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Chop and Shop!
Families learn new skills with cooking and shopping programs

Families get cooking

Nine families comprised the first Smart Cooking class held at Curtis Hall Community Center in Jamaica Plain. The 25 participants—parents and their children ages 8 to 12—were mentored by five professional chefs from Boston Children’s Food Service Department.

The focus of the class was on cooking balanced meals and engaging the family in the kitchen. “This was three hours of hands-on skill-building for the whole family, with a couple of key goals,” says Stacy Leavens, program coordinator in the Office of Community Health at Boston Children’s. “One was to equip parents with the knowledge, confidence, skills and tools needed to make healthier meals. Another was to get children involved and interested, the thought being that kids might be more likely to try new foods if they’ve had a hand in making them.”

The Food Service team worked to develop a culturally appropriate and affordable menu, featuring both familiar foods and new ones. “Pizza is familiar to children,” says Leavens, “but whole-wheat flatbread pizza with eggplant on it probably isn’t.” Participants learned how to make not only the pizza, but also an arugula salad, Brazilian chicken and vegetables and a yogurt parfait.

They also learned how to maximize ingredients. “We highlighted a lot of vegetables in this menu,” says John DiSessa, director of Food and Nutrition at Boston Children’s, “We suggested that our ‘cooks for the day’ use the same vegetables they made for the chicken on their pizza.”

Knife skills and menu planning. Shopping for healthful foods on a budget. Cooking once for two meals. These were some of the strategies and skills embedded in Smart Cooking and Smart Shopping classes held this spring for families enrolled in Boston Children’s Hospital’s Fitness in the City program, a partnership with 10 community health centers in Boston to provide obesity prevention and treatment services.

The Smart Cooking and Smart Shopping classes, made possible by a gift from the Leon Lowenstein Foundation, Inc., build on Boston Children’s longstanding commitment to tackle the issue of obesity in Boston’s core neighborhoods. The grant provides funding for two rounds of classes, development of a cookbook and mini-grants to community health centers to formulate their own cooking and shopping classes.
On a Saturday morning in late March, eight families gathered at the Stop & Shop on Centre Street in Jamaica Plain. Families were escorted around the store by case managers and staff from Boston Children’s Primary Care at Martha Eliot Health Center, Upham’s Corner Health Center and Whittier Street Health Center.

“During the tour,” says Leavens, “the participants learned about buying healthy, affordable foods, reading nutrition labels and understanding unit price. We also offered a scavenger hunt so participants could practice some of the new skills learned.”

Participants included parents, grandparents, aunts and uncles and other family caregivers who cook and shop for children. “The feedback we got from participants was overwhelmingly positive,” she added. “After the tour, they reported a higher level of confidence about buying healthful and affordable foods. They liked the fact that they could ask questions during the tour, and they shared ideas among themselves, too.”

Cover, left and above: Photos by www.gretjenhelene.com

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**Balsamic Roasted Vegetables**

**Ingredients**

1. yellow squash or zucchini, cut into thin strips
2. ½ of a medium eggplant, cut into thin strips
3. 1 cup of mushrooms, sliced
4. ½ cup of diced onion
5. 1 medium green pepper, cut into thin strips
6. ⅓ teaspoon black pepper
7. 2 tablespoons balsamic vinegar
8. 2 teaspoons canola oil
9. A sprinkle of salt

**Directions**

1. Preheat oven to 375 degrees.
2. Combine all ingredients and toss together until the vegetables are evenly coated.
3. Place vegetables on a sheet pan in a single layer. Do not overcrowd!
4. Roast at 375 degrees for 10–15 minutes.
Creating a “Campus of Care” in Jamaica Plain

To create this “campus of care” for children in Jamaica Plain, Boston Children’s at Martha Eliot Health Center, which is located directly next to Bromley-Heath, is joining with three other community-based organizations: Nurtury, recently celebrated the opening of its early education, care and research facility; Smart from the Start, a family support organization focused on early childhood; and the Jamaica Plain Coalition, a group of residents and health and social service providers in Bromley Heath. The four groups are committed to developing a multidisciplinary child health and education support collaborative over the next five years. “All of the campus of care collaborators were working independently,” says Ron Ancrum, executive director of Nurtury. “We wanted to unite our expertise and resources so that we could improve services for families.” As a first step, the collaborative is conducting an inventory of the programs currently available to understand if there are duplication or gaps.

The goals for this new initiative are ambitious—empowering families to become better advocates for their needs, improving access to social support services and strengthening early literacy skills and performance of school-age children. Ancrum is hopeful about reaching such important goals. “By developing a more coordinated outreach and service delivery model, we want to make a long-term impact and see a difference in the overall health and academic achievement of our children living in public housing,” he says.

Above: The official opening of Nurtury. From left to right: NaShira Pulley, Latoya Taromino, Representative Jeffrey Sánchez, Mayor Marty Walsh, Ron Ancrum and Wayne Ysaguirre from Nurtury, City Councillor Matt O’Malley, MA Secretary of Education Matt Malone and Bill McGonagle from the Boston Housing Authority. Photo by Lindsay Broyhill.

More than 1,000 pre-school and school-age children reside in two public housing developments—Bromley-Heath and South Street—located in Boston’s Jamaica Plain neighborhood. Children living in public housing can experience different challenges than their more affluent peers. “We know that many kids struggle with the stresses of living in poverty and it contributes to health disparities and educational achievement gaps,” says John Riordan, director of community relations and partnerships at Boston Children’s Hospital. Research suggests that creating a central point for families to access comprehensive programs and services can influence a child’s chance for better health, education and economic outcomes. “Jamaica Plain is rich with community resources,” says Riordan. “It has the potential to form a community-wide safety net that could better meet the needs of low-income children and families.”
Community Needs and Resources

To identify and evaluate community health needs, Boston Children’s Hospital conducts a needs assessment every three years. The findings inform the direction of Boston Children’s community mission and community health work. It also helps to ensure that the hospital is utilizing resources and community partnerships in the most effective way.

The most recent assessment was conducted during 2013. It focused on Boston children and families in four priority neighborhoods—Roxbury, Mission Hill, Fenway and Jamaica Plain. It had three goals: 1) evaluate the current health status of children and families; 2) identify current health priorities and emerging health concerns; and 3) understand strengths, resources and gaps in health and health care services.

Boston Children’s reviewed data on social, economic and health indicators in Boston and from the new Health of Boston’s Children report (see sidebar). But the heart of the assessment was direct feedback from community residents and stakeholders. Five focus groups with residents were held and interviews were conducted with providers, elected officials and staff from community-based organizations and health centers. In total, 115 residents and stakeholders were involved.

This comprehensive needs assessment is only one part of the hospital’s approach to understanding the complex health needs and vital resources within the community. The staff is constantly learning from patient families, community leaders and partners. The hospital also relies on ongoing conversations with partners such as community health centers, community-based organizations and schools.

See page 6 for a summary of child health issues identified in the 2013 assessment.

First of-its-kind report looks at Boston’s youngest residents

In 2013, the Boston Public Health Commission (BPHC) released a special report, Health of Boston’s Children: Parent and Caregiver Perspectives. It was the result of a partnership between the BPHC and Boston Children’s Hospital. The report included a survey of more than 2,000 parents and caregivers about a variety of health-related issues for children from birth to age 17.

The purpose was to encourage public dialogue and to inform programs, services and research to improve health outcomes for children.

This report is the first portion of a three-part study. The second part, to be released later this year, includes an assessment of the environmental factors that impact child health. The final piece is an analysis of health insurance claims data, which will provide a better understanding of health care utilization and the overall health of Boston children.

For a copy of the report, visit bostonchildrens.org/community.
Boston Children’s Hospital’s community health needs assessment report revealed several child health issues and emerging concerns for families. Below is a summary of the key issues.

**Obesity (physical activity and nutrition)**
Childhood obesity was mentioned by residents and stakeholders as a pressing health concern. It remains an issue for youth in the Boston Public Schools: an estimated 18 percent are overweight and 14 percent are obese. Among youth focus group participants, eating right and being physically active were considered important factors for health. Yet the lack of green space and presence of fast food restaurants in their neighborhoods were identified as barriers to a healthier lifestyle.

**Early childhood/child development**
Residents stated that early intervention programs and parental involvement were important for younger children to be healthy. Stakeholders agreed that intervening at a young age was critical for children to be successful later on in life. Research supports that prevention efforts need to start in the early years of a child’s life.

**Asthma**
Asthma remains a worry for community residents. Children under age five in Roxbury/Mission Hill (38.8 per 1,000) experienced higher rates of visits to the emergency department due to asthma, compared to children city-wide (31.5 per 1,000 children).

**Access to care**
Stakeholders frequently described the barriers that families face when navigating a complex health care system. The cost of co-pays and prescription medications are often prohibitively expensive. Transportation can be difficult for many residents, especially if they need to seek specialty care outside of Boston. Reducing language barriers is important to care for the growing immigrant population.

**Mental and behavioral health**
Results from a recent study by the Boston Public Health Commission show that in 2012, nearly 24 percent of 6–17 year olds in Boston were unhappy, sad or depressed at least sometimes during a one month period. Mental health was frequently mentioned in interviews with residents and stakeholders. Their concerns included dealing with stress, depression, attention deficit disorder and post-traumatic stress disorder. Residents and stakeholders described the impact of poverty and violence on families. This emotional burden creates a sense of hopelessness among residents that affects their overall health.

**Violence and trauma**
Residents and stakeholders both expressed concerns regarding the effects of witnessing violence in their neighborhoods and especially the impact on youth. Rates for emergency department visits for nonfatal stabbing or gunshot wounds are highest in Roxbury/Mission Hill (2.1 visits per 1,000 residents), which is more than double the city-wide rate (0.9 visits per 1,000 residents).

Above: Photo by Gretchen Ertl
# Addressing Health Needs

Below is a summary of how Boston Children’s Hospital addresses the health needs and issues identified in our assessment process through its clinical care, services and programs and in collaboration with community partners. For our complete Community Health and Benefits Plan, visit [bostonchildrens.org/community](http://bostonchildrens.org/community).

<table>
<thead>
<tr>
<th>Health issues and needs</th>
<th>Boston Children’s approach to addressing health needs</th>
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| Obesity                | • offering prevention and treatment efforts that help families to manage their child’s weight  
|                        | • building community capacity to identify and address the issue of obesity  
|                        | • engaging families with information on healthful eating and how to access physical activities  
|                        | • supporting advocacy efforts to promote access to physical activities for children |
| Asthma                 | • improving health and quality of life outcomes for children with asthma through home visiting and case management services  
|                        | • developing cost-effective program models that help families to better control asthma  
|                        | • advocating for changes to improve asthma care |
| Mental and behavioral health | • building community capacity to identify and address mental and behavioral health concerns, including integration of mental health into primary care  
|                        | • offering services where children and families live and learn  
|                        | • advocating for changes to improve health and education systems for children with mental and/or behavioral health needs |
| Violence and trauma    | • utilizing clinical expertise to provide prevention, treatment and advocacy services to individuals at risk and/or who are victims of abuse  
|                        | • supporting mental health efforts to help children and families cope with the stress created by violence and trauma |
| Early childhood/child development | • building community capacity to identify and address early childhood issues such as behavioral concerns and learning delays  
|                        | • supporting efforts to create integrated systems of care for families with children starting at birth  
|                        | • partnering with community organizations that provide families with support and treatment services |
| Access to care         | • providing health services that are in demand and/or in limited supply such as primary care, dental and mental health services  
|                        | • building community capacity to increase access and availability of services  
|                        | • expanding primary care and mental health services through Boston Children’s at Martha Eliot Health Center |
| Health education       | • building upon the health education opportunities currently provided through community programs and services  
|                        | • coordinating these resources to better meet the need for health education in the community |
| Youth engagement       | • continuing support for youth programming, including work force development efforts  
|                        | • enhancing the adolescent services program at Boston Children’s at Martha Eliot Health Center |
| Collaborative, community driven approaches | • utilizing hospital resources to recognize and support community-driven programs  
|                        | • supporting efforts to better coordinate services in the Jamaica Plain/Bromley-Heath area |

* Issues and needs are not listed in any particular order
Reducing Health Disparities

Many complex issues can impact the overall health of a child such as inadequate access to care, the consequences of living in poverty and exposure to community violence. Boston Children’s Hospital developed its community health programs to address health disparities. These efforts aim to 1) support community-based efforts; 2) improve systems of care for children; 3) build community capacity to tackle the contributors to disparities; and 4) make care easier to access for families.

Supporting community-based approaches

Obesity remains a pressing health issue for children across the country including in Boston. Latino and black children have higher rates of obesity than white children. To address these disparities, Boston Children’s wanted to support both prevention and treatment efforts in community-based settings.

Recognizing the strong link between primary care providers and patient families, Boston Children’s developed the Fitness in the City (FIC) program. FIC partners with 10 Boston community health centers to help families manage their child’s weight. FIC supports case-management services and enables health centers to implement appropriate nutrition education and physical activity programs as well as connect families to local resources.

In FY13, FIC provided services to more than 800 obese or overweight patients. The program was able to show that 63 percent of participating children maintained or decreased their Body Mass Index. FIC plays a key role in Boston Children’s strategy to support community-based approaches as the best way to help children make the behavioral changes needed to meet their health and wellness goals.

Improving systems of care

Asthma is a widespread chronic disease. It’s more prevalent in children from low-income neighborhoods and among Latinos and African Americans, whose rate of hospital admission is three to five times higher than for white children.

Boston Children’s has been able to prove that its Community Asthma Initiative (CAI) is a cost-effective way to improve health outcomes for children with asthma. CAI utilizes a team of community health workers, supervised by a nurse, who offers case management services based on a child’s unique needs. Families benefit from home visits, environmental assessments and remediation as well as asthma education.

In FY13, CAI provided services to 170 children with asthma; and it reduced the percentage of patients with any hospitalizations by 80 percent and emergency room visits by 57% after one year. Boston Children’s has been able to use the results to advocate for changes in how asthma care is delivered in Massachusetts and the approach has informed models in other states.
Building community capacity

Mental health has been consistently identified as one of the most pressing concerns for families in Boston. Nearly 20 percent of all students experience undiagnosed mental health disorders. The rates are higher in urban neighborhoods where children have greater exposure to poverty and violence. Access to mental health services is a challenge for families due to both institutional and cultural barriers, such as insurance issues or language differences.

Boston Children’s Hospital Neighborhood Partnerships (CHNP) is a community mental health program that places clinicians in seven Boston area schools and four community health centers to provide mental health services to children. The CHNP team also is building community capacity by training and consulting with teachers, staff and principals to help them better address student needs and improve school climate.

In FY13, CHNP provided services to 1,932 students. But Boston Children’s impact is far reaching in that CHNP has been able to provide more than 200 teachers with over 1,400 hours of training and consultation to help them better identify and address the needs of their students within the school setting.

Increasing access to care

Nearly 20 percent of children have developmental or behavioral disorders, and fewer than 30 percent of them are identified by a clinician before entering school. Children living in urban areas often have limited access to needed developmental evaluation and monitoring.

The Advocating Success for Kids Program (ASK) provides access to these services for children experiencing school-functioning problems and learning delays. The team works with diverse populations in two community-based pediatric practices and in Boston Children’s Primary Care at Longwood. ASK provides feedback and educates other community providers about patient diagnoses, care and treatment resources.

In FY13, 332 children were seen in the ASK program and 10 educational sessions were held for parents, providers, nurses and social workers. Through this clinical service, Boston Children’s is able to improve and increase access to care by directly linking families with speciality services and help connect providers with a child’s teachers and school.

Photos by Katherine C. Cohen and Gretchen Ertl
Making Healthy Ideas Fun

Spreading the message community-wide

The public awareness campaign features local families who share their personal stories and appear in advertisements that show them participating in physical activities together. The ads are used across all media outlets including TV, radio, websites, community newspapers and billboards. The messaging emphasizes that being physically active does not need to be complicated, time-consuming or expensive. The ads also direct parents to visit KohlsHealthyFamilyFun.org, which has kid-friendly recipes, tips and resources to help families stay healthy. A Facebook page allows fans to keep up with stories and local events on a regular basis.

Encouraging and engaging parents

According to the Centers for Disease Control and Prevention, parent engagement in schools is defined as parents and school staff working together to support and improve the learning, development and health of children. This relationship between schools and parents cuts across and reinforces children’s health and learning in various settings—at home, in school and in the community.

To help foster this natural connection between parents and schools, Kohl’s and Boston Children’s Hospital have been working for the past two years to deliver the program’s healthy messages at educational events in Boston Public Schools (BPS). In collaboration with the BPS, the program was implemented in 22 schools and reached an estimated 5,600 families during the 2013-2014 school year. The events are designed by each school and offer activities that they know will interest their families. Activities include fun things like zumba lessons, yoga and cooking demonstrations.
A family fun day

The Community Academy for Science and Health (CASH), a public high school in Dorchester, hosted a Kohl’s and Boston Children’s Hospital’s Healthy Family Fun Event in April. The event was one of 43 organized as part of the Kohl’s and Boston Children’s Hospital’s Healthy Family Fun Program in collaboration with the Boston Public Schools (BPS).

The event was planned by CASH students who identified and helped coordinate the day’s activities. More than 100 people from the school and community enjoyed healthy (and delicious!) foods, including a nutritious lunch of chicken and pita sandwiches along with snacks like pears and yogurt. A smoothie bar offered up healthy and tasty kale, broccoli and tropical fruit smoothies made fresh throughout the event. Participants also got their groove on. With the help of a fitness instructor, everyone got a chance to dance, learn some new aerobic moves and break a sweat.

Community health educators were on hand to talk with families about topics such as how to control blood pressure or better manage asthma. Each family went home with giveaways from Kohl’s and Boston Children’s Hospital to help remind them that being healthy is fun!

Visit KohlsHealthyFamilyFun.org for more information about the program and upcoming events.

Left and below: Photos by Gretchen Ertl.
Encouraging Healthful Choices

Over the past decade, awareness has increased about the importance of choosing healthful beverages such as water and low-calorie drinks. Research has shown a connection between sugar-sweetened beverage consumption and the challenges with maintaining a healthier weight. Back in 2011, Boston’s then Mayor Thomas M. Menino issued an executive order to end sugary drink sales on government property. The order followed previously successful efforts to remove soda from vending machines in the Boston Public Schools. Public health groups and community-based organizations such as the Boston Public Health Commission and Mission Hill’s Sociedad Latina were early advocates asking hospitals to follow this lead in setting an example for the community.

In response, ten Boston hospitals, including Boston Children’s Hospital, joined with the City of Boston and the Boston Public Health Commission to create the Boston Hospital Sugar-Sweetened Beverage Learning Network. Each hospital utilized a variety of strategies to reduce access to sugar-sweetened beverages and to influence the purchase of healthful choices within their institutions. The hospitals met on a regular basis to discuss progress and challenges.

At Boston Children’s one of the steps taken was to conduct a hospital-wide survey of staff. The results revealed that while staff understood that sugar-sweetened beverages were not the best choices, many felt that the choice should be left up to the individual. “We wanted to focus on education and awareness instead of banning these items from our cafeteria,” says Victor Shopov, manager of City Government and Community Relations and member of The Boston Children’s Healthy Hospital Workgroup. The workgroup, a multidisciplinary team from across Boston Children’s, had already been in place to evaluate a range of policies that impact health from smoking practices near the campus and food choices in the cafeteria.

One strategy implemented was “traffic light” signage near beverage vending machines: red for beverages that should be consumed rarely if ever, yellow for those okay to drink occasionally and green for beverages to consume regularly. “We consider the traffic light a success,” says Sarah de Ferranti, MD, the workgroup’s co-chair. “The ‘green’ beverages are all popular choices in our cafeteria.” Healthful options also were added to the cafeteria’s menu and were found to be frequently purchased.

Boston Children’s has taken other steps— sugar-sweetened beverages are no longer on the hospital’s in-patient menu. The cafeteria also reduced the price of water and packages it with healthful meal choices. “We will continually try to make healthful choices easier for staff, patient families and visitors because we know doing the right thing is not always the easiest thing to do,” says de Ferranti.
Advocates in Action

More than 4,000 patients, patient family members, Boston Children’s Hospital staff and community partners make up the Children’s Advocacy Network. For more than a decade, this grassroots advocacy group of committed individuals has helped Boston Children’s advance legislation and public policy initiatives to improve child health. By engaging their own legislators—through phone calls, letters and in-person visits—members of the Children’s Advocacy Network have supported the efforts of Boston Children’s Office of Government Relations on a number of issues such as expanding health care coverage for children and increasing access to mental health services for children.

“The Children’s Advocacy Network includes individuals who really care about children,” says Josh Greenberg, vice president of Government Relations at Boston Children’s. “When we speak together, we are a powerful voice and legislators take notice.”

The Children’s Advocacy Network empowers its members to advocate on behalf of children. A monthly newsletter and regular email updates provide advocates with relevant and timely information to help them influence child health policies from Beacon Hill to Capitol Hill. The Children’s Advocacy Network also offers opportunities for advocates to learn more about specific policy matters. Monthly Advocacy Lunch and Learn sessions bring together policy, clinical and community experts to discuss topical and current issues—for example, recent sessions have highlighted the state law on youth sports concussions and strategies to utilize the state budget process to advance children’s health and wellness.

For advocates looking to participate in experiential, hands-on learning, the Children’s Advocacy Network offers an annual five-week Child Health Policy Training. Since 2006, more than 300 advocates have graduated from this program, which immerses participants in the lawmaking process and teaches them to leverage their experiences to advocate for children on a systemic level. Using the hospital’s current legislative priorities, the class engages in a range of role-playing and messaging exercises, which culminate in a visit to the Massachusetts State House. “This is one of our most effective ways to develop advocates,” says Greenberg. “Graduates from the training have typically become our best allies and serve as connectors back to the clinical, research and broader communities.”

To learn more about the Children’s Advocacy Network contact Maria Fernandes at maria.fernandes@childrens.harvard.edu or visit www.can.bostonchildrens.org.

Above: Family advocates representing the Children’s Advocacy Network join Sandra L. Fenwick, Boston Children’s president and chief executive officer, for a meeting with U.S. Senator Elizabeth Warren on Capitol Hill in Washington, D.C. Photo by Kipaya Kapiga.
Transforming Primary Care
Boston Children’s Primary Care at Longwood and Martha Eliot Health Center

In July 2012, Boston Children’s Primary Care at Longwood and at Martha Eliot Health Center received a two-year grant from the Harvard Medical School Center for Primary Care to answer some difficult, but timely questions. How can busy primary care practices affiliated with large teaching hospitals become true patient-centered medical homes? How can patient families feel that they are personally known despite the large size of these clinics? How can care be well organized despite the number of patients and staff involved?

The grant, equally matched by Boston Children’s Hospital, was one of 17 awarded to Harvard-affiliated hospitals. The hospitals were tasked with innovating in four key areas:

1) team-based primary care; 2) population management and prevention of chronic illness; 3) management of patients with multiple illness; and 4) patient empowerment.

Boston Children’s Primary Care at Longwood and Martha Eliot were perfect sites to test these questions and find solutions. Together both sites provide primary care services to more than 20,000 patients from across the greater Boston area each year.

“The children who receive primary care at Boston Children’s often live in neighborhoods where asthma, obesity and violence are all too common,” says Joanne Cox, MD, medical director of Boston Children’s Primary Care at Longwood and at Martha Eliot. “We felt that a redesign of primary care was needed to better meet the needs of our families.”

Provider-patient relationships

In addition to caring for patients with various health and social needs, the Longwood and Martha Eliot sites are both teaching practices with more than 75 residents providing primary care services one half-day per week. This makes the balance between continuity—ensuring patients always see the same provider—and access to care a challenge.

In October 2012, the Longwood site launched the first of what would become three multidisciplinary care teams, which consist of physicians, nurses, clinical assistants, social workers and administrative staff. The practice redesigned the daily clinic schedule ensuring that care team members are working together so patients can always be seen by a member of their assigned care team. Martha Eliot launched its own team system a year later.
Organizing care within teams has made a noticeable impact on patient care. “It has changed the culture,” says Ellen Reisinger, MBA, project manager in Boston Children’s Primary Care at Longwood and at Martha Eliot. “Everyone strives to do the best for our patients. The teams make it easier and staff members feel more supported.”

It has made a difference from the patient perspective, too. This system gives patient families the chance to know and establish relationships with members of their care team. When Pamela Schubert, RN, first started as a nurse manager she noticed that the level of familiarity and comfort with patient families was something only the senior nurses had mastered. “Continuity means that you don’t have to build trust from the ground up every time,” says Schubert.

**Measuring change**

Another significant transformation has been a focus on using data to show improvements in care. Based on the Model for Improvement developed by the Institute for Healthcare Improvement, the practice considers three questions before making a change.

1. What are we trying to accomplish?
2. What change can we make that will lead to an improvement?
3. How will we know that the change led to an improvement?

Using this process, the practice makes a small change and then measures the impact. If staff members see an improvement, they try it again—this time with different patients, or on a different day—and measure the impact again. While this is very effective, it takes staff time, access to data and the willingness of the entire team to try new things.

Using this model, staff at the Longwood site wanted to understand symptom control in patients with asthma. A standard health survey called the “asthma control test” is used at each patient visit. Using the Model for Improvement process, staff devised a successful system across the clinic for administering the test with all patients who have asthma. Prior to the intervention, a small percentage of patients completed the survey. After the intervention, the clinic was able to assess symptom control for the majority of patients.

“Data derived from the asthma control test helps us guide the improvement process,” says Reisinger. “It’s one example in a wide range of metrics that we are collecting and sharing with our staff. We want everyone to see the bigger picture and understand how these changes are improving patient care.”

Photos by Katherine C. Cohen
Boston Children's Hospital demonstrates its commitment to improving the health of the community by investing in and supporting a wide range of programs and services. Annually, the hospital reports these activities as the total community benefits expense to the City of Boston, Massachusetts’ State Attorney General and to the federal Internal Revenue Service (IRS). Using the newest (national) benchmark, the IRS guidelines, Boston Children’s has calculated that in FY13 it invested over $141 million in efforts to improve the health of the community. This investment included $79.2 million to increase Access to Care (charity care and unreimbursed Medicaid) and $25 million¹ to support life-changing Research. It contributed $5.3 million to develop and implement Community Health Programs (in the areas of asthma, child development, mental health and obesity), $26.1 million in Health Professions Education (programs to train the next generation of pediatric providers) and $3.5 million in Subsidized Health Services (the unreimbursed cost of providing services that are in-demand or in limited supply such as primary and mental health care). The hospital also invested $2 million in Partnerships (efforts to support local nonprofits and organizations that contribute to creating a healthier community).

Commitment to Boston

Boston Children’s continues to invest in the local community and the health of Boston children. In FY13, the hospital invested over 32 percent of its total community benefits in Boston, including $5.3 million in Community Health Programs, which includes support for the Boston Public Schools and community health centers. This support also includes a number of programs to address health disparities and meet some of the most pressing health needs for Boston children—asthma, mental health, obesity and child development. Additionally, more than $23.5 million helped Boston families access care for their children. Boston Children’s provides care to all children regardless of their family’s ability to pay (by providing unreimbursed care and free care as well as support to subsidize key health services).

To learn more, visit bostonchildrens.org.

Boston Children’s Hospital reported a total of $302,206,711 on its Schedule H of the Form 990 Report to the IRS in total community benefits with a significant portion coming from research grants.¹

¹For the purposes of this graph and principles of transparency, research grants are excluded from the amount that is reported as hospital contributions to community benefit, reducing the total amount to $141,197,747.

²When calculating the percentage of Boston Children’s investment in community benefits, the categories of “Health Professions Education” and “Education” are excluded as the financial value to Boston children and families cannot be accurately separated.
Key Milestones in our Community Mission

1990 Boston Children’s becomes one of the first academic medical centers in the country to make community a fourth part of its mission.

1994 A Community Advisory Board formed to provide Boston Children’s with direct feedback from community residents and community organizations about health needs.

1998 A formal community health needs assessment takes place for the first time and includes interviews with stakeholders and reviews local public health data.

1999 Boston Children’s evolves its community mission, merging community benefits activities with government relations to form the Office of Child Advocacy.

2000 A new community health needs assessment takes place and Boston Children’s begins its focus on community efforts to address obesity.

2002 Boston Children’s establishes relationships with 10 Boston community health centers to support their pediatric services.

2002 Children’s Hospital Neighborhood Partnerships is launched by the Department of Psychiatry to bring mental health services from the hospital into school settings.

2005 The Board Committee for Community Service is established as a standing committee of Boston Children’s Board of Trustees and regularly reviews Boston Children’s community mission.

2005 The Community Asthma Initiative is launched to address health disparities for Boston children with asthma by providing case management and education services.

2005 Fitness in the City forms between Boston Children’s and 10 Boston community health centers to provide overweight and obese children with nutrition education and physical activities.

2009 The Advocating Success for Kids Program is established to increase access to developmental evaluation and advocacy services for children with behavioral and learning delays.

2014 The Office of Child Advocacy changes its name to Office of Community Health to better reflect Boston Children’s programs, services and partnerships, as well as advocacy efforts in collaboration with the Government Relations team.

2015 Boston Children’s at Martha Eliot Health Center transitions to a pediatric-focused center.

2012 Children’s Hospital Neighborhood Partnership collaborates with Boston Public Schools to address student mental health needs district-wide through the Comprehensive Behavioral Health Model.

2013 The Kohl’s and Boston Children’s Hospital’s Healthy Family Fun Program is launched to promote low-cost activities and local resources through KohlsHealthyFamilyFun.org.

2010 Community Health Grand Rounds sessions start to provide an opportunity for staff to share their work to improve community health.
Office of Child Advocacy is now Office of Community Health

Boston Children’s Hospital’s Office of Child Advocacy has changed its name to the Office of Community Health, in order to better reflect its responsibility in overseeing and implementing the hospital’s community mission. The Office of Community Health brings together hospital and community resources to address health disparities, improve health outcomes and enhance the quality of life for children and families. Its role includes:

- Assessing and understanding community health needs
- Supporting Boston community health centers and community partners
- Developing and supporting community health programs and efforts
- Fostering strong relationships with community, city and advocacy leaders
- Influencing changes to improve care and support for children and families

Community Mission

More than 20 years ago, Boston Children’s was among the first academic medical centers in the country to expand the traditional missions of patient care, teaching and research to embrace a fourth core mission: community. Since then, Boston Children’s has strived to ensure that community is more than just words in a mission statement. Community efforts have evolved from providing targeted services to a limited number of families in Boston into innovative program models that address health disparities and improve health outcomes for children.

Leadership

In 2005, the Board Committee for Community Service was established to oversee the hospital’s community mission. Members review and provide feedback on the community strategy and serve as a resource for the hospital. Membership includes hospital, community and business leaders, as well as the chair of the Boston Children’s Community Advisory Board.

The Community Advisory Board was established in 1994 to advise and provide feedback on community needs. Members include residents and representatives from a variety of community-based organizations and they have first-hand experience working with Boston residents. Members are knowledgeable about the many health and social service organizations serving families in Boston. They help Boston Children’s to develop new and strengthen existing partnerships.

Above: Attendees at a Kohl’s and Boston Children’s Hospital Healthy Family Fun event. See page 10. Photo by Gretchen Ertl
Board Committee for Community Service

- **Winston Henderson, JD**, Nano Terra, Inc. and chair of Boston Children’s Board Committee for Community Service and Current Member of the Board of Trustees
- **Zamawa Arenas**, Argus Communications
- **Dick Argy**, Boston Children’s
- **Kevin Churchwell, MD**, Boston Children’s
- **Sandra L. Fenwick** (ex-officio), Boston Children’s President and CEO
- **Ruth Ellen Fitch, JD**, Attorney
- **Robert Gittens**, Northeastern University
- **Steven Gortmaker, PhD**, Harvard School of Public Health
- **Mary McGeown**, Massachusetts Society for the Prevention of Cruelty to Children
- **Shari Nethersole, MD**, Boston Children’s (staff)
- **Margaret M. Noce**, Jamaica Plain Coalition: Tree of Life/Arbol de Vida
- **Robert Restuccia**, Community Catalyst
- **Mark Schuster, MD, PhD**, Boston Children’s
- **Melissa Sutherland, PhD**, William F. Connell School of Nursing, Boston College
- **Wendy Warring, JD**, Boston Children’s
- **Wendy A. Watson**, formerly of State Street Bank
- **Gregory J. Young, MD**, Pediatric Physician’s Organization at Boston Children’s

Community Advisory Board

- **Margaret M. Noce**, Jamaica Plain Coalition: Tree of Life/Arbol de Vida and chair of Boston Children’s Community Advisory Board
- **Dorys Alarcon**, Boston Children’s
- **Philomena Asante, MD, MPH**, Boston Public Health Commission
- **Kris Anderson**, Fenway Community Development Corporation
- **Jill Carter, EdM, MA**, Boston Public Schools
- **Yi Chin Chen**, Hyde Square Task Force
- **Cherie Craft**, Smart from the Start
- **Lauren Dewey-Platt**, Fenway resident
- **Patricia Flaherty**, Mission Hill Neighborhood Housing Services, Mission Hill resident
- **Juan Lopez**, Boston City Council Central Office
- **Lazaro Lopez**, Verizon, Jamaica Plain resident
- **Shari Nethersole, MD**, Boston Children’s
- **Alexandra Oliver-Dàvila**, Sociedad Latina
- **Ramon Soto**, Boston Mayor’s Office
- **Andrea Swain**, Yawkey Club of Roxbury
- **May Vaughn-Ebanks**, Roxbury resident
- **Catherine Vuky**, South Cove Community Health Center
The Community Mission
Boston Children’s Hospital’s community mission is to improve the health and well-being of children and families in our local community. We bring together hospital and community resources to address health disparities, improve health outcomes and enhance the quality of life for children and families.

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Above: The Novicki family is featured in a public awareness campaign, as part of the Kohl’s and Boston Children’s Hospital’s Hospital’s Healthy Family Fun Program. See page 10—11. Photo by Gretchen Ertl.