted as having so much promise. How do you temper the expectations with the day-to-day realities of science, which are very incremental?**

Translating stem cell therapy from the laboratory into the clinic is tremendously important. Since people are significantly different from rats or mice, we learn a great deal from clinical trials that we can never learn by studying animals.

While stem cell therapies hold much promise for treating many diseases, there is also considerable hype and unrealistic expectations. We should realize that advances in medical therapeutics usually occur in small steps, rather than quantum leaps.
It’s a birthday party!

A celebration of the 20th anniversary of LPCH ... Its Past, Present and Future will be held on Sunday, June 26, from 10 am to 4 pm at the intersection of Quarry and Welch roads.

The 20th Anniversary Birthday Party/Community Day will feature about 100 booths showcasing hospital programs and its community partners. The day will include stage entertainment, food and interactive fun for all.

The festivities will begin with the Packard Summer Scamper, a 5K and 10K race and family fun run.

Save the date! More information will soon be available at anniversary.lpch.org.

Almost 100 years ago, children were brought to Palo Alto to convalesce (bottom left). Today innovations in technology, surgery and clinical services have forged new frontiers for Packard Children’s young patients and their families.

Design for innovation

It all began with an innovative hospital design. The building’s plans incorporated labor and delivery suites, newborn nurseries and neonatal intensive care units—a result of Lucile Packard’s desire to have children of all ages together in the new building. This approach made Packard Children’s one of the first pediatric hospitals in the country to care for new moms and their newborns, most of whom had previously been patients at adult hospitals.

“This part of our history allowed us to become one of the pre-eminent academic programs in neonatology and perinatology in the country,” Stevenson said.

Still growing

Recent milestones in the hospital’s growth include building the state-of-the-art Ford Family Surgery Center, the Bass Center for Childhood Cancer and Blood Diseases, and a new cardiovascular intensive care unit. An expansion scheduled for completion in 2017 will add 521,000 square feet and 104 new beds to the current 311 beds. The growth will allow Packard Children’s to meet increasing demand for its programs and to maintain its service-oriented approach to medicine.

That approach includes family-centered care—helping parents and caregivers make informed decisions about their children’s health—and forming strong relationships with pediatricians who refer patients to Packard Children’s.

It also involves creating opportunities for kids to be kids—for instance, by encouraging growth and development through Recreation Therapy & Child Life activities and by supporting patient education through the Palo Alto Unified School District’s hospital school.

“We tell patients, ‘You are not your disease. You are a person who happens to have an illness that you have to integrate into your life,’” Sandborg said.

Almost 100 years ago, children were brought to Palo Alto to convalesce (bottom left). Today innovations in technology, surgery and clinical services have forged new frontiers for Packard Children’s young patients and their families.
has become part of the Stanford Medicine team.”

Rubin joined UCLA in 2005 after serving as chief operating officer at Stony Brook University Hospital. He was responsible for the operations of the Ronald Reagan UCLA Medical Center, Mattel Children’s Hospital at UCLA, the Resnick Neuropsychiatric Hospital at UCLA, Santa Monica–UCLA Medical Center and Orthopedic Hospital, and a number of Los Angeles outpatient centers, overseeing an operating budget of $1.6 billion and more than 8,000 employees.

“We are at one of the most challenging and exciting times in science, medicine and health care,” said Philip Pizzo, MD, dean of Stanford University School of Medicine. “Amir Rubin is unique among hospital leaders in possessing superb knowledge and skills that are focused on improving health care in a manner that puts patients and families first and foremost. He is a highly respected, accomplished and incredibly collaborative hospital executive.”

Rubin is a graduate of UC-Berkeley and received a Master of Health Services Administration and Master of Business Administration from the University of Michigan. He grew up in the Los Angeles area and is married with two children, ages 8 and 10.

“We are at one of the most challenging and exciting times in science, medicine and health care.”

Philip Pizzo, MD
Dean, Stanford University School of Medicine

“Stanford has an unparalleled group of researchers, educators, physicians, nurses, clinicians and staff who have significantly impacted health care for half a century,” Rubin said. “The opportunity to join one of the world’s premier universities and academic medical centers is a great privilege and honor for me. To be part of an organization that can have such a broad impact on humanity is truly inspiring.”

Future and Personalized Health Care: The Role of Genes, Data and the Environment

Presented by Packard Children’s Hospital

Packard Children’s Hospital is celebrating its 20th anniversary with a series of lectures and special events highlighting its many achievements in technology and innovation.

Date: Sunday, May 1, 3–4:30 pm
Location: Packard Children’s Auditorium, 725 Welch Road

Please note that space is limited and pre-registration is required. Reserve your space online at calendar.lpch.org or call 650-724-3783.

Symposium on autism spectrum disorders

The Stanford Autism Center at Lucile Packard Children’s Hospital will host its fourth annual Autism Spectrum Disorders Update on April 2. The daylong symposium is an opportunity for parents, clinicians and educators of autistic children to meet specialists and hear the latest findings on the neuroscience and treatment of autism. Parents, teachers, pediatricians, psychologists, caregivers, media and anyone with an interest in autism are invited to attend.

The symposium runs from 8 am to 4:30 pm, Saturday, April 2, at the Frances C. Arrillaga Alumni Center, 326 Galvez St., on the Stanford campus. The $100 fee includes a continental breakfast and buffet lunch. Registration and a complete agenda are available at childpsychiatry.stanford.edu or by calling 650-721-6327 or e-mailing autism@lpch.org.

LEARN MORE ABOUT YOUR HEALTH
Events are free unless otherwise noted. Space may be limited, so please call to register in advance.

Latest Advances in Vision Correction Procedures
Presented by Stanford Health Library
Speaker: Edward E. Manche, MD
Director, Cornea and Refractive Surgery
Professor, Ophthalmology
Date: Thursday, March 10, at 7 pm
Location: Stanford Health Library, Oshman Family Jewish Community Center, 3921 Fabian Way, Room G106, Palo Alto
To register, call 650-498-7826.

Balance Disorders
Presented by Stanford Health Library
Speaker: Helen Bronte-Stewart, MD
Associate Professor, Neurology
Gerald R. Popelka, PhD
Professor, Otolaryngology
Date: Thursday, March 17, at 7 pm
Location: Stanford Health Library, Oshman Family Jewish Community Center, 3921 Fabian Way, Room G106, Palo Alto
To register, call 650-498-7826.

Adult Foot Disorders
Presented by Stanford Health Library
Speaker: Kenneth Hunt, MD
Assistant Professor, Orthopedic Surgery
Date: Wednesday, March 23, at 7 pm
Location: Redwood City Public Library, 1044 Middlefield Road
To register, call 650-498-7826.

Long-Term Care
Presented by Stanford Health Library
Speaker: Don Rush
Counselor, Health Insurance Counseling and Advocacy Program, Santa Clara County
Date: Thursday, March 24, at 7 pm
Location: Stanford Health Library, G-2B
Stanford Shopping Center
To register, call 650-498-7826.

Cancer Awareness Series
New Successes in Colorectal Cancer Treatments and Outcomes
Presented by the Cancer Supportive Care Program and Stanford Health Library
Date: Thursday, March 24, 5:30–8:30 pm
Location: Frances C. Arrillaga Alumni Center, 326 Galvez St., Stanford University campus
To register, call 650-498-7826.

Depression, Anxiety and Effective Treatment
Presented by Stanford Health Library
A review of the broad array of scientifically tested treatment options for those suffering from depression and anxiety
Speaker: Anthony Mascola, MD
Clinical Assistant Professor, Psychiatry and Behavioral Sciences
Date: Thursday, March 31, at 7 pm
Location: Stanford Health Library, Oshman Family Jewish Community Center, 3921 Fabian Way, Room G106, Palo Alto
To register, call 650-498-7826.

Smaller font text continues...
Every time a patient moves from one part of the hospital to another or leaves the hospital to go to another care facility, it’s critical that the patient’s medical information is effectively communicated from one caregiver to another. Often, however, that is not the case: Studies estimate that as many as 80 percent of preventable errors begin with poor communication among caregivers.

Now Stanford Hospital & Clinics is taking the lead nationally in finding ways to improve that communication. It is one of 10 hospitals enlisted a year ago by the Joint Commission to find out why patient information isn’t always shared adequately and to come up with answers and solutions.

“Time and time again, we’ve found problems with hand-offs at the heart of safety and quality problems at our institution,” said Kevin Tabb, MD, chief medical officer at SHC. Working with the study group “has been particularly valuable to make sure we learn from each other’s successes and failures. There are a fair number of different types of hospitals represented here, yet everybody is facing similar issues.”

As a result of the effort, the hospitals in the study group have been able to cut in half the number of deficient communications in patient hand-offs, according to a study announced recently by the Joint Commission, the accrediting agency for U.S. hospitals.

Establishing guidelines

The study found that failed hand-offs were the result of many factors, though the most common involved lack of teamwork or respect between the senders and receivers, or differing expectations about what information should be conveyed. Some communication failures also were a result of distractions, competing priorities or lack of a standardized method for passing along information.

At Stanford, the study focused on transfers of patients in intensive care units. Both physicians and nurses were involved in identifying the problems in hand-offs and in brainstorming possible solutions.

One of the major problems they found was differences in expectations. For instance, caregivers handing off the patients identified 39 steps and certain points that make up the hand-off. In addition, three specific screens in Epic have been made available if needed so that the primary nurse can do the hand-off. As the program is rolled out from the ICUs to the rest of the inpatient units, transfers now include a verbal exchange of information—face-to-face, when possible. “People need to be able to ask questions,” said Christine Thompson, RN, MSN, the clinical nurse specialist who is leading the implementation process for the nursing staff.

Another change is geared toward avoiding patient transfers during shift changes. That means a primary nurse will always be the person transmitting the information. Back-up coverage is made available if needed so that the primary nurse can do the hand-off. In addition, three specific screens in Epic have been identified as containing the most relevant information about a patient at the point of transfer. More phones have been added to units to make communication easier.

Work will continue, of course, to perfect hand-offs. “We identified 39 steps and certain points that make up the hand-off process,” Thompson said. “It was a real eye-opener.”

Bench-to-bedside science

In the next 20 years, physician scientists at Packard Children’s are expected to create stronger connections between clinical care and scientific research. They’ll also build on Packard Children’s record of landmark advances in areas such as the following:

- **Solid-organ transplant**: Packard Children’s physicians developed ways to avoid steroids—and their undesirable side-effects—for post-transplant patients. Next up: developing less-invasive methods for monitoring transplanted organs.
- **Cardiovascular care**: The Children’s Heart Center has refined pediatric heart transplants and advanced cardiovascular surgery for tiny preemies. Now the team is researching ways to grow personalized replacement heart valves for babies.
- **Cancer**: The hospital’s oncologists developed a protocol to reduce graft-versus-host disease, a potentially fatal complication of the stem cell transplants used to treat hematologic cancers.

As more children survive cancer, physicians are studying how to minimize the long-term effects of cancer treatments.

- **Neonatology**: Packard Children’s neonatologists invented now-standard LED (light-emitting diode) phototherapy units to treat jaundice in newborns. Today they are advancing care for mothers and babies with complex prenatal diagnoses in the new Center for Fetal and Maternal Health.

Ongoing growth

“We’ve seen amazing advancements and growth since day one,” said Christopher Dawes, Packard Children’s president and CEO. “We’ve increased access and breadth, seen quality and expertise improve, and expanded our education and research programs.”

And for the future? “We will continue to be a hospital of innovation,” Dawes said. “The importance of our work creates passion among people, and in the end, that’s what makes us so successful.”
Victorine Raugi is brave and bright of spirit although disabled in body. She can't walk independently. Yet there she is at Little House, a senior center in Menlo Park, hands grasping the ends of a yellow rubber fitness band, stretching its resistance with all her might. “I talked to my doctor about this and she said, ‘Keep it up.’ At 92, I’m failing but this is keeping me strong.”

Today, Raugi is surrounded by more than 30 other seniors, as they twist, bend and lift their aging bodies with youthful enthusiasm. They are just some of the 300 people now taking advantage of this twice-weekly free exercise program, called Strong for Life, which is supported by Stanford Hospital & Clinics.

Strong for Life classes help seniors like Sylvia Wildmann maintain their independence and strength.

Scientific research continues to reinforce the powerful influence of regular physical activity to maintain health. The physical movements in each 45-minute class can reclaim mobility for stiff joints and increase strength in underused muscles.

The program’s most valuable accomplishments are independence, fall prevention and a tangible boost in attitude, said Candace Mindigo, RN, BSN, the program director and manager of SHC’s Aging Adult Services. People flock to the program, she said, “because it makes them feel stronger, and when you are stronger, you feel better and you’re more positive about your health in general.”

At each of the eight Strong for Life sites on the mid-Peninsula, people who come to the class regularly bond to form a special social community. “They have a lot of fun, whether they are lawyers, PhDs, MBAs or teachers,” said volunteer leader Kate Buckley. “They save seats for each other and feel free to engage in repartee.”

They develop a strong sense of loyalty and deep commitment to one another, she said. “One man came to class just to tell us his wife wouldn’t be there because she was sick.”

Although the exercises are valuable for general health, they can be most useful when someone is recovering from a stroke, broken hip or other medical condition, program volunteers say.

Buckley said it’s inspiring to see the determination and drive of the participants as they move from an easy fitness band to a tougher one. “People just don’t give up. ‘I can do it,’ they say. ‘I can get better.’ It’s very humbling.”

Funded in part by the National Institute on Aging, the program was developed at the Roybal Center for the Enhancement of Late Life Function at Boston University. It was first offered at Stanford in 2003 and expanded to local senior centers in 2005.

For all its impact, Strong for Life operates on a relatively small budget that supports four paid coordinators. Fourteen volunteers travel to the senior centers in Menlo Park, Redwood City, East Palo Alto, Mountain View and Palo Alto.

“They are very enthusiastic and supportive of all the participants,” Mindigo said. “They keep doing this because they know they’re helping people. We are doing preventive care that keeps older adults at home and out of the hospital. It really makes a difference in people’s daily activities.”

Strong for Life sessions are offered on an ongoing basis. Sessions are free but many classes have a waiting list, so registration is required. To check class availability, please call 650-725-4137.