



**Ronald
McDonald
House®**

Bay Area

Beyond the Hospital Room:

What It Really Takes to Put Families at the Heart of Care



Executive Summary

As Ronald McDonald House co-founder and pediatric oncologist Dr. Audrey Evans observed, “A family with a sick child is a sick family.”¹ When a child is facing a critical illness, their care depends not only on world-class medical treatment, but also on the presence, resilience, and active involvement of their family. Yet families must often navigate fear, uncertainty, financial hardship, and the practical challenges of being far from home while supporting a child through treatment.

For families to remain fully engaged in their child’s care, support must extend beyond the hospital room. This is especially true for families who are low-resourced, culturally isolated, or traveling long distances to access specialized treatment. By providing families with a place to stay together near the hospital, meals, and wraparound services, Ronald McDonald House Bay Area provides a “neighborhood of support” that removes barriers, strengthens families, and provides essential services that families need to be present for their child’s care.

In pediatric healthcare, the importance of family presence and participation is often understood through the framework of “family-centered care,” a model built on collaboration between care teams and families.² Family-centered care recognizes that a child’s health and well-being are closely intertwined with the well-being and functioning of their parents, caregivers, siblings, and immediate family members. To better understand how family-centered care is experienced in practice—and the perception of Ronald McDonald House’s role—we conducted in-depth interviews with 20 hospital leaders, clinicians, and frontline staff, including nurses, social workers and resource coordinators, at a leading children’s hospital in the Bay Area, in a community with one of the highest costs of living in the country.

We asked a simple question:

What helps families fully participate in care—and what gets in the way?

Three insights emerged:

- 1** Families fall through the cracks when non-medical needs are difficult to meet or navigate.
- 2** Ronald McDonald House lodging is seen as essential to enabling access to family-centered care but its larger support programs for families are not fully understood.
- 3** Families need support that extends beyond the hospital stay and throughout the full care journey.



The pages that follow explore each insight in greater depth, drawing directly from the voices of the participants we interviewed. We highlight not only what families need but also what these insights may mean for Ronald McDonald House Bay Area’s evolving role in supporting families through pediatric medical crises.

¹An interview between RMHC co-founder, Dr. Audrey Evans, and CEO of Philadelphia Ronald McDonald House, Susan Campbell (2018). Accessed at: [Dr. Audrey Evans | RMHC - YouTube](#)

²Franck, L. S., Mehra, R., Johnson, B. H., Abraham, M., Rubin, N., & Hoffmann, T. J. (2025). Hospital leader views on the family-centeredness of pediatric care: A global survey. *Medical Care*, 63(10), 749–757. <https://doi.org/10.1097/MLR.0000000000002203>

Three Insights About What Makes Family-Centered Care Possible in Practice

1 Families fall through the cracks when non-medical needs are difficult to meet or navigate.

When defining family-centered care—and what gets in the way—participants consistently highlighted the impact of unmet social and emotional needs.

Participants described how families can struggle to remain present for their child when the non-medical support needed to sustain care is insufficient, difficult to navigate, or unavailable. While hospitals provide exceptional clinical care, many families continue to face significant barriers related to food, housing, transportation, language access, medical expenses, emotional and psychosocial support, childcare, and support for siblings.

“There’s great support when they’re in [the hospital]. It’s when they’re outside—that’s when we have the issue.” — Frontline Staff

These challenges were especially acute for families with limited financial resources and non-English-speaking families. Participants shared stories of parents skipping meals because they could not afford food during extended hospital stays, and families delaying care because of fears related to immigration status. Many families were balancing time at the hospital with the need to maintain employment, pay rent back home, care for other children, and navigate unfamiliar healthcare and social service systems while far from their usual support networks.

“These are families who are away from their other kids or their loved ones. These are families who sometimes have to quit their jobs. They have to make really hard decisions to be present for their kid or to get them care at a place that’s really far away from where they actually live.” — Hospital Leader

Several interviewees noted that even when support programs exist, they are not always designed around the realities families face during prolonged pediatric medical crises. Families may encounter fragmented systems, complex eligibility requirements, long waitlists, or services that do not fully account for the challenges of extended travel, disrupted employment, or caring for multiple children across long periods of treatment.

Participants also emphasized that the practical and emotional burdens families carry outside the hospital room can be easy to overlook within fast-paced clinical environments, even though they directly shape a family’s ability to participate in care and decision-making.

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— Hospital Leader

“Sometimes there’s a lot that’s going on at home that the providers don’t see. [Parents] often don’t have the emotional bandwidth to focus on some of the other things related to their child’s health because they’re so focused on just the basic needs.” — Frontline Staff

Families may hesitate to ask for help, particularly when they feel overwhelmed, financially strained, or worried about being judged for struggling to meet basic needs during a child’s illness.

“I think we have to go above and beyond to create space where families feel like they can ask questions, bring up concerns, advocate for themselves, and ask for help without feeling shame.” — Dual Clinical/ Leadership Role

Participants acknowledged that non-medical support is not peripheral to care; it is what makes family-centered care possible in practice. At the same time, many recognized that the needs families face will go beyond what hospitals can address on their own.

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I think we have to go above and beyond to create space where families feel like they can ask questions, bring up concerns, advocate for themselves, and ask for help without feeling shame.

— Dual Clinical/Leadership Role

2 **Ronald McDonald House lodging is seen as essential to enabling access to family-centered care, but its larger support programs for families are not fully understood.**

Hospital leaders and frontline staff consistently described Ronald McDonald House as essential to helping families access specialized pediatric care and remain close to their child throughout treatment. This was especially true for families traveling long distances for highly specialized services, such as oncology, organ or stem cell transplants, and complex care.

Figure 1. Ronald McDonald House Bay Area Services & Programs

Overnight housing

Ronald McDonald House

Day Pass program

Open to all hospital families, 7am – 7pm daily

Free daily meals

Breakfast, dinner, and pantry access

Amenities & respite spaces

Laundry, showers, fitness room, and kitchen/cooking

Sibling support

Seasonal camps, sibling clubhouse, and tutoring

Ronald McDonald House School

On-site educational support for patients

In-hospital support

Hospitality carts, snacks, activity kits, and toiletries

Family-centered programming

Activities and events designed for the whole family

“I don’t really see an opportunity for some of our families to seek care at [our hospital] without Ronald McDonald House.” — Hospital Leader

Participants described Ronald McDonald House as making family presence possible during prolonged hospitalizations and ongoing treatment. “Adding more rooms” to accommodate unmet housing demand was a top identified need among participants at all levels. Families traveling from medically underserved, lower-resource communities would have difficulty accessing highly specialized pediatric care without this level of support.

At the same time, awareness of Ronald McDonald House services was generally centered on housing, with less familiarity with the broader range of family support services available (see Figure 1).

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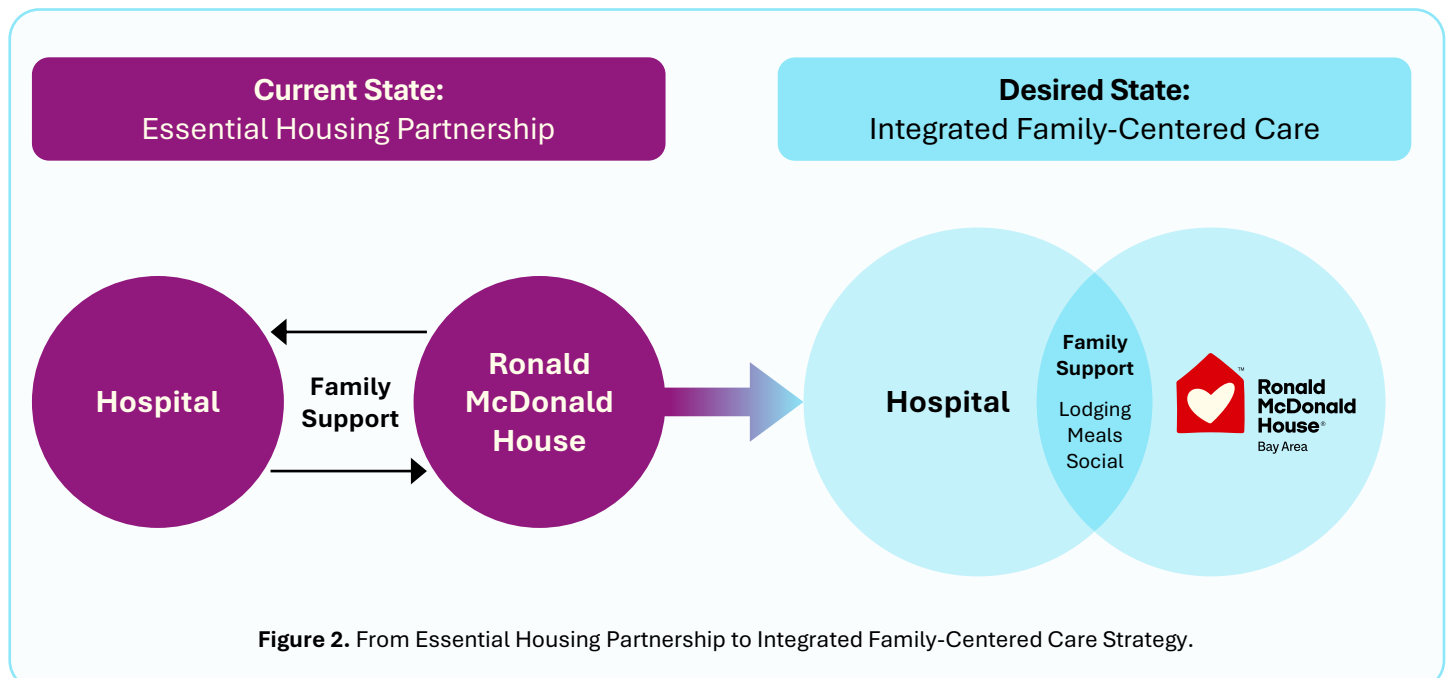
I quite honestly don't know a lot about what kinds of services you have at Ronald McDonald House... I know certainly the housing portion of it, but in terms of other programs or supports that are offered, I honestly don't know that much about it.

— Frontline Staff

While some participants were aware of free meal programs, Day Pass services, sibling support, and psychosocial resources, knowledge of these offerings varied widely across interviews. Participants suggested that awareness of Ronald McDonald House services became more uneven during the COVID-19 pandemic, and that the understanding of both existing and expanded programs had not fully rebounded in the years since.

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Together, these interviews point to a persistent need for more housing and broader opportunities for Ronald McDonald House within family-centered care, not only as a housing resource but as part of a more coordinated support system for families navigating pediatric medical crises. Figure 2 illustrates this shift: from an aligned (but siloed) housing partnership to an integrated family support model in which Ronald McDonald House and hospital partners work together to develop shared strategies to address the non-medical needs of families throughout their medical journey.



3

Families need support that extends beyond the hospital stay and across the full care journey.

Participants consistently emphasized that family needs do not begin at admission or end at discharge. Instead, many families move through a prolonged cycle of hospitalization, temporary returns home, follow-up appointments, monitoring, relapse, and re-admission, often while traveling long distances for highly specialized pediatric care that isn't available closer to home. Several interviewees described families piecing together temporary housing, driving hours for repeated treatments, or trying to manage daily life across multiple locations over months or even years of care.

"They're pausing life back home... but those things don't stop. Bills keep coming, things go on with the siblings, work responsibilities don't disappear." — Frontline Staff

Participants described how the practical demands of sustaining care over time can become overwhelming for families, particularly those already facing financial strain, language barriers, or limited support systems. A family's ability to understand and manage complex medical care is deeply shaped by stress, exhaustion, and the ongoing pressure of keeping daily life functioning during a prolonged medical crisis.

Participants also described gaps in support for siblings, deeply affected by a brother or sister's illness, who can become "shadow children" as family attention shifts toward the child receiving treatment. One frontline worker noted that when a child has a diagnosis such as cancer, "it feels like the siblings ... get neglected, or ... [placed] a little bit on the back burner because the needs of this patient are so great."

Others identified ongoing challenges for young adults ages 18–25 who "age out" of support systems like Ronald McDonald House but continue to require specialized children's hospital treatments and psychosocial support during the transition to adult care.



They're pausing life back home...but those things don't stop. Bills keep coming, things go on with the siblings, work responsibilities don't disappear.

— Frontline Staff

Together, these interviews suggest that supporting families through pediatric illness requires more than short-term assistance during hospitalization. Families need coordinated support throughout the full care journey, including:

- help navigating care;
- managing complex medical needs at home;
- accessing emotional and psychosocial support;
- finding places for rest during repeated hospital visits; and
- ensuring that siblings and young adults do not fall through the cracks as care needs continue over time.

By Their Side: How Ronald McDonald House Bay Area Is Expanding Its Continuum of Care

Ronald McDonald House shows up for families when and where they need us most. Many of the needs identified—including easy and reliable access to meals, places to rest during long hospital days, help navigating housing and resources, and support for the broader family, including parents, additional caregivers, and siblings—align closely with Ronald McDonald House Bay Area’s growth efforts. Findings also underscore the importance of strengthening awareness and referral pathways to existing supports, particularly Day Pass access and meal programs that can benefit families who do not require overnight lodging.

“I didn’t even know Day Pass was an option. So that’s something I’m going to try to stress to my patients, ‘If you want a free meal, if you need to just go somewhere and relax 7:00 AM to 7:00 PM, this is a place to go.’” — Frontline Staff

Strategic initiatives include expanding in-hospital meal programs, increasing regional housing capacity, establishing Family Room programs within partner hospitals, strengthening sibling programs, and developing more coordinated, culturally responsive ways to connect families with lodging and resources that ease stress and enable them to better participate in and support their child’s care—whether they stay overnight at Ronald McDonald House or not.

At the same time, the interviews reinforced that families are carrying far more than medical uncertainty. Participants described the emotional and financial strain of repeated hospital visits, the toll prolonged illness takes on patients’ and families’ quality of life, and the challenge of managing and adhering to care at home. Pediatric illness causes on-going disruptions on the patient’s siblings, caregivers, work, school, and daily life often over months or years.

“[Families] feel that they are all alone and they’re in survivor mode. We got to survive this. We got to get through this and through this and through this. And some families do it really well and some don’t.” — Frontline Staff

These interviews also highlighted opportunities for Ronald McDonald House to support families more fully through the long and difficult experience of pediatric illness—not only during hospitalization, but throughout the ongoing cycle of discharge, recovery, follow-up care, relapses, and re-admission. Participants described the need for support that helps families remain present, connected, informed, and able to sustain care over time, while ensuring that siblings and young adult patients do not fall through the cracks along the way.

Together, these insights reinforce a broader vision of what it takes to put families at the heart of care: **one that recognizes families need a neighborhood of support that is by their side throughout the full medical journey.**



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— Frontline Staff



A Closing Reflection from Laura Keegan Boudreau, MPH/MSW

Chief Executive Officer, Ronald McDonald House Bay Area

At Ronald McDonald House Bay Area, we know that when a child is seriously ill, the entire family needs care. I remember, as a child, traveling from California's Central Valley to the Bay Area so my sister could access specialized treatments not available in our community. I think often of what Ronald McDonald House would have meant to our family had the resources we provide today been available then.

Our global network of independently operated Ronald McDonald House Chapters has aligned on a set of shared global ambitions to serve more families, better—providing nourishing meals for every overnight family, ensuring families have access to psychosocial support that helps them stay strong and involved in their child's treatment, and advocating to make family-centered care the standard of care across the world. While the research we've presented here was conducted in the Bay Area, it informs a global conversation and deepens our understanding of what "putting families at the heart of care" truly means in practice.

We are deeply grateful to the hospital leaders, providers, and frontline staff who shared their experiences and insights throughout this project. Their reflections reinforced something we see every day: families facing pediatric medical crises are carrying far more than medical uncertainty alone. They are managing exhaustion, financial strain, disrupted routines, caregiving responsibilities, emotional stress, isolation and misunderstanding, and the ongoing challenge of trying to hold family life together while supporting a seriously ill child.

What stood out most clearly across these interviews was the recognition that family-centered care extends far beyond the hospital room. Families need more than excellent medical treatment. They need meals during long hospital days, places to rest and regroup, support for siblings, help navigating complex systems, and compassionate spaces where they feel safe asking for help without shame. They need a neighborhood of support throughout the entire medical journey.

The interviews also reinforced how deeply these burdens affect families already facing significant social and financial barriers. Many of the families we serve come from medically underserved communities, are low-income, lack adequate benefits, speak a language other than English, or travel long distances to access specialized pediatric care.

At Ronald McDonald House Bay Area, we remain committed to growing alongside the evolving needs of families and strengthening the partnerships that make this work possible. We hope the insights shared in this report deepen understanding of what families are carrying, and inspire continued collaboration in building more compassionate, connected systems of family-centered care.



About the Authors

Sally Duplantier, MS, DrPH Student, is a researcher, public health educator, and doctoral student in Global Health Leadership at the Indiana University Richard M. Fairbanks School of Public Health. Her work focuses on the intersection of healthcare systems, community-based organizations, and the social drivers of health, with particular interest in how non-medical support systems shape health outcomes, care engagement, and family well-being. She has co-authored multiple peer-reviewed publications on community health, behavioral health, and family and caregiver support, and collaborates with nonprofit and healthcare partners to translate research into practical, systems-level solutions.

Nicole Frances Williams, MSW, is the Senior Strategy Officer at Ronald McDonald House Bay Area. She collaborates with nonprofit, healthcare, and community partners to develop and implement strategies that strengthen organizational capacity, evaluate program impact, and expand services for families navigating pediatric medical crises. Drawing from both professional and lived experience with medical crisis and family trauma, she is particularly interested in the intersection of community-based services, social systems, and social drivers of health. She earned her Master of Social Work from the University of Michigan.

Kathleen Kelly, MPH Student, is the Associate Manager of Board Relations and Communications at Ronald McDonald House Bay Area. She is a Master of Public Health Candidate in Health Policy and Management at the University of California, Berkeley, where she also earned her B.A. in Interdisciplinary Media Studies and Human Rights. Her work is driven by advancing how family-centered care helps families navigate childhood illness, informed by growing up with a critically ill sibling. She also volunteers at Camp Okizu, a Northern California non-profit that provides recreational programs for families affected by childhood cancer and serves on the organization's Young Professional Board.



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About Ronald McDonald House Bay Area

Our mission at Ronald McDonald House Bay Area is to provide essential services that remove barriers, strengthen families, and promote healing when children need healthcare. We offer no-cost housing, meals, and comprehensive psychosocial support services for families with children accessing care at the Bay Area's leading children's hospitals, including Lucile Packard Children's Hospital Stanford and UCSF Benioff Children's Hospitals in San Francisco and Oakland. Annually, we provide 40,000 nights of housing, 140,000 meals, thousands of hours of support, and more than \$18.5 million worth of services. Core services and programs are delivered through our 123-bedroom Ronald McDonald House at Stanford, 21-bedroom Ronald McDonald House in Oakland, and in-hospital programs, including our Ronald McDonald House Family Rooms and award-winning in-hospital meal program.