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Encouraging Active Families
The Gomes family stays healthier together

The Kohl’s and Boston Children’s Hospital’s Healthy Family Fun Program encourages families to be healthy and active in their own neighborhood.

While three boys are bound to keep a family busy, it’s clear that the Gomes family—a Boston Children’s Hospital patient family—have a great time while running from activity to activity. They also take time to slow down and spend time together.

The Gomes family is featured in a public awareness campaign for the Kohl’s and Boston Children’s Hospital’s Healthy Family Fun Program. The campaign promotes fun, low-cost, family-oriented activities and neighborhood resources that make it easier for families to get active. For the past several years, Kohl’s has generously supported Boston Children’s in implementing the program, which includes the public awareness campaign as well as an initiative with the Boston Public Schools to bring health, nutrition and wellness education to Boston families.

Boston Children’s had the pleasure of meeting up with the Gomes family for a photo shoot during one of their afternoon outings to the Mary Hannon Playground and Park, across the street from the Salvation Army Kroc Center in Dorchester. They live nearby and the park is a frequent destination for family fun and dog walking. The park offers basketball courts, a playground and a huge open field.

The Salvation Army Kroc Center is also a major center of life for the Gomes family. In addition to Frederick, Sr.’s, work at the Kroc Center for the Bridging the Gap program, the family also has a membership and takes advantage of the center’s great facilities, including summer day camp and the 50-foot climbing wall.

While each member of the family seems to be self-motivated, it’s clear that they all inspire each other, too, from Mom and Dad down to the youngest child, Josiah. The day we met, Mom, Julie, and Dad, Frederick, Sr., had taken 7-year-old Josiah to T-ball—his newest sport. Josiah also takes swimming lessons and was offered a position on the swim team. Last year he played Pop Warner football for the Bengals, and worked hard to stay in good shape.
Isaiah, 12, plays multiple sports at the Derby Academy in Hingham—basketball, rugby, soccer and baseball. From a young age Isaiah has been driven to be fit, and he’s encouraged the rest of the family to stay active.

Frederick, Jr., 16, blazed the trail for his younger brothers. While he has other interests as well, Frederick played basketball, then started training for the football team at Everett High School. He’s highly focused and even points out when the family’s food choices don’t meet his nutritional expectations.

But the Gomes parents can take a lot of the credit for setting a good example for their children. While keeping active is good for health, both parents believe that playing sports is an important way to build character and learn teamwork.

Frederick, Sr., used to work out frequently as well as swim and play basketball, but he had to cut back on his activity following some injuries. He then reached a point where he wasn’t happy with his fitness level, so he got active again in ways that didn’t put him at risk for injury. Now, Dad feels more fit and Mom is finding time in her schedule to get active again—she’s trying out Zumba at the Kroc Center. Anyone who’s done Zumba knows that it’s possible to have a lot of fun while also being active!

Kohl’s and Boston Children’s Hospital’s Healthy Family Fun Program would like to thank the entire Gomes family for sharing their story and being an inspiration to others.

Visit KohlsHealthyFamilyFun.org for health and wellness tips, family-friendly recipes and to search a database for physical activities in Boston.
Health care delivery models are evolving in response to the demands for better care at lower costs. This provides an opportunity to improve behavioral health services. Right now, the behavioral health care system is underperforming. A recent Massachusetts study led by the Parent/Professional Advocacy League (PPAL) reveals the frustrations of parents of children with behavioral health needs.

“I feel like there is really no coordination between medical providers, mental health providers and school, except what is done by me.”

“We’ve found unnecessary barriers such as requirements to use emergency services rather than going to the clinician’s office.”

These parents’ experiences are not unique. Consider these statistics: almost 20 percent of U.S. children are dealing with some form of mental illness, and only one in five gets treatment. Research also has shown that from the time symptoms first emerge, it takes an average of 8 to 10 years for a child to receive appropriate intervention.

Our health care system isn’t configured to provide behavioral health care that addresses these issues. Screenings are not universally applied. Formal diagnoses are often too late. Access to behavioral health specialists is inadequate.

We can’t solve all of these issues in the short term. But what we can do now is bolster behavioral health screening and management capacity within community-based primary care by implementing new, family-centered integrated care models. In these models, primary care and behavioral health providers become close collaborators. When children enter the primary care setting for routine check-ups or for specific behavioral complaints, the primary care team conducts a behavioral health assessment and works with the patient family to create a care plan that may include referral to a behavioral health provider. When that referral is made, the family has clear expectations for their child’s outcomes and follow-up care.

For these integrated models to succeed, we need a policy environment that sustainably supports and measures their performance. We are hopeful that new performance expectations, coupled with innovative funding mechanisms, will be an important part of primary care payment reform in Massachusetts.

Above: Marcus F. Cherry, PhD, Boston Children’s Hospital with a young patient. Photo by Patrick Bibbins.

RICHARD ANTONELLI, MD, is medical director of Integrated Care and Physician Relations and Outreach at Boston Children’s Hospital

Join the Children’s Advocacy Network www.can.bostonchildrens.org to learn more about this issue.
Fitness in the City
Promoting physical activity through community connections

Launched in 2005, Fitness in the City (FIC) is a partnership between Boston Children’s Hospital and 11 Boston community health centers. FIC utilizes case managers at the community health center sites to connect overweight and obese children with nutrition education, motivational support and physical activity opportunities within their local community. More than 900 obese and overweight children are referred by their health center-based primary care providers to participate in FIC every year.

Case managers are tasked with engaging families to develop wellness goals and then supporting them to reach these goals through nutrition education and referrals to physical activity opportunities. Many of the health centers have registered dieticians on staff to provide nutrition counseling and education, but FIC supports health centers to establish partnerships with other local organizations to increase access to physical activities for families.

“Health centers know their populations intimately, so they understand how to best address cultural and linguistic needs for their patients as well as how to leverage resources in their own communities,” says Shari Nethersole, MD, medical director for community health at Boston Children’s. Many FIC sites have reached out to local Boston Centers for Youth and Families or other community organizations such as Boys and Girls Clubs to provide programming such as karate and yoga.

Since its inception, FIC has provided fitness scholarships for families to attend their local YMCA or UMass Boston’s GoKids Gym. In February 2013, FIC established a new community connection—it began offering scholarships for families to join Healthworks Community Fitness in the Codman Square neighborhood of Dorchester.

“For partnering with Boston Children’s allows us to collectively serve more children,” says Lauren Broadhurst, executive director of Healthworks Community Fitness. “Together, we’re able to provide essential support to children in a variety of ways with a shared goal of improving health and well-being.”

Above: Children participate in a Yo-Sport class, which is a fusion of yoga and athletic agility. Photo courtesy of Healthworks Community Fitness.

For more information on FIC, visit bostonchildrens.org/FIC
Community Asthma Initiative
Improving asthma care in Boston and beyond

Boston Children’s Hospital launched the Community Asthma Initiative (CAI) in 2005 to address health disparities for Boston children with asthma. While 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. CAI focuses on children who have poorly controlled asthma and who’ve been hospitalized or treated for asthma at Boston Children’s.

CAI, which employs community health workers who are supervised by a nurse, establishes a close relationship with the participating families and provides home visiting and case management services based on a child’s unique medical and social needs. The CAI team offers home environmental assessments and remediation as well as asthma management and medication education. CAI truly partners with the families—answering questions, listening to concerns and reinforcing the child’s Asthma Action Plan, which outlines when to administer medications.

The program has proven to be a cost-effective model for improving health outcomes. It has shown an 80% reduction in the percentage of patients who have had any subsequent asthma-related hospitalizations and a 56% reduction in the percentage of patients with any additional emergency department visits over 12 months following enrollment. The CAI team also reports a return on investment (ROI). CAI saves $1.46 for every $1 spent after two years of the intervention and $3.09 after five years. This success has enabled CAI to help influence changes in asthma care for children not only in Boston but across Massachusetts and the country.

Boston Children’s engaged with the state’s Medicaid Office to advocate for funding to address asthma-related health disparities. “The MassHealth/Medicaid bundled payment demonstration project will pay pediatric practices a lump sum for asthma education and care coordination in the medical home as well as home visits and case management in the community for patients with high-risk asthma,” says Elizabeth R. Woods, MD, director of CAI. The goal is to evaluate if a bundled payment for providing clinical care
along with case management services and home visits, as needed, can demonstrate improved health outcomes with a ROI. Funding for six pilot programs is expected to be available later this year.

CAI also is working with Health Resources in Action/Asthma Regional Council, which received funding in 2012 through the Centers for Medicare and Medicaid Services’ Innovation Center. Funding supports the New England Asthma Innovations Collaborative (NEAIC). NEAIC is a multi-state and sector partnership that includes providers, payers and policy makers focused on increasing access to high-quality, cost-effective health care services for children with severe asthma who are covered by Medicaid. Through rigorous evaluation and cost analysis of regional asthma home visiting programs, NEAIC hopes to strengthen the business case for sustainable funding for these programs.

Recently, CAI branched out beyond Massachusetts. Through a partnership with the American Academy of Pediatrics, the University of Alabama at Birmingham Children’s Hospital and the Alabama Public Health Department, CAI provided technical assistance to establish a pediatric asthma home visiting program. “We conducted two days of training with providers on topics such as home environmental assessments and asthma education,” says Woods.

To date, CAI has reached more than 1,000 children and their families in Boston, helping to improve their everyday lives. “From supporting our colleagues in other states to participating in advocacy efforts, we’re pleased that CAI is helping to change asthma care for children in Massachusetts and other communities,” says Woods.

For more information on CAI, visit bostonchildrens.org/cai

By the Numbers FY12
The Community Mission

- **Boston Children’s Hospital** invested $5.6 million in supporting community health and partnership efforts to improve the health of Boston children and families. More than $20 million benefitted Boston families through charity care, unreimbursed Medicaid and subsidized health services.

- 57% of **Fitness in the City** participants who received case management services decreased their body mass index.

- **Children’s Hospital Neighborhood Partnerships** has increased access to mental health services by helping students receive therapy services within 7 days of referral, compared to 42 days in outpatient settings.

- The **Advocating Success for Kids Program (ASK)** cares for more than 300 children each year with learning disabilities, ADHD, language or autism spectrum disorders. The ASK team attended 144 meetings with teachers, counselors and school administrators to coordinate care and services for these children.

- The **Community Asthma Initiative (CAI)** has improved the quality of life for families with children who have asthma. CAI reports a 41% reduction in the percentage of patients with missed school days related to asthma and a 46% reduction for parents/caregivers with missed work days.

- Boston Children’s has relationships with more than 60 community organizations and three key strategic partnerships:
  - Boston Public Schools
  - Boston Public Health Commission
  - Boston Community Health Centers
Focus on Pediatric Health and Wellness
Boston Children’s at Martha Eliot Health Center

For the past 40 years, Boston Children’s Hospital has owned and operated the Martha Eliot Health Center (MEHC) in Jamaica Plain. We’re proud of MEHC’s role in our community—providing health services and programs to address issues such as asthma and obesity.

This past year, we made a difficult decision. After evaluating our strategy for improving access to the highest quality pediatric care for families in Boston, we decided to transform MEHC into a center focused solely on serving children and adolescents. This decision was about doing what a pediatric hospital does best—caring for children.

We feel that transitioning adult patients to adult providers is imperative to ensure that those patients receive optimum care.

We’ve reached out to those patients affected and have offered everything from a special help line to information sessions where patients can seek advice about their options. We’re grateful for partners who helped with accepting adult patients: Faulkner, Brigham and Women’s and Carney Hospitals as well as Dimock, Codman, South End and Whittier Street Health Centers.

Now, we’re focused on providing the best pediatric, adolescent and young adult health services. We’ve talked with community residents, elected officials, public health experts and staff from child-serving organizations. Members of Boston Children’s Board Committee and MEHC’s Advisory Board also have shared feedback. We’ll assess current gaps in services to determine how we can meet a range of pediatric needs as well as expand our community programs to broaden our reach. We’ve decided to grow our adolescent services for young adults up to age 25. We’ll expand primary care and mental health services and explore if additional specialties could be provided.

At Boston Children’s, we have four missions—clinical care, research, teaching and community. We remain committed to our community mission and will continue to focus on how our programs can address the care and social needs of children and families.

JAMES MANDELL, MD, is the chief executive officer at Boston Children’s Hospital

SHARI NETHERSOLE, MD, is medical director for community health at Boston Children’s Hospital and interim medical director for Martha Eliot Health Center

For any questions about patient care, call 1-855-281-5730.
Advocating Success for Kids
Helping children move ahead in school

Boston Children’s Hospital’s Advocating Success for Kids Program (ASK) provides comprehensive developmental behavioral health services and facilitates access to needed services for families with children experiencing school-functioning, learning and developmental problems. ASK provides services in Boston Children’s Hospital Primary Care Clinic (CHPCC) and three Boston community health centers.

Through their experience in working with hundreds of patient families each year, the ASK team has identified a challenging issue and a concerning pattern—grade retention, in which children are repeating school grades often without appropriate evaluation or intervention for learning problems. Research shows grade retention is associated with a host of negative outcomes. And it is not a solution for the educational advancement for children with learning and behavioral difficulties, attention deficit disorder or behavioral difficulties.

Alison Rosenberg, MSW, LICSW, a staff social worker in the ASK program, has worked diligently with ASK families as an advocate around the issue of grade retention. She recently had the opportunity to expand this focus after receiving the first Boston Children’s Hospital’s Allen C. Crocker Advocacy Fellowship, which promotes and recognizes advocacy efforts to improve public policies and enhance systems of care.

Through this fellowship, Rosenberg is working to identify clinical and legislative solutions that will benefit not only ASK patients but also children throughout Massachusetts. This effort would not be possible without the support of Rosenberg’s mentor and the medical director for ASK, Alison Schonwald, MD. Rosenberg and Schonwald worked closely with Karen Darcy, MSN, director of the Child Mental Health Advocacy and Policy Initiative and Joshua Greenberg, JD, vice president, Government Relations, to advocate further on this issue. This collaboration between Boston Children’s public policy and clinical experts helped establish new Massachusetts legislation to address grade retention, entitled a “Resolve to Ensure Student Progression,” Senate Bill 214. The bill would establish a commission to address reasons for grade retention, review existing school policies and make recommendations to address the issue.

“We hope the bill passes because it will make a difference in the lives of so many children who are struggling,” says Rosenberg. “Our goal is for these children to receive evidence-based interventions at school, which we feel will ultimately help them avoid the less effective route of retention and have greater academic and life successes.”

Left page and above: Photos by Katherine C. Cohen

Join the Children’s Advocacy Network at www.can.bostonchildrens.org to learn more about this issue.
Children’s Hospital Neighborhood Partnerships
Transforming mental health care for Boston’s youth in schools

Most school districts across the country, including the Boston Public School (BPS) system, define a student’s success based primarily on academic achievements. A critical component of academic success, however, is based on appropriately addressing a student’s mental health needs. “The reality is that many youth are struggling academically because their social and emotional needs are not being met,” says Shella Dennery, PhD, LICSW, director of the Children’s Hospital Neighborhood Partnerships (CHNP), the community mental health program in the Department of Psychiatry at Boston Children’s Hospital.

It’s a sentiment echoed by BPS administrators, including Andria Amador, acting director of Student Services at BPS. “We want kids to read, so we teach them to read. We also want them to behave and have relationship skills—but we don’t teach them how to do these things,” she says.

School leaders have recognized the necessity of adding a social and emotional health element to their paradigm—one that takes into consideration the mental health needs of urban students in a resource-strapped school system. And while BPS has been eager to expand schools’ mental health services, they needed help to implement such big changes.

BPS turned to its long-time partner CHNP, which already was working closely with staff and families in BPS to help address students’ mental health needs. CHNP’s prevention-focused model provides clinical services, small group and classroom interventions, as well as consultation services and training for teachers and school staff. Team members also provide crisis management and care coordination.

Over the last school year (2012-2013), CHNP and BPS piloted a Comprehensive Behavioral Health Model (CBHM) in 10 schools. The number of schools participating will increase by 10 more during the next school year. The goal is to reach all 127 schools in the BPS system.

The model includes three key elements:

1) a universal behavioral health screening tool to identify children at increased risk;

2) a social-emotional skills curriculum for all students; and

3) professional development for teachers specifically on behavioral health.

Recently, the BPS School Committee adopted the CBHM to be included in the district’s new wellness policy.
One of the reasons we're so excited about the new Comprehensive Behavioral Health Model is because it will be the same system across all schools in BPS. There will be continuity of care for students,” says Catherine MacCuish, principal at the Charles Sumner School in Roslindale and one of CHNP’s partner school sites.

CHNP and BPS also have worked together with other stakeholders to advocate for state-wide legislation to improve schools’ capacities to address the mental health of their students. Their efforts have been critical in securing substantive legislative support for a comprehensive school-based mental health bill: An Act Relative to Safe and Supportive Schools. “For more than a year, we’ve been working collaboratively with advocacy groups and Massachusetts Advocates for Children to ensure passage of the safe and supportive schools legislation,” says Dennery. “Our mental health work aligns with the models proposed in the pending legislation.”

For more than 10 years, CHNP’s social workers and psychologists have worked in public schools in underserved Boston neighborhoods. All the while, CHNP has gathered data to determine what works best to build the capacity of both teachers and schools to address mental health issues directly. “CHNP is well positioned to partner with the entire district to create change on a systemic level,” says John Riordan, director of community partnerships at Boston Children’s. “Part of our four-part mission is community, and this partnership underscores our commitment to reaching kids who might not have access to mental health services by providing those services in schools. This opportunity to collaborate on improving access to care is precisely the kind of impact that the hospital strives for.”

By being the first to design and pilot a new model that integrates the key elements of the proposed legislation, BPS is not only leading the way in Massachusetts, but it also has the potential to impact the national dialogue on school-based behavioral health services. As the pilot rolls out this year, the BPS and CHNP leadership team will ensure that data collection is maximized and analyzed to identify what is working. They also are establishing benchmarks and evaluation criteria to assess the model.

The team hopes that this model will be invaluable to other schools across the state as they begin to integrate the pending legislation’s requirements. “This kind of work has not been done before. It puts Massachusetts on the map as a pioneer and champion for children’s health,” says Dennery.

Above: CHNP social workers Osob Issa (L) and Suzanne Costello (R) at the Lee School in Dorchester, which is a CHNP partner and a CBHM pilot school.

Left page: Teacher Katie Manning and her fourth grade class at the Lee School. Photos by Katherine C. Cohen.

For more information on CHNP, visit bostonchildrens.org/chnp
The Community Mission
Boston Children's Hospital's community mission aims to improve the health and well-being of children and families in our local community. The hospital leverages its clinical resources with community partnerships to address health disparities, improve child health outcomes and influence changes within systems of care.

Medical Director for Community Health
Shari Nethersole, MD

Editor
Jennifer Fine

Designer
Sarah Lotus Trainor

Contributors
Laura Chandhok, Erin Graham, Stacy Leavens, Karen Schoneman, Alison Sneider, Jessica White

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Above: Teacher Alvin Cooper and his third grade class at the Lee School in Dorchester. Photo by Katherine C. Cohen.