At Boston Children’s Hospital, we’re focused on making sure children and families have the best care and support whether it’s at the hospital or in their own neighborhood. For nearly 30 years, we’ve been committed to our community mission and putting that mission into action. Our focus has been on implementing programs that extend our resources outside of the hospital walls, advocating for changes in systems of care for children and evaluating these efforts.

Over the years, we’ve learned there is more we can and must do as a leading provider of pediatric care. It’s vital to address the social determinants of health—those environmental, behavioral and social influences in a child and family’s life. We want to listen and learn from families and community leaders about the issues affecting children and align with others to meet the many health and social needs. Also important, we see our role as bringing together community partners and leveraging our experience with theirs to create a healthier path for children and families today and in the future.

In this report, we are pleased to share a few stories about this work with partners and our community efforts. More details and updates can be found on BostonChildrens.org/community.

Kevin Churchwell, MD  
President and Chief Operating Officer

Shari Nethersole, MD  
Executive Director for Community Health
Boston Children’s at Martha Eliot’s annual health and safety fair in Jamaica Plain brings together children and families to have fun, participate in activities and learn from over 35 vendors.
Francisca Guevara asks the boy and his parents, “Okay,” she says when they tell her three. “Do you think you could eat two instead? Or even just one?” They nod in agreement: That seems possible.

As the associate director of community health and outreach for Charles River Community Health, Guevara recognizes the need to meet families where they are, tailoring her suggestions to fit their traditions. “We can’t tell people that they can no longer eat the foods that are important to their culture,” she explains. “That just puts families on the defensive. But we can explain why certain foods aren’t healthy and suggest that they eat smaller or less-frequent portions.”

Charles River is one of 11 Boston-area community health centers participating in Fitness in the City (FIC). This partnership with Boston Children’s Hospital connects children who are overweight and their families with nutritional information, opportunities for physical activity and motivational support within their own communities. In its 13th year, remarkable findings from an analysis showed that FIC is making a real impact on the health of Boston families.

Real benefits

Every year, FIC enrolls about 1,000 children ages 5 to 18, all of whom have been identified by their primary-care physicians as being above 85th percentile for body mass index (BMI) or higher—the definition of overweight. These children and their families are then referred to a case manager, who provides personalized resources, whether that means access to family shopping trips, cooking classes, dance lessons or other opportunities. “The goal is to help kids stabilize their weight and get healthy in a culturally sensitive and appropriate way,” says Urmi Bhaumik, evaluation manager for Boston Children’s Office of Community Health.

To determine whether FIC was meeting that goal, Bhaumik and Shari Nethersole, MD, the hospital’s executive director of Community Health, analyzed data from 291 children who had nine years of information about their height and weight and who took part in FIC during 2009 and 2010. They determined that the children’s BMI had increased for the three years prior to joining FIC and continued to drop even five years after they completed the program. This apparent reversal in weight gain suggests that children who participate in FIC—particularly those who
are overweight or mildly obese—can experience real benefits from the program. “We find that FIC is a model that makes sense for these particular kids,” explains Bhaumik. The analysis includes the first data on FIC—and promises to add another level of achievement to what is already a thriving program.

A family affair

The key to success, says Bhaumik and Guevara, is to involve parents from the beginning. “No one wants to hear that their child is overweight,” says Guevara. “Instead, we frame the program as a preventive measure that can help ward off chronic conditions like diabetes and heart disease later in life.”

Parental involvement is critical to helping sustain that preventive approach. “It’s easy for us to say what people ‘need’ to do to be healthy,” explains Bhaumik. “It’s often harder for them to actually implement those changes. Community health centers can help by providing education and resources, without being rigid in the approach.”

Indeed, the results of Bhaumik’s analysis bolster this belief, suggesting that weight loss is usually small and incremental—but also lasting. “It can take time for families to shift their behavior,” she says. “Change doesn’t happen in a day, but for many of these kids, just a few small changes can ultimately make a difference.”

Mattapan Community Health Center gets families cooking together

“When you put kale into a smoothie with some fruit, it’s very good!” says Sharon Callender, RN, MPH, director of family and community health services at Mattapan Community Health Center (MCHC). Introducing families to new ways to include more fresh fruits and vegetables in their daily meals is one way the health center tries to change mindsets and behaviors to help children and families lead healthier lives.

Located in Mattapan Square, MCHC is another health center working in partnership with Boston Children’s through the Fitness in the City program (FIC). At MCHC, participants first see a case manager and then meet with the nutritionist. They also get a three-month membership to the YMCA, access to a monthly physical activity class at the health center that is paired with a half hour healthy eating class, and the opportunity to join a six-week cooking class to attend with a parent or guardian. The cooking class is a new element that MCHC and other participating health centers are now offering with funding through Kohl’s Cares and the Kohl’s and Boston Children’s Healthy Family Fun Program.

Cooking class participants prepare dishes such as salmon with multi-color peppers, rice with coconut oil and broccoli, or quesadillas with vegetables and beans. Instructors emphasize using spices and minimizing salt and sugar, and also teach how to read food labels. Participants are encouraged to at least taste everything. For the last class, participants celebrate with a formal dinner and put their new skills to use.

Over 200 children and their families have participated since the program started at MCHC in 2016. Program staff feel that success is when families and participants try new things, and change habits one step at a time. At MCHC, this program is about making sure that the vision becomes reality.

Families can find more healthy tips and resources for local activities at KohlsHealthyFamilyFun.org or on Facebook @KohlsHealthyFamilyFun.

Photos: Margaret Falter
The next generation of community leaders
The Mildred C. Hailey Youth Community Leadership Institute at Martha Eliot

When the students of the Mildred C. Hailey Youth Community Leadership Institute at Martha Eliot Health Center learned they were going to be painting a mural, they were initially intimidated. “Some were thinking ‘I can’t draw!’ or ‘I don’t know if I can do this,’” says Alysha Noel, community resource coordinator at Martha Eliot and co-facilitator of the Institute, along with Samantha Montañó from the Jamaica Plain Neighborhood Development Corporation (JPNDC). But, after working with a local artist to brainstorm ideas and practice, the youth quickly gained confidence. “After drawing their section on the wall, they said ‘Ok, I’m ready to draw something else now,’” says Noel with a laugh. “It was great to see them take initiative and control over the project.”

The end result, unveiled in a ceremony on June 18th, was a beautiful mural depicting hands working to assemble a puzzle, with each piece colorfully reflecting the mural’s theme of community. Each youth drew one of the pieces to give their own perspective to the mural’s theme.

Seeing their stories woven into the mural is just one of several ways the youth of the Leadership Institute have grown over the course of the year. The Institute—a collaborative effort of Boston Children’s Hospital at Martha Eliot, JPNDC and the Jamaica Plain (JP) Tree of Life/Arbol de Vida—helps students (ages 13–17) learn how to positively impact their lives and the community through leadership and teamwork.

“We talked to the Jamaica Plain neighborhood task force and we thought it would be a really good idea if we started working with the younger residents, so by the time they reached college age, they could step up and become leaders,” says Margaret Noce, retired former coordinator of JP Tree of Life/Arbol de Vida. Now in its seventh year, the Institute primarily serves youth living in the Mildred C. Hailey Development, formerly known as Bromley-Heath.

Developing new skills
 Nine students were enrolled in the program, which follows a social justice curriculum with the goal of helping them to strengthen their voice.
The group met twice a week during the school year and participated in an array of activities, such as advocating at the State House for a youth space, helping the Boston Police Department with a holiday party for community members and identifying needs in their neighborhood. Each activity served a purpose—building advocacy skills, practicing public speaking or learning how to handle issues like bullying. With each project, the youth also were giving back to their community and neighborhood.

Another initiative was to reclaim an area, known informally as “The Cave” in the Mildred C. Hailey Development. The Cave, which was a space for youth several years ago, is currently being underutilized. The students put their budding advocacy skills to work to transform the spot into a permanent place for young people. To prove that it can be an engaging hangout, the youth planned a “pop-up” event for a recent Friday night. “The students went into full planning mode,” says Noel. “They gathered interest on social media, recruited others through flyers and organized everything for the event.” Along with youth of all ages, Boston Police officers and representatives from state and city offices attended as well.

In one year, the youth have grown their leadership skills and confidence. One young man in particular made an impression on Noel. “He didn’t even want to share his name at first,” says Noel. “Now he is making friends, speaking up for himself, and has a lot to say at meetings. It is a testament to how this group has made him feel more comfortable with himself and being in other groups.”

Noce concurs. “The kids are much more comfortable expressing themselves. A couple years ago, some of the kids came in and struggled to communicate, but by the end they were very poised. When they gave presentations at the end of the year they were clear and thoughtful.”

Ask the youth, and they see the same growth in themselves. “I have made new friends and learned new skills,” says Leslie, one member of the Institute. Another member, Abdias is fond of the inclusiveness of the group. “It feels more like an environment that you are accepted and can be yourself. I’ve learned how to be more accepting of others and how to work on a team.”

Overall, the Institute has been successful due to the commitment of the youth and the stakeholders. “This is a great collaboration,” says Noce, “but it’s the youth who make it a true success.”

Youth created a section of a mural at Martha Eliot to share their perspective on what community means.

Photos: Stacy Walker
Patients in the Fitness in the City Program decreased and/or maintained their Body Mass Index (BMI) after 12 months.

Boston Children’s Hospital Neighborhood Partnerships Program, which provides access to behavioral and mental health support for children, partnered with 7 schools and served over 1,000 students.

The CAI reported an 81% decrease in the percentage of patients with any asthma-related hospitalizations.

27 programs were presented at Boston Children’s annual Community Health Showcase, which provides an opportunity to highlight community efforts from across the hospital and the work of our partners.

11 Boston community health centers are supported and affiliated with Boston Children’s.
What is the first word that occurs to Dustin when he recalls his drug-addicted past at a public high school, interrupted by multiple stays at rehabs? “Shame,” he says. “I knew I’d just been in a detox. They all knew it too. There wasn’t a lot of support. You’re just tossed back into the sea of people.”

That ended in 2015, when Dustin (not his real name), who by then was shooting heroin, was asked to leave his school. Today, he’s a Dean’s List junior at an area college with a GPA of 3.8, a major in psychology, multiple scholarships—and a limitless future.

Credit for this turnaround goes largely to Dustin. But save a bit for Boston’s William J. Ostiguy High School, one of 45 recovery schools nationwide. Ostiguy is the 2018 recipient of Boston Children’s Hospital’s William L. Boyan Award, which annually honors a community organization, health center or school for its excellence in supporting the health and well-being of children and families in Boston.

Tough road for teens in recovery

According to the Department of Health and Human Services, approximately half of U.S. teens have misused prescription or illicit drugs at least once. And that’s not including the most abused drug of all: alcohol, which 58% of 12th graders drank in the past year.

Not all who consume these substances abuse them. But when teens do, and seek help, the odds are stacked against them in a traditional school setting. Roger Oser, who helped found Ostiguy and remains its principal, says research shows that after teens complete in-patient treatment, “once they go back to their schools, they relapse at a rate of 90%—in the first month.”

Located half a block from Boston Common, Ostiguy was launched in 2006 after its namesake, beloved Boston firefighter William J. “Willie” Ostiguy, learned how difficult it was for other firefighters’ teenagers who were battling addiction, no matter how determined they were. “I’m awestruck by the courage it takes for a young person to admit they have an issue,” Oser says. In seeking treatment, “You have to be humble. You’re doing something 99% of your peers aren’t doing.”

He adds that students in traditional high schools aren’t intentionally malicious—but we live in an age of intense, social media-driven peer pressure. To succeed, teens in recovery must “change up their people, places and things,” Oser says.

Sharon Levy, MD, director of the Adolescent Substance Use and Addiction Program at Boston Children’s, agrees. “Places and [other] students are so triggering,” she says. “So a school that incorporates recovery into education is a godsend.”

About 75 students attend Ostiguy each year, making for enviably small class sizes and a feeling of community. “I’d been to 12-step meetings before,” Dustin says. “But I didn’t have a whole lot of hope.” That changed when he met other teenagers living in recovery; they modeled clean living for Dustin, and he notes with pride that “my ‘clean date’ is my date of enrollment at Ostiguy.”

A typical day begins with a brief meeting of students, faculty and staff, setting the tone for the day. Then time for classwork, interspersed with varied healthy-living and sobriety-focused activities: yoga one day, a lecture on relapse prevention the next, art therapy the next.

What Dustin most appreciated was the ever-present drug counselor, whom students are encouraged to visit whenever they feel the need.

Leading the way

Because recovery schools are new and rare, their statistical effectiveness is difficult to quantify. However, experts generally agree with a National Institutes of Health report that said, “these schools might be effective in reducing relapse to substance use and are simultaneously successful in helping their students succeed academically.” The success of schools like Ostiguy, combined with the opioid crisis, is spurring others to action. One recent summer day, Oser was preparing for a visit from a Los Angeles group curious to see what makes Ostiguy tick. That’s no surprise to Levy; “In my mind,” she says, “Ostiguy has a model program” when it comes to recovery schools.

The $50,000 that comes with the award will be put to good use: Oser plans to hire an intake specialist, freeing his time for outreach. “It’ll let me be out in the community,” he says, “making sure there’s awareness about the resources these students need.”

Surely that will lead to more success stories like Dustin’s. “The support from staff and teachers,” he says, “helped me get a better picture of what my life could be.”
In August 2018, Boston Children’s Hospital announced that it had awarded more than $11 million to 31 funded partners through its Collaboration for Community Health. Funding to these partners will be distributed over the next three years. The $11 million is a portion of the hospital’s commitment of $53.4 million (see Funding Allocation chart on page 18) to support community organizations and agencies and their efforts to improve the health and well-being of children and families in Greater Boston. This distribution through the Collaboration for Community Health is in addition to ongoing support for programs and partnerships as part of Boston Children’s community mission.

“For many decades, Boston Children’s has dedicated resources and used its expertise to improve child health outcomes beyond the walls of our hospital,” says Sandra L. Fenwick, chief executive officer of Boston Children’s. “Through the Collaboration for Community Health, we’re able to further extend by helping more community partners to implement programs and strategies that are vital to a child’s overall health.” Adds Fenwick, “This means we’re also looking at the social determinants that affect a child’s health such as the environment that surrounds them, their housing conditions and any consequences from experiencing violence or growing up in poverty.”

Over the next 10 years, the Collaboration for Community Health will distribute the funds as part of an agreement with the Massachusetts Department of Public Health’s (MDPH) Determination of Need program. Under the MDPH agreement, Boston Children’s may direct funds to community health efforts that benefit children and families with an emphasis on those disproportionately impacted by racial/ethnic and socioeconomic inequities. This gives Boston Children’s greater opportunity to address social determinants of health by improving child health outcomes, promoting health equity and enhancing the lives of children and families.
The strategy to distribute funds followed a two-year community engagement process to inform how Boston Children’s could make a long-lasting impact. That process resulted in identifying several strategic funding areas to address the health and social needs of children and families.

An initial round of $11 million was released to funded partners in these key areas:

- Family Housing Stability and Economic Opportunity
- Zero to Five Child Health and Development
- Community Physical Activity, Recreation and Food Access

In March 2019, Boston Children’s will release another round of funds to additional funded partners in the areas of:

- Mental Health and Youth Support Systems
- Community Trauma Response

Stories about three funded partners: Boston Housing Authority, Boston Basics with Families First and the Waltham Boys & Girls Club are on pages 12–17. Read on for how these organizations will use funds from the Collaboration for Community Health to expand their efforts and reach children, youth and families.

OUR GOAL IS TO HELP OUR PARTNERS NOT ONLY GROW AND LEAD, BUT TO SHARE THE SUCCESSES AND LESSONS LEARNED WHEN IMPLEMENTING PROGRAMS AND POLICIES THAT TACKLE COMPLEX HEALTH AND SOCIAL PROBLEMS.

— Shari Nethersole, MD
Executive Director for Community Health

Thirty organizations were selected in the initial round of funding through Boston Children’s Collaboration for Community Health. The partners came together for a kick-off to discuss common themes in their projects and how to measure the impact on children’s health.
Home is where the heart is
The Boston Housing Authority seeks to help vulnerable renters keep their homes

The Boston Housing Authority is not only the city’s largest landlord; it also houses “some of the poorest and most vulnerable,” says Gail Livingston, the agency’s deputy administrator for housing programs. Many tenants live right on the edge, she adds, where small things can cause them to get behind on their rent.

“Small things” has two meanings here; many of the neediest tenants have young children. The BHA, in a partnership with HomeStart, a nonprofit devoted to ending homelessness, is using funding from Boston Children’s Collaboration for Community Health to assist these families before their lives are turned upside down by a trip to housing court.

A chance to try something new
The BHA’s prevention efforts have traditionally focused on tenants in gravest danger of being evicted—that is, those who have been summoned to housing court. Livingston has worked with Kelly Mulligan, chief program officer at HomeStart, for years. The two often conversed about how exciting it would be to work with families before they reached that crisis point. “We wanted to study whether early eviction prevention is more cost-effective” than the court focus, says Mulligan.

Of course, cost is only part of the picture. By its very nature, a court procedure is stressful and disruptive. That’s especially true for the poor (the average BHA household has income of only $14,000 per year), and especially for those with children under five years of age. “We wanted to put in a program aiding people at the very start of arrearages,” says Livingston.

And to give vulnerable children a fighting chance. “People with kids are most affected by evictions,” she says. “Young children tend to be heavily affected by disruptions and stress.” The effects of eviction on families are often heartbreaking. In one study by the Middlesex County Coalition on Housing and Homelessness, eviction was named by parents as a significant factor in custody changes, with children often sent off to live with grandparents or other family members.

Strains on parent-child bonds and a general rise in stress were also noted in the study. As one respondent said, eviction “throws [children] off completely... Kids don’t like changes. To put them on a drastic change like that stresses out the entire family... It threw off assigned schedules for everything, sleeping-wise, eating-wise, all of it.”
Experts often note that families in the midst of a rent crisis are more susceptible to health problems. "You’re not making or keeping appointments,” notes Mulligan. “You’re not taking your meds, you’re forgetting refills.”

**Structuring the program**

When the BHA and HomeStart learned of the funding opportunity from the Collaboration for Community Health, Livingston and Mulligan wasted no time in creating a program and a proposal. With 9,000 units of housing, the BHA had to narrow the potential recipients; this led to the focus on families with young children.

During its three-year span, the program’s goal is to assist 180 families. The key is early intervention. “Let’s get to [tenants] before court,” says Livingston. “Let’s reduce stress and stabilize tenancies.”

The Collaboration for Community Health funding allows the BHA and HomeStart to make funds available in a way that heads off arrearages. Take, for example, an unexpected car repair. A recent study by the Federal Reserve found that an unbudgeted expense of $400 would throw 40% of U.S. households into turmoil. The effect is even more dramatic for those getting by on $14,000 a year. The BHA-HomeStart program will help participants pay for unforeseen emergencies and basic needs, in order to "catch and remedy the arrearage while it’s small,” says Livingston.

Other forms of assistance will vary, depending on the individual tenant family’s needs. "There’s no one-size-fits-all solution,” says Mulligan. Many tenants will receive coaching around budgeting and financial planning. For example, they’re encouraged to have rent payments automatically deducted from their pay. Another element of the program is working with partner agencies to provide career counseling.

Metrics are a vital part of grant proposals, and the BHA has engaged Boston University to assess the program’s impact. BU will compare the early-intervention method against other families being helped in other ways by HomeStart, looking for a decrease in stress and whether families helped early are better able to maintain successful tenancies. “This gives us an opportunity to track the benefits for children,” says Mulligan.

The BHA and HomeStart have high hopes for early intervention; they believe it could be a cost-effective way to address the issue, and the grant will help them find out. “This is something we’ve always wanted to do,” says Livingston. “Get involved with families to prevent them from needing to go to court.”
Cognitive skill gaps between children from different socioeconomic, racial and ethnic backgrounds are stark by their second birthday. That gets your attention,” says Boston Basics founder, Ron Ferguson, PhD, an expert on closing the achievement gap. From birth to age three, children’s brains develop in dramatic ways, and skill gaps apparent by age two can have a profound impact on school readiness. Yet, as Families First executive director Sue Covitz notes, “This idea of starting right from the beginning, which seems like so obvious a place to start, for some reason has been overlooked.”

Ferguson and his team distilled the research into five evidence-based parenting and caregiving principles that support the early brain development of children. These “Basics” are:

1. Maximize love, manage stress
2. Talk, sing and point
3. Count, group and compare
4. Explore through movement and play
5. Read and discuss stories

The intent is to braid the Basics into daily interactions with young children. The three-pronged strategy for dissemination of the Basics is to share the messages through mass media (billboards, social media and print materials), saturate a few neighborhoods at a time through a range of institutions, and work with sectors that parents and families trust—like healthcare, churches and childcare—to integrate the Basics into their routine operations. This strategy is intended to produce what Ferguson calls “socio-ecological saturation,” where parents hear about the Basics from every direction.

Where Boston Basics seeks breadth, Families First goes deep. Its mission is to strengthen parent-child relationships to produce better outcomes for children. Families First developed and refined their 12-week Power of Parenting education program—including a version for parents of children from birth to age three—to improve parenting skills, develop social connections and build parent leadership capacity. Families First’s experienced Parenting Educators deliver the program, which is hosted by community partner organizations.

Neighborhood saturation
Boston Basics and Families First teamed up 18 months ago to pilot a version of Power of Parenting embedded with the Basics in East Boston. It went so well that the duo applied for...
and received funding from Boston Children’s Collaboration for Community Health to take the model to other neighborhoods. This funding will support their joint work with four sets of community health centers and childcare centers per year. These sites will be selected with the help of the Massachusetts League of Community Health Centers and Head Start. Boston Basics will train staff from participating sites on how to weave the Basics into interactions with most of the parents and caregivers they serve. Some of these parents and caregivers will then have a chance to participate in the Power of Parenting program for a more in-depth experience. With funding from the Collaboration for Community Health, both organizations hope to refine their program models and look forward to building new partnerships and reaching more parents.

**Impact and value**

Measuring impact is top of mind for Boston Basics and Families First. The plan is to assess parents’ self-reported changes in beliefs and behaviors, and changes in the routines and practices of the professionals working at participating organizations. Focus groups will assess differences in outcomes between participants in the Power of Parenting embedded with the Basics and participants in the regular program.

“Parents are grateful for this information. We know that using the Basics at home has resulted in children watching less TV, engaging in more imaginary play, and wanting to discuss stories more. Parents are amazed by the difference in their kids,” explains Ferguson. Covitz adds that “Power of Parenting participants are more confident as parents. They report incredible changes in their skills and resilience — and they enjoy the time they spend with their children more.”

This work may seem simple, but it isn’t always straightforward or easy for parents to implement in daily life. That is why these strategies are important reminders and “can be game-changers in kids starting school ready to learn. Elevating the voice of parents in early childhood is critical, and I hope this is another platform to help do that. We are proud to be collaborating on this work during such an exciting time,” says Covitz.

Images are from the Five Basics poster, which can be found at TheBasics.org along with other tools and resources.
AIMING FOR HEALTHIER HABITS

AT THE WALTHAM BOYS & GIRLS CLUB, TEENS PLAY A MAJOR ROLE IN A HEALTH AND WELLNESS CAMPAIGN

Learning how to eat healthier. Finding more time for physical activity. Coping with challenges and setbacks. These are all skills that teens need to learn…but from whom?

The Waltham Boys & Girls Club believes it has hit on an answer: other teens. A grant from Boston Children’s Collaboration for Community Health will fund a campaign in which youth will lead on outreach and healthy decision-making.

Challenging times for teens

When it comes to exercise and food choices, there are alarming trends for young people. According to a recent Johns Hopkins study, obesity rates have doubled since 1980 among children—and have tripled for teens. In the past 20 years, the proportion of 12 to 19 year-olds who are obese increased from 5 to 18 percent.

Genetic and biological factors play a role, but it’s a small one. More troublesome, researchers say, is a lack of access to healthy foods among vulnerable families. Studies noted by the National Institute of Health have “linked food insecurity with a lower consumption of healthy food groups and poor diet quality.”

Experts say today’s teenagers are knowledgeable when it comes to the benefits of healthy eating and exercise as well as the ills associated with a sedentary lifestyle. But as many parents know, understanding the risks and acting accordingly are two different things. No matter how well-meaning the adult—parent, counselor, or other—it’s hard to get the message through and, crucially, acted upon. Youth-led programs “are proven to be more impactful in engaging [teens] who need the services most,” says Erica Young, executive director at the Waltham Boys & Girls Club.

Peer to peer communication

This is what prompted the club’s initiative, in which teens will help their peers improve their eating and fitness habits. The club will be bringing in expertise from Boys & Girls Club’s professional staff, other community organizations, and outside consultants to train, for starters, twenty-five 14- to 18-year-olds in outreach and workshop facilitation. Those teens will compile a list of all available club programs, track attendance; and strategize on how to engage more of their peers. Moreover, they’ll seek out gaps in programs or services, and offer suggestions on filling those gaps.
The youth involvement won’t stop there, either. Teens will be gathering information. They’ll conduct focus groups and distribute surveys with an eye toward collecting information on their peers’ current habits. “They’ll help us find out why teens are currently engaging in various behaviors,” says Young, “and reasons they may not be participating in the services and programs we offer.” Club participants will also implement a marketing campaign on fitness and healthy habits. That campaign will include online and printed materials, and the teens will work with an advertising agency to plan, design and implement it.

The club already has many workshops, and Young believes that having teens run them will boost attendance, bringing the benefits to a whole new crowd. “We’re teaching healthy habits, healthy eating, meditation, healthy routines, coping strategies,” says Young. Transitioning these to youth-facilitated workshops “will make them more appealing, increasing participation.”

“Boston Children’s Hospital is proud to partner with the Waltham Boys & Girls Club through the Collaboration for Community Health and we applaud this creative approach to developing healthy habits at an early age,” says Jane Venti, senior director, Boston Children’s at Waltham.

In just one example of outreach, the club already has in place “We Own Fridays,” a monthly weekend event open to Waltham youth who want to play basketball, take Zumba lessons and sing a little karaoke—rather than engaging in riskier practices. Rachel Cosgrove, a high-school senior and longtime club participant, is a big fan of We Own Fridays. “They bring in kids we don’t see at other activities,” she says. “Now we just need to bring them back, and I think we can.”

Gauging success

The club is well aware of the need to measure the success of the program—and youth will even play a key role there. Young adds that they’ll carefully track participation in programs and services. And through interviews, focus groups and surveys, the youth will gauge attitude and behavior changes to see what’s working.

The Waltham Boys & Girls Club “has been a safe space for me for years,” says Cosgrove, “and I know it is for a lot of other kids too. Now it’s our turn to pay it forward.”
Funded Partners as of August 2018
Initial funded partners in key areas for the Collaboration for Community Health

FAMILY HOUSING STABILITY AND ECONOMIC OPPORTUNITY
This initiative will provide funding to organizations undertaking activities that keep children and families in their homes and/or foster youth and family economic stability and mobility.

- Boston Housing Authority
  Early Intervention Housing Stabilization Program
- Higher Ground Boston
  Family-Led Stabilization Program
- Chinese Progressive Association
  Chinatown Stabilization Project
- Family Independence Initiative
  Public-private collaboration to pilot asset-based economic mobility for families
- Jamaica Plain Neighborhood Development Corporation
  Financial Health Matters
- Massachusetts Affordable Housing Alliance
  Closing the Racial Homeownership Gap
- MassHousing
  Tenancy Preservation Program Upstream Pilot
- City Life/Vida Urbana
  Anti-Displacement Zones for Health

ZERO TO FIVE CHILD HEALTH AND DEVELOPMENT
This category will provide funding to organizations that benefit the well-being of children birth to 5 years old, including training of early childhood educators, strengthening the quality of early education and increasing access to parenting resources and support services.

- Boston Basics in partnership with Families First
  Elevating the Role of Parents in Optimizing Early Childhood Brain Growth Using a Cross-Sector, Neighborhood-Focused Strategy
- Boston Children's Museum
  Linking with Libraries: Opportunities for Early Learning through Family and Community Engagement
- Boston Chinatown Neighborhood Center
  Family-Centered Child Care Project
- Boston Public Schools Department of Early Childhood
  Boston's Community-Based Pre-K Needs Assessment and Comprehensive Services Project
- Family Nurturing Center
  Boston Family Engagement Network Parent Leadership Project: Family Nurturing Center

COMMUNITY PHYSICAL ACTIVITY, RECREATION AND FOOD ACCESS
This area will provide funding to organizations conducting projects to increase youth physical activity and recreation opportunities and/or increase the access to and consumption of healthy food options.

- CommonWheels Bicycle Collective
  Earn-a-Bike and Gearing Up Programs
- Haley House
  Roxbury Rooted: Engaging Young People to Create a New Food Culture
- Massachusetts Public Health Association
  Building and Strengthening the Massachusetts Food Trust Program
- Mattapan Food and Fitness Coalition
  Healthy Mattapan Campaign
- Mayor’s Office of Food Access
  Boston Eats
- Playworks New England
  Boston Public School Expansion
- Sociedad Latina
  Padres Comprometidos (Committed Parents)
- The Foundation for BCYF
  Family Gym
- Waltham Boys & Girls Club
  Youth-Led Health Initiative
- Youth Enrichment Services, Inc.
  Year-Round Youth Outdoor Adventures and Sports-Based Programming

SPECIAL INITIATIVES

- Healthcare for All
  Children’s Health Policy and Advocacy Initiative

Funding Allocation
$53.4M over 10 years

Zero to Five
$17 M
Family Housing Stability
$5 M
Mental Health and Youth Support Systems
$7 M
Community Health Equity
$10 M
Family Economic Opportunity
$1 M
Special Initiatives
$2.4 M
Community Trauma Response
$3 M
Evaluation and Data
$3.5 M
Community Physical Activity, Recreation and Food Access
$4.5 M

For more details on the partners and their projects, visit BostonChildrens.org/fundedpartners
Investing in the community

Each year, Boston Children’s Hospital reports to the Internal Revenue Service (IRS) and the Massachusetts Attorney General’s Office (AGO) about the amount invested by the hospital to support community benefits and community health efforts. Each regulatory agency has guidelines for what counts and can be reported as the activities, benefits and programs provided to the public, also referred to as community benefits, by a nonprofit hospital.

### BOSTON CHILDREN’S COMMUNITY BENEFITS REPORTED TO THE INTERNAL REVENUE SERVICE

<table>
<thead>
<tr>
<th>Charity Care and Means Tested Programs</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care, Per MHA (Free care excluding bad debt)</td>
<td>$8,593,123</td>
</tr>
<tr>
<td>Unreimbursed Medicaid</td>
<td>$109,320,194</td>
</tr>
</tbody>
</table>

**Total Charity Care**

$117,913,317

**Other Benefits**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Improvement</td>
<td>$5,917,318</td>
</tr>
<tr>
<td>Health Professions Education</td>
<td>$31,047,039</td>
</tr>
<tr>
<td>Subsidized Health Services</td>
<td>$3,982,664</td>
</tr>
<tr>
<td>Research</td>
<td>$9,153,062</td>
</tr>
<tr>
<td>Financial Contributions/Partnerships</td>
<td>$1,918,000</td>
</tr>
</tbody>
</table>

**Total Other Benefits**

$52,018,083

**Total Community Benefit**

$169,931,400

**Percent of Total Expense**

9.98%


### BOSTON CHILDREN’S COMMUNITY BENEFITS REPORTED TO THE MASSACHUSETTS ATTORNEY GENERAL’S OFFICE

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Benefits Programs</td>
<td>$39,332,481</td>
</tr>
<tr>
<td>Net Charity Care</td>
<td>$8,593,123</td>
</tr>
<tr>
<td>Corporate Sponsorships</td>
<td>$48,200</td>
</tr>
</tbody>
</table>

**Total Expenditures**

$47,973,803

**Total Revenues for 2017**

$1,234,525,220

**Total Patient Care-related Expenses for 2017**

$1,068,982,935

Children attending Martha Eliot’s annual health and safety fair get to visit the Teddy Bear Clinic.

Community Mission
Boston Children’s Hospital’s community mission is to improve the health and well-being of children and families in our community. We bring together hospital and community resources to improve health outcomes, promote health equity and enhance the quality of life for children and families.