

Appendix A

2008 Annual Report on Community Benefits



Children's Hospital Boston

**Annual Report
On Community Benefits
Fiscal Year 2008**

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Preface

Children's Hospital Boston is guided by the values of innovation, optimism, and a devotion to pediatric care. These core attributes run throughout the hospital's four interwoven missions: providing the best clinical care to children, researching new cures for diseases, training the next generation of pediatric caregivers, and improving the health and well being of children with a special emphasis on making Boston a better place for families to live, work, and play.

Every day, Children's strives to improve the physical and mental health of children through innovative services, initiatives, and partnerships, all approached with a recognition and appreciation of the racial, cultural, and religious diversity of its community. As one of the largest institutions in Boston and in Massachusetts, Children's also feels an important responsibility as a civic leader.

Thus, Children's takes a wide view of community benefits, broader than that defined by the Office of the Attorney General. The concept of community benefit for Children's encompasses four broad investment areas:

- 1) **serves as the community's safety net** hospital by caring for all children in Massachusetts regardless of their ability to pay; offering family-centered services to ensure that basic needs are met as families care for their children; and providing and subsidizing hospital and community-based services that either are not available in the community or are available in limited capacity, such as primary care, mental health services, dental care, or child protection services.
- 2) **targets the most pressing health care needs** of children and families in local communities – asthma, mental health, injury prevention, and fitness and nutrition. Children's targets its resources to address health disparities by developing and supporting innovative programs and initiatives in these core commitment areas. Furthermore, the hospital works to ensure and improve the quality of these efforts through measurement and evaluation.
- 3) **speaks out as a voice for children through public policy advocacy** to change laws that will lead to improvements in the health and the lives of children and families.
- 4) **supports essential community partners** – particularly community health centers, schools, community organizations, and city-sponsored initiatives – to make Boston a better place for children and families, and a more vibrant and livable city. These partnerships include improving child health, being a good neighbor, supporting the city's infrastructure, and acting on the hospital's civic responsibilities as a child health provider and an employer.

Executive Summary

Children have unique health needs that simply cannot be addressed by the adult medical system. Their medical conditions, the type of care they need, and how care is delivered differ significantly from adults.

As the only independent hospital in the state, Children's Hospital Boston is the only hospital in Massachusetts with a singular focus on children and their needs. And that singular focus is brought to its work with and in the local community. Known for excellence in patient care, teaching, and research, Children's also strives to be a dedicated, enduring, and culturally sensitive community partner, a beacon of access to care for the underserved, an accountable health-improvement organization, and a civic and public policy leader. This is particularly true in times of greater need, when everyone – patients and families, our community and civic partners, and even our organization – feels the pinch of an economic recession. Children's has encapsulated its vision for a system of care for Boston children – care that is local, accessible, culturally responsive and comprehensive – in a few simple words: “Healthy Children. Healthy Communities,” a vision predicated on the hospital's commitment to four fundamental “deliverables,” outlined below.

This commitment requires that the hospital expand the traditional medical model of care and combine it with a public health model of care to reach a new, more comprehensive definition of child health – one that involves a seamless continuum encompassing patient care, community health, and public policy advocacy.

It also requires the formation of deep and lasting partnerships with community organizations already engaged in improving the health and lives of Boston's children and their families.

Finally, it requires taking a very broad and long view, effecting change on a broader scale over time. While maintaining longstanding partnerships and core programs in targeted neighborhoods, the hospital seeks to leverage its resources and work toward systemic change, with public policy advocacy as the primary vehicle. By sharing local program successes with elected and appointed officials, providers and other decision-makers, the hospital can make a case for expanding proven interventions and approaches beyond the hospital's targeted neighborhoods.

While this is a long-term approach, three examples from 2008 in these key areas of activity speak eloquently about the hospital's ability to achieve its vision:

1. In *community health*, the hospital showed that a comprehensive approach to asthma care can improve health and reduce the number of emergency department visits and inpatient hospitalizations, and that children referred to physical fitness activities through the Fitness in the City program have increased the level of their physical activity.
2. In *advocacy*, Children's led a partnership of health and community leaders who successfully accomplished legislative reform of the Commonwealth's children's mental health system.
3. In *partnership* with community health centers, public housing developments, and community residents, the hospital formed a Trauma Response Team in Jamaica Plain to address the

problem of youth violence; team members provide support to victims' families as well as support and education for the community.

To begin to achieve the "Healthy Children. Healthy Communities." vision, the hospital has reinvigorated its role and commitment to the community. For 140 years, the hospital has stood out as an example of excellence in pediatric patient care, teaching, and research. But providing superb hospital-based care is not enough.

Children's also embraces its role as the community hospital for the children of Boston, and is the largest provider of inpatient and outpatient services to them. More than half of all children hospitalized in the city of Boston come to Children's; nearly one-third of the hospital's patients come from Boston and immediately neighboring towns. Children's is the single largest provider of medical care to low-income children in Boston and in Massachusetts.

Children's has recognized and must respond to the wide range of factors outside its doors that affect the health status of Boston's children, and has a special commitment to the wellness of the city's children. The hospital addresses these factors on four levels:

1. serving as the **community/safety net hospital** for the children of Boston
2. targeting the **most pressing health care needs** by using a community-based care model that focuses on eliminating health disparities and ensuring quality through measurement and evaluation
3. **speaking out as a voice** for children, through public policy advocacy, about the crucial, unmet needs of children, adolescents, and young adults
4. **supporting community partners** to make Boston a better place for children and families, and a more vibrant and livable city

The Community Safety Net

Children's is the community's safety net hospital and the largest provider of medical care to low-income children in the state, so it is vitally important that the hospital maintain an open-door policy for all Massachusetts children, regardless of their families' ability to pay. To improve access to care and to enhance parents' ability to care for a sick child, the hospital provides an array of family-centered services, from parking to meal vouchers, and many others. Children's also provides, or supports others who provide, those vital, hospital-subsidized services that either are not available elsewhere or only are available in limited capacity, such as primary care, mental health services, dental care, or child protection services. *This is what we mean by providing a health care safety net.*

A Focused Commitment to the Most Pressing Community Health Needs

Children's is committed to helping children lead healthy, safe, and active lives; to ensure that they are ready to learn; and to encourage them to be engaged in the world around them. To accomplish this, the hospital must address the most serious health issues faced by the city's children. These problems – asthma, obesity, injury and violence, and mental health disorders – are best addressed by a coordinated, culturally sensitive, and accessible program of prevention, treatment, education, and advocacy. By partnering with the local community to merge the medical model of care with a public health model, the hospital and its partners provide a continuum of needed services in these issue areas. This model has the potential to achieve some

very important outcomes: true coordination within the systems of care, the ability to treat “the whole child” rather than episodic or discrete problems, and the ability to track and measure improvements in child health in targeted communities by developing systems that set quality benchmarks and evaluate the effectiveness of each program.

Promoting community health is one of Children’s four core missions and one of its eight strategic goals. As such, community health, along with the hospital’s patient care, teaching, and research missions, is monitored and measured through a “quality dashboard” against benchmarks for safety, effectiveness, timeliness, patient centeredness, efficiency, and equitability. Children’s is among the first hospitals in the nation to include community health among its strategic goals and to measure results using the same rigors and benchmarks against which patient care quality is measured. Process and outcome measures (process measures track service-related issues such as waiting times for appointments, while outcome measures track health-related issues such as repeat hospitalizations) have been developed for each of the four core commitment areas and are used both to track quality and to identify gaps in services. *This is Children’s approach to community health programming.*

A Voice for Children

Influencing public policy by working to change laws that will improve the health of children and families is an important aspect of the hospital’s commitment to community health. As the critical safety net hospital for children throughout Boston, the Commonwealth, and the region, Children’s recognizes its special obligation to engage in public policy activities that will ensure access to the services children need. *This is what we mean by speaking out about the crucial needs of children.*

Supporting Essential Community Partners

In working with community partners, the hospital seeks to be a good neighbor, a health partner, and a civic leader. The hospital’s community commitments are directed at improving the infrastructure of organizations that care for children and families in the city – supporting community partners and working with them to make Boston a better place for children and families, and a more vibrant and livable city. These supportive partnerships with community health centers, schools, community organizations, and city-sponsored initiatives include: programs in the hospital’s core commitment health areas and other areas aimed at improving child health more broadly; support for the city’s infrastructure for the delivery of health and social services; employment and workforce development; and acknowledging and acting on the hospital’s civic role and responsibilities. *This is what we mean by supporting community partners.*

In pursuit of this extensive community benefits mission, the hospital’s reach is broad and deep. In FY08, Children’s provided an estimated 166,000 patient visits through hospital and community-based clinical services. In addition, Children’s has served an estimated 7,000 children and youth along with their parents and caregivers through community initiatives; countless more have been impacted by the results of the hospital’s advocacy efforts, civic leadership and active participation in community events.

Providing a Patient Care Safety Net

Children's Hospital Boston is the leading provider of health care to low-income and uninsured children in Massachusetts. For thousands of patients and families in this region, there literally is nowhere else to turn for the kind of care Children's provides. The hospital is committed to treating all pediatric patients from Massachusetts regardless of their ability to pay.

Children's is a safety net provider for the children of Boston. More than half of all Boston children hospitalized come to Children's; nearly one-third of the hospital's outpatients come from Boston and immediately neighboring towns. Beyond the provision of care, a major institutional priority for Children's is ensuring that care is available to patients regardless of their ability to pay and ensuring that needed care is accessible.

This safety net is both a financial and programmatic. It is financial in that the hospital provides free care, subsidizes care for Medicaid patients, and incurs bad debt for patient families who cannot or do not pay for the care they receive. It is programmatic in that as the community hospital for the city of Boston, Children's offers vital, hospital-subsidized services that either are unavailable elsewhere or are available only in very limited capacity, such as primary care, mental health services, dental care, or child protection services.

The hospital makes aggressive efforts to help enroll children in health coverage through the Medicaid program, provides free care to qualified families who are ineligible for state assistance, and offers discounts to self-pay patients, regardless of income. In 2006, Children's reaffirmed this commitment by reviewing and updating financial and operational policies. At the same time, it ensured that clinicians, billing specialists, and front line staff were knowledgeable about these policies so that eligible families could be enrolled in health coverage programs and are identified when eligible for self-pay and discount programs. Children's continues to address this issue and works to identify eligible patients for self-pay and discount programs.

Providing Family-Centered Services.

For a pediatric hospital, health care means caring for entire families, not just the children in the family. Children's focuses on providing culturally sensitive, family-centered care to help ensure the health of children and to see that families are supported as they address their child's health needs.

Families with a sick child and few resources must have their basic needs met – everything from housing assistance or food vouchers for out-of-town families who must stay in Boston for extended periods to transportation for needy local families whose child must be seen regularly. The hospital maintains an Extraordinary Needs Fund for these and other safety-net purposes.

Because of its dual role as community hospital to children from surrounding neighborhoods and as a national and international referral center, Children's patients represent a large variety of ethnicities and cultures. To help patients and families who do not speak or have limited English proficiency, the staff of the Interpreter Services Department provides interpreting services in American Sign Language, Cantonese and Mandarin Chinese, Cape Verdean, Portuguese,

Russian, and Spanish. Other languages are served by a pool of more than 100 freelance professional medical interpreters at Children's and its satellites. Interpreter services are provided 24 hours a day, 7 days a week. In 2008, the Interpreter Services Department supported more than 121,000 interpreting encounters in more than 80 languages and dialects.

Children's seeks to enhance the capacity of parents to care for sick children in many ways. The hospital maintains extensive family support services, including social work, specially trained Child Life staff and a Center for Families that serves as a resource hub for the patient community. These formal services "wrap around" the hospital's clinical programs to provide families with resources, counseling, advocacy, and support. In addition to more formal family services, the hospital also maintains several important targeted programs for families that need additional emotional and parenting supports. Through all these encounters, hospital employees and staff seek to ensure that programs and services for patients and families are respectful and accommodating to differences in language, culture, and religious beliefs.

For families who are just learning about the diagnosis of their child, the hospital coordinates a Family to Family Program, in which parents whose child already has the same diagnosis are trained to pair and connect with the families of newly diagnosed patients. Recognizing that some parents need additional family-like support, the hospital coordinates a Foster Grandparent Program, which trains older volunteers to spend time with young patients, offering services ranging from rocking babies to reading a book with a toddler.

Providing Essential Health Care Services.

Given the nation's fragmented health care system, access to needed services is not assured. This is particularly true in urban areas, where services may be unavailable, incomplete, or uncoordinated. To improve access to care for urban children and families, Children's provides and subsidizes an array of primary care and specialty care services on its campus and in community-based settings, services that might not be available otherwise or are available only in very limited capacity. Children's supports other community-based providers in their efforts to provide these important services to their patients and families.

Primary care services.

Through the Martha Eliot Health Center (MEHC), the hospital's community health center in Jamaica Plain, and the hospital-based Children's Hospital Primary Care Center (CHPCC) and Adolescent/Young Adult Medicine Program, the hospital provides a number of avenues for access to primary care services, which are a cornerstone of Children's community health efforts. In total, these programs provided more than 110,000 patient visits in 2008 for traditional primary care as well as a wide range of services to address the health and social welfare needs of patients and families. Programs range from optometry, nutrition, and substance abuse to home visiting services, HIV education counseling and testing, and a youth street outreach program.

For more detailed information on the Martha Eliot Health Center, Children's Hospital Primary Care Clinic, and the Adolescent/Young Adult Medicine Program, see Appendices A, B, and C, respectively.

Psychiatric and Mental Health Services.

Children's Department of Psychiatry, one of the leading providers of mental health services in Massachusetts, is working to expand access to mental health care for all children and families. Through hospital-based initiatives and partnerships with schools, community health centers, and several community-based organizations, the Department of Psychiatry is changing the environment of mental health care to ensure a brighter future for all children.

While the Department of Psychiatry provides nearly 15,000 outpatient visits, more than 800 inpatient consultations and 200 inpatient admissions on the hospital campus and through MEHC, the hospital recognizes that it cannot reach all children and families in need. Because lack of access to community-based mental health services is a significant barrier to needed care, Children's has provided funding and placed bilingual and multicultural child and adolescent psychiatrists in five community health centers. The addition of this level of expertise improves local access to child and adolescent mental health services and shortens waiting times for an appointment. The hospital also delivers care through prevention and wellness initiatives based in community health centers, in the schools, and in other community organizations, and funds and supports the Boston Public Health Commission's Child and Adolescent Mental Health Coalition, which addresses the stigma of mental health care.

For more information about the hospital's community-based mental health services, see page 18 and Appendix G.

Child Protection Services.

Through its Child Protection Clinical Services Program, Children's has a long history of prevention and treatment for victims of abuse and neglect. This program provides outpatient medical and psychosocial clinical assessment services to children who have been or are maltreated. The program's multidisciplinary team includes social workers, physicians, nurse practitioners, and psychologists. The team also offers highly specialized training to identify child abuse for other community agencies. The team's caseload is an estimated 1,800 per year, resulting in the annual filing of approximately 400 suspected child abuse or neglect reports to the Massachusetts Department of Children and Families.

For more information on Child Protection Services, see Appendix D.

Dental Care and Oral Health Services.

The Department of Dentistry at Children's is dedicated to providing exceptional and comprehensive oral health care to infants, children, and adolescents while promoting and advocating for their optimal oral health. The hospital also serves those with special health care needs. For example, Children's serves as an important safety net for children with developmental disabilities who frequently must receive even routine dental treatment in an operating room environment under general anesthesia. Overall, the department records approximately 24,000 patient visits per year, including surgical procedures.

Poison Control Services.

The Regional Center for Poison Control and Prevention, a not-for-profit organization based at Children's Hospital, offers treatment and advice to health care professionals and the public on the medical diagnosis, management, and prevention of poisonings involving the people of

Massachusetts and Rhode Island. Poisoning-related issues range from medication errors, ingestion of household products, and bites and stings to exposure to biologic and chemical substances. Doctors, nurses, and pharmacists work to educate the public, collaborate with other professionals, and extend the reach of its poison prevention message.

The center handles more than 65,000 calls a year through its Poison Help Hotline, which is staffed around the clock. Calls originate primarily from homes, with others coming from health care facilities and medical professionals. In addition to the hotline, the center provides emergency care and treatment, follow-up services, seminars on toxicology and poisoning prevention, educational resources and materials, expert consultation for complex poisoning cases, patient referral resources, and assistance in locating regional antidotes and unusual lab assays.

Community Health Center Services.

Community health centers are key allies in improving access to care and developing and implementing community health initiatives. While Children’s provides a wide range of services to improve child health, the hospital is by no means alone in engaging in this task. Community health centers play a vital role in the broader system of health care in Boston. In both the spirit and the reality of “it takes a village to raise a healthy child,” the hospital supports the work of these centers.

The hospital relies on the expertise of providers and staff from community health centers to inform its programming and its outreach efforts. Children’s gains valuable input from its relationship with Martha Eliot Health Center and its affiliation with 11 other Boston community health centers:

Bowdoin Street	South Cove
Brookside	South End
Dimock	Southern Jamaica Plain
Joseph M. Smith	Uphams Corner
Roxbury Comprehensive	Whittier Street
Sidney Borum	

See the section on “Supporting Essential Community Partners” beginning on page 24 for information on community health centers as well as Appendix E.

A Core Commitment to Community Health

Asthma, Mental Health, Injury Prevention, Fitness and Nutrition

Children's Hospital Boston's commitment to helping children and families, particularly the underserved and vulnerable, stay healthy and safe goes far beyond the hospital's walls. Children's believes that when children are healthy – with access to culturally and linguistically appropriate services, policies that promote good health, and programs that focus on prevention and treatment – the community will be healthier too. Children's is partnering with the community – health centers, schools, community-based organizations, city and state agencies, and others – to merge a traditional medical model of care (patient care, research, and teaching) with a public health model of care (prevention, education, and advocacy), providing a continuum of needed programs. At the same time, Children's is expanding advocacy efforts to ensure that children can access the services and programs they need. Using data and information generated from successful programs, Children's is working with decision-makers such as legislators, insurers, and public health officials to “make the case” for broader acceptance and adoption of proven interventions and approaches.

Improving Quality and Effectiveness: Community Engagement, Measurement and Evaluation, and Accountability.

The first step in meeting community health needs is “taking the pulse” of the community to discover what local health and health-related issues are most important. To that end, the hospital uses both formal and informal methods to listen and learn.

Every three years, the hospital conducts a comprehensive “audit” that includes interviews with a broad range of community leaders and residents. The most recent formal assessment was conducted in 2006. It reaffirmed the areas of most concern to the community – asthma, mental health (Children's works from an expanded definition of mental health that includes developmental, behavioral, learning issues, and violence as well as traditional mental health issues such as depression or anxiety), obesity, and prevention of injuries, including violence – while pointing to specific needs within these four core programs. These problems are particularly relevant to the neighborhoods of Jamaica Plain and Roxbury, which are the primary areas served by the Martha Eliot Health Center.

In the intervening years, ongoing yet less formal means of assessment regarding community health programs are employed – annual reviews of public health data, community forums, and feedback from patients and families received by clinicians and staff. Children's also gets feedback and input on community needs from Community Advisory Board members, who represent the communities served by the hospital's initiatives, and from program-specific groups such as a Family Advisory Board which provides the family perspective on asthma. In 2008, the hospital continued to build its programming around the results of the 2006 assessment, with plans for another needs assessment process in 2009. The 2009 assessment will concentrate on met and unmet health needs and help develop approaches to enhance collaborative efforts to fill gaps and address emerging health concerns. It will include reviews of: existing programs; professional literature to identify best practices; and recent cuts in community programs that expose gaps in service. The assessment also will include focus groups and interviews with

stakeholders to determine how the hospital's programming impacts the community. The point is continued engagement – seeking community input and feedback that becomes an ongoing conversation with the community, which gives the hospital a true and current sense of local needs and challenges.

Achieving community health goals in the areas of asthma, mental health, fitness and nutrition, and injury prevention demands not only the identification of community needs and a commitment of resources to meet them, but the ability to prove that those resources, effectively applied, are making a difference. The hospital's core commitment to community health seeks effectively and efficiently to do just that – track and document measurable improvements in child health in select communities over time. To that end, the hospital's community health effort includes an evaluation component, whose goal is to measure the quality, effectiveness, and efficiency of the hospital's efforts. In 2008, the hospital's Community Health Evaluation Plan included program-specific evaluation measures in the four core commitment areas as well as measures relating to building community capacity to help sustain the progress made. Specific examples are provided in the following pages under each of the four program areas. The hospital's evaluation program includes not only “summative” evaluation methods – reporting outcomes and results – but “formative” evaluation components that can identify gaps in data collection or tracking systems, for example, as the programs expand and mature. The basic framework for these efforts is a circular process that includes engaging stakeholders, developing and implementation programs, designing the evaluation component, gathering data and information, analyzing and reporting out data, and using the “lessons learned” to continuously improve.

A third component of improving quality and effectiveness is accountability – measuring how well community health programs do in achieving “quality dashboard” targets. The “dashboard” is a hospital-wide accountability tool for improving safety and quality, which uses the six quality directives defined by the Institute of Medicine in its 2001 report, *Crossing the Quality Chasm*. They are: effectiveness, timeliness, safety, efficiency, equitability, and patient centeredness. The hospital has incorporated these six targets for improvement into each of its missions – patient care, teaching, research, and community health. Children's is among the first hospitals in the nation to measure community health outcomes using the same rigors and benchmarks against which patient care quality is measured.

The objective of the quality dashboard in community health is to measure the quality of community health and community health programming by defining and implementing a framework for assessment – applying specific measures to assess quality, developing and applying benchmarks, and tracking improvements.

In 2008, at least one measure was developed for each of the four program areas (asthma, obesity, injury prevention, and mental health). Over the next few years, the “dashboard” will be populated with measures for all four program areas across all six domains. For example, in 2008, two asthma measures were developed: an “effectiveness” measure (the number of Emergency Department visits and hospital admissions for children enrolled in the Community Asthma Initiative) and an “efficiency” measure (the difference in hospital cost of ED visits and admissions for enrolled patients before and after they were in the program for one year). In

FY08, ED visits decreased by 67 percent and hospital admissions by 85 percent. And participating patients had greater reduction in total hospital cost per patient of \$1,681 over the prior year.

Core Commitments: Making a Difference in Asthma, Mental Health, Injury Prevention, and Obesity.

Children's supports a wide variety of programs and services that improve the health of children and families in the community. Because the need is large, this requires a targeted partnership approach with the local community to focus on those issues deemed most important to improved health, which have been identified as asthma, mental health, injury prevention, and obesity. In doing so, the hospital and its partners seek to provide prevention, wellness, and education services and create a seamless continuum encompassing patient care, community health, and public policy advocacy. Additional information on other community benefits related programs, services and partnerships can be found throughout the Appendices.

1. Asthma: Helping children lead healthy and active lives through improved asthma care

More children living in Boston's low-income neighborhoods suffer from asthma than any other single diagnosis, so it is no surprise that asthma is the leading cause of hospitalization at Children's. Seventy percent of these hospitalizations are from Boston's inner-city neighborhoods, such as Jamaica Plain and Roxbury. Latino and Black children are particularly vulnerable; admission rates for minority children are five times that of white children. With limited information on managing complex medications and even fewer resources for preventing asthma triggers, the families of these children carry an enormous burden. In addition, asthma interferes with a child's ability to sleep, play, and go to school. When a sick child cannot go to school, a working parent cannot work. This ongoing loss of productivity adds "economic and financial" to the list of negative family impacts caused by asthma.

The **Community Asthma Initiative (CAI)** is the hospital's program for improved asthma management – preventing attacks and other serious complications and controlling the disease. The program operates on three levels: the individual level, which includes case management and home visiting; the community level, which includes community participation and education and training; and the systemic level, which includes partnerships to educate decision-makers and improve overall access to asthma care. In the community, asthma programs cover the full continuum of care: prevention, treatment, parental support, case management, training and education, evaluation, and policy advocacy. This approach engages the entire community (families, schools, community health centers, advocacy groups, and community based organizations) and stresses treatment of the child in the context of his or her environment, in his or her everyday life. With supportive resources and education, children with asthma can lead healthy and active lives.

The CAI helps children and families in Jamaica Plain and Roxbury improve how they manage asthma in a number of ways:

- *Nurse case management and home visits.* This involves development of family-centered and individualized asthma plans (available in English and Spanish), home visits to ameliorate asthma triggers, asthma education and medication management, and connections to primary

care physicians, allergy evaluations, insurance and housing, as well as support around pest management and connections to community resources and activities

- *Community education for families and consciousness about asthma.* This includes community-based educational workshops and events.
- *Local, regional, and national advocacy efforts* in partnership with a 16-member Family Advisory Board and other partners.

CAI aims to improve the quality of life for children with asthma by reducing the number of asthma-related Emergency Department (ED) visits and hospital admissions. In FY08, the number of ED visits was reduced by 67 percent and hospital admissions by 85 percent. In addition, lost school days were reduced by 41 percent and parents' missed work days were reduced by 52 percent. Case management was provided to 107 new patients and 314 overall.

Children's has worked with the Asthma Regional Council to understand the health ramifications and economics behind investing in asthma management. Based on the results of this work, legislation was filed in 2008 to ensure payer coverage for asthma education and in-home environmental interventions. In addition, the hospital continues to work with the Boston Public Health Commission and other community groups on city-wide initiatives to improve educational asthma management efforts for children across the city.

Overall, the hospital's approach to asthma care is comprehensive – its patient care, community health and education, and public policy advocacy efforts all are directed toward reducing this burden for patients and families. The hospital provides asthma services for both inpatients (through the Emergency Department or the Short Stay or Intermediate Care units) and outpatients (through the Primary Care Center, Martha Eliot Health Center, Adolescent Medicine, Pulmonary Clinic, and Allergy/Immunology Department).

Children's is the largest provider of clinical services to children with asthma in Massachusetts, with more than 17,650 inpatient and outpatient visits recorded in FY08 for 9,453 patients for which asthma was a primary or complicating diagnosis. In addition, an estimated more than 500 children along with their families and caregivers have been served through our community initiatives as well as hundreds more reached through Children's participation in health fairs and community events.

For a more detailed description of the hospital's asthma initiatives, see Appendix F.

2. Childhood Injuries: Focus on prevention, advocacy and research

Injuries – both unintentional and intentional – are the leading cause of death for children ages 1-19 in Massachusetts and result in 250,000 emergency room visits in a year. Children's is addressing prevention of both unintentional and intentional injuries through a comprehensive effort that encompasses community health initiatives, education, and provision of direct services, as well as public policy advocacy around injury prevention.

Unintentional Injury

In the community, the hospital's Injury Prevention Program is focused on providing education and safety devices. The program's leaders also conduct research to better understand which children are at highest risk and what interventions can be developed to help.

- **Home Safety** works with families to identify hazards and risk factors in their homes. For example, a hot water heater turned too high or exposed electrical outlets put children in danger. Injury Prevention team members teach families about these dangers and provide the equipment needed to reduce the risks. In 2008, 30 home visits were made to at-risk families in Boston. The hospital currently is engaged in a research project that is evaluating both effectiveness of and challenges in conducting this type of in-home training; results should be available later in 2009.
- **Travel Safety** provides car and booster seats, along with training on how to use them, to low-income families in the Children's Hospital Primary Care Clinic and at the Martha Eliot Health Center in Jamaica Plain. In 2008, 220 car seats were distributed, 28 car seat training sessions were held, and 30 providers trained about car seat safety issues. Team members also provide information and education about how to prevent injury using seat belts and bike helmets, and distribute helmets to children who need them. In 2008, 800 bike helmets were distributed and 60 children were educated in bike safety through Jamaica Plain schools.

Direct injury prevention services provided through the hospital include a Level I trauma center within the Department of Surgery that ranks in the top 10 hospitals in the U.S. in terms of volume, a Division of Emergency Medicine that treats 12,000 injury patients each year, a Regional Poison Control Center and Division of Sports Medicine (see Appendix), and other services that treat both unintentional and intentional injuries.

Intentional Injury

Many hospital-based programs and community partnerships have been developed to reduce the prevalence of intentional injuries, particularly child abuse and support for victims of violence.

Hospital programs include clinical assessment services for those who have been maltreated, a 24-hour consultation service, and an advocacy program for battered women and their children. The hospital also partners with government agencies and others to prevent and treat children who are at risk or have been neglected or abused. Children's has provided both clinical and financial support to the Suffolk County Children's Advocacy Center, which treats children who have been abused.

In 2008, a new Trauma Response Team program was launched at Martha Eliot Health Center (MEHC), which is adjacent to the Bromley-Heath public housing development in Jamaica Plain. The team is community-wide and involves representatives from MEHC, Children's, and a dozen organizations serving the Jamaica Plain neighborhood, including faith-based organizations, schools, housing developments, and teen support programs. All team members completed a certification program to learn best-practice techniques regarding post-traumatic stress management. The program's goal is to provide the community with culturally sensitive

emotional support and information and practical support to those affected by violence and to deal with the demands that arise when violence occurs.

Public policy advocacy includes work in both unintentional and intentional injury. In 2008, Children's advocacy efforts focused on child passenger safety, bicycle and wheeled sports safety, poison control, and child protection. Specific projects included work toward enacting a primary seat belt enforcement law, prevention of shaken baby syndrome, and funding for staff training and response to severe physical and sexual traumas. In partnership with the American Automobile Association of Southern New England, other advocacy groups, and public health leaders, the hospital shared the success in getting legislation enacted (in July 2008) that requires the use of booster seats for children up to the age of eight or 4'9" in height.

In FY08, Children's provided treatment to an estimated 12,000 children for injuries in the Emergency Department, while more than 2,000 children and their families have been reached through hospital-based prevention and protection services. In addition, the hospital reached an estimated more than 1,000 children along with their families providing sport helmet and car seat education as well as hundreds more reached through Children's participation in community health fairs and events.

For a more detailed description of the hospital's injury prevention initiatives, see Appendix H.

3. Fitness and Nutrition: Identifying best practices to prevent overweight and obesity in children and adolescents

Obesity is a complicated medical, social, and lifestyle issue for children, especially children living in urban areas. It is estimated that 40-45 percent of children enrolled in the Boston Public Schools are overweight or obese. The consequences of obesity and lack of fitness can have both short-and long term negative impacts – everything from early onset of cardiovascular disease to diabetes. Obese and overweight children need access to nutrition education and recreational opportunities, which may not always be available locally.

Children's approach to prevention and treatment of obesity is to support and work with community partners who are delivering nutrition education and physical activities. The hospital's current focus is on working to develop best practices among obesity prevention programs – both hospital-based and in the community – to ensure that programs are optimally effective in encouraging fitness and nutrition among children and adolescents.

Children's is recognized internationally for its hospital-based treatment program to help overweight and obese children. The Optimal Weight for Life (OWL) program is the largest pediatric obesity clinic in New England, currently serving nearly 1,000 patients (one-fourth of whom are from the city of Boston).

In the community, the hospital's initiative to prevent childhood obesity is called **Fitness in the City (FIC)**. Among the program's goals is to build community capacity to reduce childhood obesity and identify best practices for prevention. Children's provides technical and financial assistance as well as professional support to 11 Boston community health centers including the

hospital's own Martha Eliot Health Center (MEHC) to support existing obesity prevention and management programs that are both relevant and culturally sensitive to the communities they serve. For example, the *I'm in Charge* (INC) program at MEHC, which targets young people ages 9-20 who are overweight or at risk for Type II diabetes, provides participants with education, clinical care, and access to other community resources. Another program, *JP Fit* at Southern Jamaica Plain Health Center provides individual, family and group interventions tailored to meet the unique needs and challenges of participants. The program also includes an after-school Boys Baseball Clinic for at risk or overweight patients.

FIC also supports case management at all participating health centers. Case managers work closely with providers and families to connect overweight and obese children to appropriate nutrition education and physical activity opportunities. A resource specialist funded by Children's works closely with the health center's case managers to identify free and low-cost community activities for FIC participants. In 2008, fitness opportunities were provided to nearly 800 children and 343 children received free gym memberships, with thousands of families receiving nutrition education and information.

With FIC providing support, assistance, and motivation, fitness and nutrition staff members of the 11 health centers have begun to meet regularly – something they never did before – to share information and ideas about preventing overweight and obesity in children. This collaboration not only empowers the health center staff but also strengthens the entire community. Among the most significant accomplishments of FIC is its success in building each health center's capacity to identify and manage overweight and obesity and to serve more children. With the training and support provided by the program, each health center now records and tracks BMI on its pediatric patients as well as other data on healthful eating and exercise habits. These measures will begin to inform the effectiveness of each center's obesity management programs and point to best practices, which then can be replicated through all the health centers.

In 2008, the hospital gathered information for measuring the effectiveness of FIC programs in achieving their goals. In the first year of collecting such data, decreases were evident in measures such as time spent watching TV and intake of sugar-sweetened beverages, and increases in measures such as fruit and vegetable consumption and the number of days per week during which children exercised.

While the services provided at Children's and at health care facilities in Boston lay a necessary foundation for children trying to achieve a healthier body weight, obesity is not a one-dimensional health problem. Environmental factors, such as having access to healthier food in school and in the community, also are critical for any child to succeed in losing weight and maintaining weight loss. In 2008, Children's supported advocacy efforts for improving school nutrition such as providing expert testimony in support of nutritional standards in schools.

In FY08, Children's provided hospital-based obesity treatment to nearly 1,000 children and reached nearly 800 children and youth through programs based in community settings.

For a more detailed description of the hospital's fitness and nutrition initiatives, see Appendix I.

4. Mental Health: Improving access and care for children and adolescents

Mental illness is a serious problem in our society. But its impact is especially harmful to children, where it too often is undiagnosed or untreated. In the U.S. today, one in 10 children suffers from a mental disorder severe enough to cause some level of impairment, and one in five has mental health impairments that interfere with his or her ability to learn and enjoy life. With few resources to identify or manage this disease, too few mental health care providers to serve this population, and cultural attitudes that connect mental and behavioral disorders with shame and embarrassment, the vast majority of children do not get the help they need.

To address this complicated issue, Children's played a lead role in the successful passage in 2008 of legislation that reformed the mental health care system for children in Massachusetts. Called the Children's Mental Health Campaign, the effort involved a statewide coalition of more than 125 partners, including Children's and its Child and Adolescent Mental Health Advocacy Initiative (CAMHAI), the only mental health advocacy program of its kind in the U.S.

Research has shown that mental health programs with comprehensive, integrated, community-based approaches are most effective in preventing such mental health problems as conduct disorder or alcohol and drug abuse. In addition, interventions involving family, school, and community are more likely to succeed than efforts aimed at a single domain. Further, efforts linking outreach and preventive programs run through schools and other community-based settings with clinical services at mental health clinics, community health centers, or school-based health clinic settings have been found to be effective. All these approaches are evident in Children's comprehensive approach to mental health care. Much of the care provided by the hospital is offered through three direct-care departments, all operating integrated and comprehensive services: Psychiatry, Social Work, and Developmental Medicine.

In the community, limited access to child mental health services is well-documented and represents a growing problem. Urban children and families in particular have problems with finding and receiving culturally and linguistically appropriate mental health services. Following are two key examples of how Children's is working to expand access to mental health care for children and families at the community level.

Children's Hospital Neighborhood Partnerships (CHNP).

Children's delivers mental health care through prevention and wellness initiatives in community health centers and schools and through other community organizations. These initiatives comprise the Children's Hospital Neighborhood Partnerships (CHNP). The work of the CHNP is to bring bilingual, culturally appropriate mental health services into local neighborhoods – where the children who need them live, play, and go to school. Working with 13 Boston schools, five community health centers, and eight Head Start centers, CHNP places mental health professionals on site to provide counseling and psychiatric treatment to children in their own environments. At each site, the CHNP team works with its staff to determine needs and how to serve them, tailoring services to the site's unique resources and challenges. In this way, each CHNP team becomes an integral part of the community-based site, enabling children to see the staff as part of their world rather than people from the outside. CHNP also places psychiatrists in community health centers to provide needed psycho-pharmacological care and follow-up to patients and families.

In 2008, the hospital gathered information for measuring the effectiveness of CHNP programs in achieving stated goals. In 2008, CHNP provided school-based mental health services to 259 children. More than 3,000 youths and 600 parents participated in early intervention and preventive activities. Eleven out of 13 partner schools showed improvement in their ability to address mental health needs. The program provided training and supervision to two dozen trainees in psychology, social work, and education.

Advocating Success for Kids (ASK).

Direct services also are offered in four primary care settings in Boston through the ASK (Advocating Success for Kids) Program. ASK offers “one-stop-shopping” for access to services for children with school-functioning problems and learning delays. ASK addresses a seemingly insurmountable problem among a large number of poor and low income, mostly minority, children living in Boston neighborhoods: very limited access to high quality, comprehensive developmental-behavioral consultations and evaluations to identify problems that may be negatively affecting school functioning. Data show that the sooner developmental and learning issues are identified and appropriate interventions begun, the better the long-term outcomes are for a child. ASK provides extensive developmental-learning and educational consultations and evaluations for children who otherwise would not likely have access to them. The ASK team provides case management as needed for these children and their families to help them get necessary services to which they are entitled.

In addition, ASK provides training to those who serve children. To effect change on a broad scale, more professionals who work with children – teachers, school nurses and administrators, community health providers, and pediatric primary care providers – need to improve identification and management of developmental-learning issues. This involves training, access to appropriate specialists, knowledge of community resources, and integrated care systems so they can provide patients and students comprehensive service plans. ASK has reached hundreds of local health care providers, mental health clinicians, and educators via patient and student consultations, providing countless opportunities to share knowledge and information.

In 2008, the hospital gathered information for measuring the effectiveness of ASK in achieving its goals. Nearly 200 children were newly identified as in need of services; nearly 600 follow-up consultations were provided. The age of referral for children to the ASK program has decreased on average by a full year. Nearly 80 percent of parents surveyed were very satisfied or satisfied with the services they received from ASK, and 77 percent said they had a better understanding of how to manage their child’s issues.

These community mental health initiatives provide screening, evaluation, education, support services, case management, and treatment. By integrating and linking these efforts, and by deepening and intensifying the hospital’s relationships with community partners, the community’s capacity is strengthened to help Boston’s children grow up strong and well in their daily lives.

In FY08, for mental health and developmental services, Children’s provided nearly 15,000 outpatient visits, more than 800 inpatient consultations and 200 inpatient admissions. In addition, Children’s provided direct services to more than 250 children in schools and 750 children in

primary care center settings, along with an estimated almost 3,100 children and youth and 640 parents reached with early intervention and prevention activities in the community.

For a more detailed description of the hospital's community-based mental health initiatives, see Appendix G.

Speaking Out Through Public Policy Advocacy

Influencing public policy to improve child health is an important aspect of Children's Hospital Boston's commitment to community health. As the leading provider of medical services to low-income children in Massachusetts, and a critical safety net for children throughout New England, Children's has been an organized force in speaking out about the crucial needs of children, adolescents, and young adults for nearly two decades. While the hospital's advocacy successes benefit children and families served by the hospital, they also have improved access to care and the quality of care for children throughout the Commonwealth and beyond.

Core Program Advocacy. Children's regards public policy advocacy as a critical component of its overall approach to community health and its focus on providing the full spectrum of care. The hospital has developed comprehensive child health policy advocacy initiatives in its four core program areas: asthma, mental health, injury prevention, and fitness and nutrition. In FY08, Children's advocacy efforts centered on improving chronic disease management and systems of care.

- With the Boston Urban Asthma Coalition (BUAC), the hospital filed legislation to ensure that **asthma** education and in-home environmental interventions are covered by insurers. The hospital partnered with the Asthma Regional Council (ARC) and UMass Lowell to develop a white paper (*Investing in Best Practices for Asthma*) that showed the health and economic benefits of investing in prevention programs. The study found that: asthma education programs can lead to fewer emergency visits and hospitalizations, improved quality of life and lung function and cost savings; home-based interventions – including home assessments and the provision of supplies – that reduce environmental triggers are cost-effective and can improve health outcomes; and non-physician providers can provide effective asthma education and environmental interventions, often at a lower cost.
- To help combat obesity and improve **fitness and nutrition**, the hospital's advocacy efforts included testimony on the issue of nutritional standards in schools.
- In the area of **injury prevention**, the hospital helped to educate policymakers about child abuse and neglect issues arising in part from the Haleigh Poutre case, including providing experts on mental health, end-of-life issues and DSS reform. Children's also worked in partnership with the American Automobile Association of Southern New England and public health leaders to get a law passed (July 2008) in Massachusetts requiring the use of booster seats for children.
- **Mental health** continued to be a major focus of the hospital's advocacy and policy efforts in FY08. Two years ago, the hospital joined with the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) to launch a multi-year campaign to reform the state's mental health care system. That initial work included the development of a report, "Children's Mental Health in the Commonwealth: The Time is Now," that included 27 recommendations for specific policy change. Children's, the MSPCC, Health Care for All, Health Law Advocates, and the Parent Professional Advocacy League

worked together with legislative sponsors to draft legislation and spearhead the campaign to advocate for change. “An Act Relative to Children’s Mental Health” was signed into law in September 2008. Among its provisions are: providing screening in early childhood settings to enable early identification of mental health problems; remediating the “stuck kids” problem by ensuring that mental health treatment is given in the most appropriate setting for a child’s particular needs; and a more rigorous planning and evaluation framework for addressing mental health at the state level. Passage of the bill represents a major milestone in improving mental health care for children in Massachusetts.

Improving Access to Care. Children’s has been a longstanding leader in improving children’s access to health insurance and has helped drive the effort to expand children’s coverage. The hospital has provided critical resources and support to efforts to ensure that policy gains are translated into actual coverage, both by enrolling uninsured children on-site and through community partnerships. For example, as a founding member, an active participant, and a major funding source for the statewide Children’s Health Access Coalition, the hospital worked to expand insurance coverage for children in Massachusetts and assure affordability of care.

The hospital remains committed to further improving access to care for children, adolescents, and young adults by reducing the numbers of the uninsured and increasing the breadth and depth of services that are covered by insurance. The hospital’s advocacy efforts in this area operate on a number of fronts, statewide, regionally, and nationally.

Children’s has also worked as part of the Affordable Care Today (ACT) Coalition to enact the Massachusetts health reform law, which includes a number of provisions to expand coverage, notably the expansion of MassHealth coverage to children in families whose income is up to 300 percent of the poverty level. In addition, the hospital developed programs and systems to maximize the new law’s provisions for children – everything from helping 30,000 children get expanded coverage to developing outreach, education, and awareness programs (including paid advertising) to enroll Massachusetts residents enrolled in the new coverage programs.

Children’s involvement in improving access to care extends beyond the borders of Massachusetts. The hospital has partnered with Community Catalyst to expand these advocacy efforts regionally through the New England Alliance for Children’s Health. This is a coalition of key stakeholders in child health from across New England that seeks to advance health care coverage for children at the state and federal level, as well as to enhance the quality of pediatric care. The group’s primary policy initiative in 2008 was to work toward the reauthorization of the State Children’s Health Insurance Program (S-CHIP), including adoption of an investment in quality measurement for pediatric care. Through extensive advocacy efforts – including garnering the support of key hospital and provider organizations, consumer groups, child advocacy groups, business organizations, and faith-based groups in the six New England states – 32 of 33 of New England’s elected officials in Washington voted in favor of the reauthorization legislation. The group also advocated against regulatory proposals to restrict federal support for state Medicaid programs that would have been detrimental to children’s health coverage programs.

Children's also has worked closely with the National Association of Children's Hospitals (NACHRI) to ensure that children are part of any federal health care reform proposal. The hospital played a leadership role in the development of a "New Vision for Children's Health Coverage" proposal, which provides a roadmap for covering all children.

Advocacy efforts in 2008 included work in support of pediatric research, at both the state and federal level. At the state level, the hospital filed legislation to repeal an archaic state law that prohibits research on newborns; under current interpretations of the law, no advances are likely in research designed to study disease processes in newborn babies. This bill was enacted into law in September 2008. Children's experts informed and developed many of the ideas related to academic medicine that were incorporated in the life sciences initiative signed into law in June. Hospital Board of Trustees members and clinician researchers serve in leadership positions on the Massachusetts Life Sciences Center Scientific Advisory Board. At the federal level, the hospital successfully advocated for treating pediatrics as a special population in the National Institutes of Health's (NIH) change in funding strategy for clinical research awards.

Engaging Advocates. Children's is dedicated to effecting real change in the lives of children through policy advocacy. To do so, however, it needs the support of Children's staff, medical and public health experts, families, patients, community partners, and others who can be a voice for children. Realizing the goal of improved access to care for children and families requires a broad strategy that leverages child advocates from all walks of life. This approach not only builds community capacity for people to speak up for children's health issues, but also enables the hospital to put a human face on what are by nature complex issues. Children's works to engage volunteer advocates on two levels:

- *Grassroots advocacy* involves Children's employees, staff, volunteers, parents, and others in the 1,500-member Children's Advocacy Network (CAN) program. As part of the CAN, advocates can take advantage of intensive training – through case studies, mock hearings, and guest faculty – so that they better understand the legislative process and how they can influence public policy. Advocates then assist with the hospital's advocacy efforts.
- *Professional expertise* is another form of advocacy that helps legislators and their staff better understand clinical care issues and health policy as it affects children and families. Children's experts are available to meet with legislators, testify at hearings or before committees, and serve as "on call experts" on issues ranging from mental health to auto passenger safety to asthma to obesity. In 2008, more than 60 clinicians provided their expertise to elected and appointed officials and their staffs. In addition, pediatric medical residents who are part of the hospital's combined residency program with Boston Medical Center also receive training in child advocacy through the Advocacy Clinic Training program. In 2008, 60 residents were trained.

Supporting Essential Community Partners

Partnerships are a key element in Children’s Hospital Boston’s vision of “Healthy Children. Healthy Communities.” The hospital’s approach has been to develop solid, effective, and trusting relationships by partnering both financially and programmatically with local organizations that share a similar vision. This approach is based on a few fundamental premises:

- far more can be achieved by working together than working alone
- the health of children and families is directly affected by the health and vitality of the community in which they live
- helping neighborhoods, and the city at large, improve their overall health requires open dialogue and being responsive to what communities need and want.

This broad view of partnerships is even more critical in light of the changing economic and business landscape in Boston and Massachusetts. Health care institutions and other not-for-profit organizations serve as a stabilizing force in times of corporate downsizing, mergers, and overall economic contraction.

As the only freestanding pediatric hospital in Massachusetts, it is not surprising that all the hospital’s partnerships focus on children and families, and that most are health-oriented. Others, however, are not focused specifically on health but rather seek to fulfill the hospital’s responsibility as a good neighbor and civic leader.

The Hospital as Health Partner: Improving Health and Social Services

Traditionally, the hospital’s strongest partnerships have been those related to its community health initiatives (as discussed earlier). In fact, the success of these programs is due equally to the work of the hospital and community partners. However, community partnerships extend far beyond the work of the hospital’s community health initiatives, and many affect child health more broadly. The hospital’s collaborations with community health centers, schools, and local government form the cornerstone of these partnerships.

The hospital maintains strong relationships and affiliations with 12 community health centers, including its flagship center, Martha Eliot Health Center. The hospital works with these centers on a variety of treatment, prevention, and health and wellness programs, including those in the hospital’s core commitment areas. The majority of the centers have fitness and nutrition programs; many have school functioning/school preparedness, mental health, and asthma initiatives. Children’s also offers support to community health center clinicians, including professional development opportunities, access to computer resources, and quality improvement initiatives. (See page 11 and Appendix E for more information.)

The hospital works extensively with the Boston Public Schools (BPS) and other local school systems, offering a wide range of health and health-related services. Through its Children’s Hospital Neighborhood Partnerships (CHNP) program, the hospital has developed long-term partnerships with 13 Boston schools. CHNP provides individual and group counseling to students, implements anti-bullying and anti-violence curricula, and provides training and consultative services to teachers and school administrators. The hospital’s Advocating Success

for Kids (ASK) program works with selected schools to provide developmental-behavioral consultations and evaluations for low-income children who would not otherwise have access to them. ASK team members provide case management as needed for these children and their families to help them get the necessary school-based and other services to which they are entitled. ASK has served more than 1,000 children since 2000.

In addition to providing services in individual schools, the hospital also supports BPS's health infrastructure in a variety of ways. For example, the hospital offers asthma education workshops to support school nurses, students, and parents, and provides emergency asthma medication and equipment to every public school in Boston. The hospital also offers scholarships to school nurses so that they may take advantage of professional development opportunities. Since 2005, the hospital has invested approximately \$15,000 to offer 300 scholarships to 80 BPS school nurses so that they can attend high-quality educational sessions at no cost.

Children's has been a longtime partner in the Boston Public Health Commission's (BPHC) initiatives with children, adolescents, and young adults, working together on the most pressing public health issues for city children. Children's has committed \$300,000 to the BPHC's Child and Adolescent Mental Health Coalition over the past six years. The hospital also is an active participant in the BPHC's Boston STEPS Initiative and Asthma Health Project.

Providing both clinical and financial support, the hospital has a long-term partnership with the Suffolk County Children's Advocacy Center (CAC). The CAC offers abused children access to medical professionals, police officers, the state Department of Social Services, social workers, mental health professionals, prosecutors, victim witness advocates, and domestic violence professionals. This multidisciplinary team works to create comprehensive safety and treatment plans for the children. Medical professionals (physicians, social workers, and psychologists) provide significant time to the CAC, conducting interviews, developing assessments, and composing safety plans.

The hospital is able to cultivate innovative, community-based programs through its Community Child Health Fund (CCHF) and through providing essential funds to the local Community Health Network Area (CHNA). Through these two initiatives, the hospital supports community-based organizations and schools in a wide variety of projects ranging from anti-violence to nutrition, from physical activity to substance abuse. CCHF provides a total of \$50,000 annually for projects at the hospital as well as in community health centers, schools, and community-based organizations. CCHF has distributed 80 grants since 2000, for a total of approximately \$470,000.

The Hospital as Good Neighbor: Improving Life in Local Neighborhoods

Though Children's has always focused its community benefits efforts on the city of Boston, the hospital has a growing emphasis on neighborhoods immediately adjacent to the hospital's main campus and MEHC: Fenway, Mission Hill, Roxbury, and Jamaica Plain. These communities are truly the hospital's "neighbors," and Children's is dedicated to being a good one. Many of the hospital's community health programs, as described previously, focus on these communities, as do many other community partnerships. Children's also is working to boost representation from

these neighborhoods on the hospital's Community Advisory Board and to prioritize these communities with the hospital's sponsorships.

Children's provides financial and in-kind contributions to local organizations striving for improved child health through sponsorships of programs and events. In FY08, the hospital supported over 50 selected programs and initiatives, primarily for neighborhood-based and city-wide organizations.

In the Fenway, one of the hospital's longest and most valued partners is the Fenway Community Development Corporation (CDC). Though the CDC works on a variety of important issues that are vital to Fenway residents, Children's consistently has directed its support to those CDC programs that focus on improving the lives of the neighborhood's families. Recently, the hospital also improved the communication and collaboration between the CDC's workforce development staff and the hospital's Human Resources staff.

In Mission Hill, the hospital's support of worthy local organizations also has focused on children and youth, including strong partnerships with Sociedad Latina and the Mission Hill Youth Collaborative. Each year since 1998, Children's also has funded the Mission Hill Little League, sponsoring the "Children's Hospital Boston Red Sox." This program has provided recreation and fitness to the neighborhood's children and youth for more than 35 years.

In Jamaica Plain, Children's has funded one of the "Countdown to Kindergarten" playgroups for Boston parents and their young children at the West Zone Early Learning Center since 2006. Hospital staff members serve on the playgroups' steering committee and help ensure that families in Jamaica Plain, especially Martha Eliot patients, know about the free playgroup in their neighborhood.

In both Jamaica Plain and Roxbury, Children's has been working with a coalition of community health centers, public housing developments and community residents to address the problem of youth violence. In the wake of a steady stream of violent acts, residents from both communities identified youth violence as their highest-priority public health issue. In response, Children's joined their coalition and provided funding for a three-day training program in community response to violence. Forty-five community residents and community agency representatives participated in this training on psychological first aid and subsequently formed a Trauma Response Team (see page 16) that already has responded to nine incidents of violence by providing the family and friends of victims with support, assistance with arranging funerals, and referrals to mental health services.

As mentioned previously, some of the partnerships focus not only on improving the health and vitality of children but also on the neighborhoods themselves. For example, Children's has supported the development and maintenance of open space in the local community, specifically Ramler Park in the Fenway and Kevin Fitzgerald Park in Mission Hill, which are a resource for all to enjoy. In addition, as a member of MASCO, the hospital supports continuous efforts to maintain and improve the condition of the Longwood Medical and Academic Area (LMA) and surrounding neighborhoods, including energy, infrastructure, and traffic enhancements. For example, in response to concerns from the Fenway Civic Association about too many hospital

shuttles passing through their neighborhood, the hospital implemented a shuttle reduction plan that has resulted in 37 fewer shuttle trips daily through the Fenway.

The Hospital as Civic Leader: Supporting Workforce Development and Community Improvement

As one of the largest institutions in Boston and in Massachusetts, Children's feels an important responsibility as a civic leader. This leadership can be summarized in two key ways:

- being a workplace of choice in the health field, with particular attention to engaging youth and local adults in health careers
- providing reliable health expertise and child-focused perspectives to city and state civic organizations to improve the city at large, with particular attention to children, youth and families.

Workplace of Choice

Children's recognizes that one of the most significant ways to provide community support and ensure a diverse workforce is the recruitment and retention of Boston residents as employees. As of 2008, Children's employs approximately 20,000 people at its facilities throughout greater Boston. This includes approximately 8,800 employees paid directly from the hospital and more than 12,000 "associated personnel" who work, study, or volunteer at Children's. Approximately 34 percent of all hospital personnel are Boston residents. The hospital takes its roles as an employer and civic leader seriously and seeks to advance these through comprehensive workforce development efforts. One of the hospital's fundamental goals in this area is providing community members with opportunities to explore health careers, and as a pediatric hospital, particularly focus on local youth.

One of these partnerships, "Gateway to the LMA," is with the John D. O'Bryant School and began in the fall of 2007. This program includes rigorous curriculum, internships, mentoring and enrichment programs. Its goals are to provide students with exposure to the local medical institutions and the skills that they need to be the employees of the future in the LMA.

During the summer of 2008, Children's supported summer jobs for youth in Boston by donating to ABCD SummerWorks and by running its own comprehensive summer job program, Community Opportunities Advancement at Children's Hospital (COACH). Through COACH, Children's provided 54 paid, full-time, seven-week summer jobs for Boston high school students, aged 16 and older, that are selected by several strong, valued community partners. In 2008, the hospital and MEHC placed 29 from the PIC/Mayor's Summer Jobs Campaign, 17 from Parker Hill/Fenway ABCD, four from the Hyde Square Task Force, three from the Bromley-Heath housing project, and two from the Gateway program.

COACH offers students not only employment in a wide variety of programs and exposure to health care as a possible career but also a safe, meaningful, and productive way to spend the summer. In addition to hands-on work experience, the program includes workshops (such as professional etiquette, banking literacy, and communication skills) and college visits through a partnership with the Colleges of the Fenway.

During the school year, Children's provides other opportunities for local youth to experience health careers. Each year, the Student Career Opportunity Outreach Program (SCOOP) inspires 250-300 high school students to enter nursing through field trips to the hospital, direct nurse-to-student education, shadowing, career advice, and summer internships. Along the way, SCOOP helps dispel many of the myths about nursing and offers students hands-on opportunities to work in health care. During the 2007-08 school year, SCOOP sponsored 17 summer interns and hosted 10 visits. SCOOP nurses have worked with the Mission Hill Health Movement, Sociedad Latina, the Madison Park High School Advisory Council, and the Health Careers Academy Outreach Collaborative. Since 2003, 74 students have participated in SCOOP summer internships, and 21 have continued on in health care: 16 are enrolled in nursing programs, three have completed nursing school, and two are current hospital employees.

In addition to career-focused programs for youth, Children's also seeks to recruit, and then train and promote, local adults who are interested in health careers. On the recruitment side, in 2008, the hospital invested more than \$100,000 in an employment advertising campaign that focused on Boston. The campaign, which ran throughout 2008, included:

- bus wraps on buses with routes in the Longwood area and Downtown Boston
- train posters on the MBTA's Green, Red, Blue, and Orange lines
- a billboard on the corner of Warren and Dudley Streets in Roxbury.

Children's also hosted a job fair in October 2008 at the Martha Eliot Health Center, which attracted more than 500 neighborhood adults seeking new career opportunities.

Since 2004, the hospital also has partnered with Year Up, an intensive year-long training program that provides urban young adults with a unique combination of technical and professional skills, college credits, and paid corporate apprenticeships. Children's has consistently provided paid information technology and technical support internships to a total of 30 program participants. This partnership has been positive for both organizations, as evidenced by the fact that Children's has received a "Year Up Champion Award" and a hospital employee received a "Year Up Supervisor's Award." Furthermore, the hospital has hired approximately 20 Year Up graduates, either as contractor or permanent employees.

The hospital also maintains partnerships with more than 25 Schools of Nursing, providing nursing students with clinical experiences in a variety of pediatric settings. In cooperation with Boston College and other organizations, the hospital developed the area's first master's level program for pediatric clinical nurse specialists. Nurses at Children's are particularly active in teaching colleagues and community members. Many of these opportunities are with schools, and include programming for administrators, teachers, students, and school nurses on a wide variety of topics – everything from child development to allergies in children to family participation in care. The hospital provides ongoing educational support to Massachusetts school nurses through regular evening programming and school nurse professional development days. And nurses also offer CPR and first aid training for community members.

The hospital also strives to help current employees advance in their health careers. One of these efforts was a Surgical Technologist Training Program (STTP), a partnership from 2006-2008 between Children's, the Boston Health Care/ Research Training Institute, other hospital/service providers and MassBay Community College, to provide employees with access to an 18 month surgical technology certificate program. It was designed to prepare graduates to function as part of the team of medical practitioners providing surgical care to patients and was needed to meet the hospital's need for additional trained surgical technology professionals. The hospital paid MassBay Community College for the costs of tuition, books, fees and other expenses for the three Children's employees that were chosen for the STTP. Two of the three employees went on to graduate from the program and obtain surgical tech positions at the hospital with salary increases. The third individual left the hospital and entered a nursing degree program.

Children's also currently has a partnership with local hospitals, Bunker Hill Community College (BHCC) and the PIC on an initiative to train current hospital employees to be Medical Laboratory Technicians. The initiative is an employer-designed and led response to a critical need to staff this profession. The hospitals also are working with BHCC to build and accredit a Medical Laboratory Technician program in the greater Boston area, which currently has no such program. The initiative is a model of a community college and local employers working together to build a workforce development solution.

Three Children's employees currently are enrolled in the program which ends in June 2010. The initiative pays for tuition, books, fees and other related academic costs. If needed, the hospital will also provide backfill to replace staff who will be participating in a full time internship during the winter/spring of 2010 and will continue to provide salaries and benefits for the participants. At the end of the program, successful employees will have Associate Degrees in Medical Laboratory Technology and will be eligible to sit for the American Society of Clinical Pathology's Med Lab Tech certification exam. Once certified, employees will move to higher paying Med Lab Tech roles at the hospital.

Another of the hospital's valued workforce development partnerships has been with the Boston Healthcare Research and Training Institute (Training Institute). Historically, the Training Institute has been a major collaboration to help entry-level workers and neighborhood residents pursue successful careers in Boston's largest industry. Children's was one of the first collaborators and most valued supporters of this partnership, which is now being continued with Jewish Vocational Services (JVS). JVS has received funding in January of 2009 through SkillWorks Phase II to advance the vision of the Training Institute, and Children's is again involved, seeking to further the career pipeline within Children's and concentrating its efforts on those individuals who will leverage additional education into higher wage jobs.

In addition to these types of specific efforts focused on being an employer of choice and continuing to develop our career pipelines, the hospital provides significant tuition assistance and some scholarships to all eligible employees to further their education.

Civic Leadership

Children's feels an important obligation to help improve the city of Boston on the whole and help ensure it is responsive to the needs of children and families. As discussed earlier, the

hospital achieves this by being active in a number of civic organizations and bringing a purposeful, child-focused point of view to these groups. The hospital is involved with many civic organizations, including the Conference of Boston Teaching Hospitals (COBTH), the Greater Boston Chamber of Commerce (GBCC), Massachusetts Taxpayers Foundation (MTF), Mass Inc. and A Better City (ABC) (formerly known as the Artery Business Committee), and hospital senior staff members serve in leadership roles in many of these groups. James Mandell, MD, the hospital's CEO, is the board chair of COBTH, a coalition of 14 Boston-area teaching hospitals that collaborates to ensure quality care, work with the city of Boston to protect the public health, and partner with the business community to protect and enhance the region's economic strength, and is a member of the board of the GBCC, a broad-based association representing more than 1,700 businesses and not-for-profit organizations and dedicated to providing leadership in creating a healthy climate for economic development and job creation. Sandra Fenwick, Children's President and COO, is the board chair of MTF, which an independent, non-partisan organization that provides unbiased research on state spending, tax policies, and the Massachusetts economy; she is also a member of the board of ABC, an organization led by Boston's major businesses and institutions to provide leadership on transportation, land development, and public realm issues critical to Boston's future. Hospital leaders also participate annually in the Boston Plan for Excellence's "Principal for a Day" program.

Children's continues to be a leader and funder of the city's efforts to serve Boston's youngest children and their families, which is now known collectively as "Thrive in 5" - a public/private collaboration focused on school readiness. The hospital's active involvement began with its long-standing collaboration with the Boston Public Schools and the city of Boston on the Countdown to Kindergarten initiative, which engages families, educators and community members in a city-wide effort to celebrate and support the transition into kindergarten - a significant educational and developmental milestone for children and their families.

Sandi Fenwick also was chosen by Mayor Menino to co-chairing the Thrive in 5 Action Planning Team, which developed a roadmap addressing all dimensions of children's development and learning - ready families, ready educators, ready systems, and ready city - to ensure that all children will enter school prepared for sustained school success. As part of a groundbreaking joint effort with Boston Medical Center and Partners HealthCare, Children's is among the lead institutions supporting the launch of the ready systems component of the roadmap.

Children's is committed to continuing to work with its many valued partners to help ensure that Boston remains a great city to live, work, and play.

Organizing for Community Health

The previous pages, plus the appendices to follow, describe Children's community benefits programs in detail. This section outlines the framework and underpinnings for the hospital's community health programming, in keeping with the format suggested by the Attorney General's Office for reporting these activities.

Mission Statement

As a major pediatric referral center, Children's mission is to provide the highest quality health care. ***It is also the hospital's mission to enhance the health and well-being of the children and families in our local community.*** In support of this mission, Children's strives to be the leading source of research and discovery, seeking new approaches to the prevention, diagnosis, and treatment of childhood diseases, as well as to educate the next generation of leaders in child health.

Definition of Community Health

Children's uses its medical expertise to help ensure that children can access services, preventable harm is eliminated, families and communities are better able to care for their children and public policy benefits children.

Governing Body

The Board of Trustees is the governing body for Children's, providing oversight and guidance to the hospital leadership team and supporting the implementation of each of the hospital's mission areas, including community health. The Board is ultimately responsible for the successful operation and financial viability of the hospital and has final authority over the operations of the hospital.

Governing and Management Structure

The community benefits activities of Children's have a governance and management structure that includes the hospital's Board of Trustees, the Board Committee for Community Service (a standing subcommittee of the hospital board), the Community Advisory Board, and the Office of Child Advocacy (OCA).

The Board of Trustees is the governing body for Children's and is ultimately responsible for the successful operational and financial viability of the hospital.

In 2006, the Board of Trustees established a subcommittee on community benefits. The charge of the *Board Committee for Community Service* is to:

- review and recommend to the Board a community service strategy
- serve as a resource and source of expertise to hospital staff
- monitor outcomes for community service programs
- serve as ambassadors for the hospital in the community.

In addition to hospital trustees, the Board Committee membership includes representatives from the community.

The *Community Advisory Board* advises OCA regarding program design and implementation. Representing a wide range of cultures, neighborhoods, and constituencies, Advisory Board members are knowledgeable about the challenges facing Boston children and families, as well as about health and social service programming and organizations in the city that are important partners for the hospital.

Under the direction of the Vice President for Child Advocacy, the *Office of Child Advocacy* is charged with developing and implementing the strategy to pursue the hospital's community benefits mission. In this role, OCA serves a variety of core functions: identifying program focus areas; providing technical assistance to hospital staff who run the institution's community health programs (including fundraising, program planning, program management, and evaluation); initiating public policy efforts; and facilitating partnerships with other organizations. The Vice President reports directly to Children's Chief Executive Officer and Chief Operating Officer and is a member of the senior management team.

One of the key functions of the OCA is accountability. As one of the hospital's core mission areas and one of its eight strategic goals, community health programming is subject to evaluation against benchmarks for safety, effectiveness, timeliness, patient centeredness, efficiency, and equitability. Children's is among the first hospitals in the nation to include community health among its strategic goals and to measure results using the same rigors and benchmarks against which patient care quality is measured. The measurement tool used is a "quality dashboard," based on a national model developed by the Institute of Medicine.

In addition to the quality dashboard, each community health program is evaluated for quality and effectiveness, both in terms of process and outcome measures. Ultimately, evaluation and measurement techniques will be applied to all community health initiatives – everything from asthma initiatives to advocacy – to ensure that the hospital's efforts are having the intended, broad impact on overall child health.

Communication of Community Benefits with Staff

Children's communicates its community health mission and programs in publications that are distributed to internal and external audiences. In 2006, the hospital published a 20-page summary booklet on its community health vision and programs, which has been distributed extensively since then. More than 10,000 copies were printed, in English, Spanish, and Haitian Creole, and were sent to all employees, business and opinion leaders, and state and local government leaders, as well as community residents. The full booklet can be viewed at www.childrenshospital.org/communitybrochure.

Articles featuring community health initiatives are highlighted in Children's publications including:

- *Faculty News*, a monthly newsletter distributed to medical faculty and employees
- *Children's News*, a monthly newsletter distributed to employees, medical staff, and patient families
- *Advisory*, a quarterly publication that shares the hospital's perspective on policy issues that affect pediatric providers and their patients.

Recent articles in these publications have profiled Children's community-based asthma programs, mental health initiatives, and injury prevention efforts, as well as programs made possible with Children's clinical expertise and financial support.

The Office of Child Advocacy publishes its own newsletter three times a year, the *kidvocate*[®], which is distributed to more than 3,500 readers including hospital staff and faculty and staff from community health centers, community-based organizations, and schools. The *kidvocate*[®] provides updates about the hospital's public policy advocacy efforts and partnerships with community-based organizations, schools, and health centers, as well as profiles of community and civic leaders who are improving the health of Boston children.

In 2008, Children's updated its website (www.childrenshospital.org/communitybenefits) to include a more comprehensive overview of community benefits for hospital staff and the general public. This annual report to the Attorney General also is posted on the website for review by the same audiences.

In addition to written materials, members of the OCA staff make frequent presentations to the hospital Board, Board committees, key department leaders within the hospital, a variety of external groups, and others. OCA holds team meetings with community health program staff to share information and assist in the development of strategies to strengthen programs. These efforts were expanded in FY07 through formal, semi-annual community health staff working meetings in which staff reported on their programs to increase program visibility, connect with others working in the community, and share lessons learned. Monthly "Community Health Grand Rounds" feature outside speakers and in-house experts, which enhance the team's professional development and networking opportunities.

Needs Assessment

To inform the hospital's community health programming priorities, the hospital uses both formal and informal tools.

Annually, the hospital reviews public health data to track the prevalence, incidence, and changes in health status of children and families locally and statewide. Because of the depth and breadth of its community ties, the hospital is able to take a regular reading of community health needs through its programmatic partners and through its Community Advisory Board. Within the hospital community health team, program directors interact daily with patients and families who often are an excellent barometer for local health needs. All these activities regularly reinforce the more evidence-based information obtained through a formal, in-depth community needs assessment conducted periodically through the Office of Child Advocacy.

The most recent of these formal assessments was undertaken in 2006, and included data review as well as focus groups and interviews with more than three dozen community stakeholders. The needs assessment had two goals: to collect information to help the hospital confirm its understanding of Boston's community health needs and priorities and to undertake literature reviews covering each of the core commitment areas (asthma, mental health, injury prevention, and fitness and nutrition) to help identify "best practices." Based on the information gathered, the

hospital reaffirmed its basic strategy of focusing on the four “core commitment” areas of community health: asthma, mental health, injury prevention, and fitness and nutrition. While acknowledging the importance of other health issues, Children’s chose to focus on those health areas where it has available clinical expertise and the resources to make a significant impact.

In 2008, the hospital continued to build its programming around the results of its 2006 needs assessment, with plans to continue with a comprehensive needs assessment cycle every three years, as recommended in the Catholic Health Association Community Benefit Guidelines. The 2009 assessment will concentrate on met and unmet health needs and help develop approaches to enhance collaborative efforts to fill gaps and address emerging health concerns. It will include reviews of existing programs, literature to identify best practices and recent cuts in community programs that expose gaps in service. The assessment also will include focus groups and interviews with stakeholders to determine how the hospital’s programming impacts the community and affects social change. Like the 2006 assessment process, active community participation is essential.

Community Participation

The Office of Child Advocacy encourages community engagement and gains feedback in several ways. Programmatically, the hospital’s partners – from community health centers to government agencies, from schools to community-based organizations – play a large role in the development and execution of community health programming.

In addition, through its Community Advisory Board (CAB), which meets quarterly, the hospital has a direct link to community expertise. CAB members are involved in identifying program priorities, brainstorming program interventions, building community partnerships, and reviewing the hospital’s program plans for community health. The CAB also provides guidance to help implement programming and identify new community partners. OCA staff members regularly meet with staff from community health centers and community organizations to strengthen existing relationships and to help identify new partnerships. OCA staff members use the feedback and insight of these partners to shape the hospital’s community efforts.

To ensure a diverse membership the CAB includes members from community health centers, community organizations, schools, and local government agencies, along with parents and residents. All these participants bring expertise and reflect the culturally diverse community served by the hospital’s programming.

The point in all these efforts is continued engagement – seeking community input and feedback that becomes an ongoing conversation with the community, which gives the hospital a true and current sense of local needs and challenges.

For a complete list of the members of the Community Advisory Board, please see Appendix K.

As mentioned above, partnerships are a key element in achieving Children’s community health goals. Children’s approach has been to develop solid, effective, and trusting relationships by partnering both financially and programmatically with local organizations that share a similar vision. This approach is based on a few premises:

- far more can be achieved by working together than working alone
- the health of children and families is directly affected by the health of the community in which they live (encompassing issues as varied as safe places for children to play and availability of open space)
- helping neighborhoods, and the city at large, improve their overall health requires open dialogue and being responsive to what communities need and want.

All the hospital's partnerships focus on children and families. While most are health-oriented, others seek to fulfill the hospital's responsibility as a good neighbor and a civic leader.

Through these efforts, the hospital both recognizes and supports the larger system of care that exists in Boston.

Community Benefits Planning: Priorities and Target Populations

The hospital's Office of Child Advocacy is charged with coordinating, implementing, and reporting on the hospital's community benefits initiatives. In close collaboration with various hospital departments, OCA develops a community benefits plan based on the leading health needs of children, expertise from the hospital's clinical staff, as well as guidance from the hospital's Community Advisory Board and civic and community leaders.

OCA convenes providers and staff working on community health initiatives with the goal of bringing together the hospital's collective clinical expertise. These planning teams meet on an ongoing basis to review data on community health needs, assess community initiatives, and oversee the development and implementation of the hospital's community initiatives. The planning teams, in partnership with the community, develop comprehensive program plans to address a particular health need. These program plans are presented to the Board Committee for Community Service, the Community Advisory Board, and key community organizations and health centers for review and further feedback.

The hospital has focused its efforts on Boston neighborhoods where it has affiliations with health centers and established partnerships with community organizations. In addition, as part of the previously mentioned community needs assessment process, a review of public health data identified specific neighborhoods with the highest rates of asthma, injuries, mental health concerns, and obesity, as well as areas where families face barriers to accessing primary, specialty, and mental health care.

As a result, many of the hospital's community health efforts are targeted to children and families living in the Boston neighborhoods of Jamaica Plain and Roxbury. Once the efficacy of these interventions has been proven, the various programs can be replicated in other Boston neighborhoods and beyond. As described in the section "A Core Commitment to Community Health," the hospital has identified asthma, mental health, injury prevention, and fitness and nutrition as key child health priorities for these neighborhoods. Through its partnerships with other health providers, city government entities, and organizations that care for children and families, the hospital reaches hundreds of other children across the city.

Assessing Our Approach to Community Benefits

To benchmark and further inform efforts to evaluate its community health programming, Children's commissioned an audit of community benefits activities in 2006. Under the auspices of Community Catalyst, a Boston-based advocacy organization, the audit was conducted by the Public Health Institute, a well-respected independent organization that promotes health, well-being, and quality of life through research and evaluation, training and technical assistance, and by building community partnerships. The audit reviewed the hospital's community benefit efforts in the areas of program content, design, and governance. Program content areas included programming for primary prevention, providing a seamless continuum of care, building community capacity, and emphasizing collaborative governance. Program design areas studied in the audit included conducting regular needs assessments, identifying target communities and health needs and programming to address them, and developing evaluation mechanisms. Program governance issues addresses in the report included institutional commitment to community health issues, accountability, building successful external partnerships, and transparency. The audit also covered program management and operations.

The hospital received the final report containing results of the audit in early 2007. The report's authors concluded: "Our overall assessment is that the hospital performs well on most indicators of community benefit program excellence. We have noted areas where performance could be improved or strengthened. The fact that the hospital sought this preliminary assessment is a testament to its openness to continuous quality improvement and its commitment to improving community health. We applaud you."

ATTACHMENT 2

ANNUAL REPORT STANDARDIZED SUMMARY

Children's Hospital Boston

Boston, Massachusetts

www.childrenshospital.org

Region Served: Children's Hospital Boston serves children globally and throughout the United States, New England, and Massachusetts. The hospital's community health efforts focus on improving the health and well-being of children and families in Boston.

Report for Fiscal Year 2008

Community Benefits Mission

As a major pediatric referral center, Children's mission is to provide the highest quality health care. *It is also the hospital's mission to enhance the health and well-being of the children and families in our local community.*

Program Organization and Management

Children's management includes the Board of Trustees, Board Committee for Community Service (a subcommittee of the hospital board), Community Advisory Board, (CAB) and Office of Child Advocacy (OCA). The Board of Trustees ultimately is responsible for the successful operational and financial viability of the hospital. The Board Committee for Community Service makes recommendations to the Board and monitors outcomes of community programs. The CAB advises OCA around program design and implementation. OCA is charged with developing and implementing the hospital's community benefits strategy.

Key Collaborations and Partnerships

ABCD Head Start
BMC – Combined Residency Program
BMC-Family Advocacy Program
BMC-Child Witness to Violence Program Center
Boston Community Centers
Boston Public Health Commission
Boston Public Schools
Boston STEPS Coalition
Boston Urban Asthma Coalition
Boston Centers for Youth and Families
Boston YMCA
Bowdoin Street Community Health Center
Boys and Girls Clubs
Bromley-Heath Tenant Management Corp.
Brookside Community Health Center
Buckle Up Boston
Child and Adolescent Mental Health Coalition
Children's Health Access Coalition

Codman Square Health Center
Community Care Alliance
Department of Social Services
Dimock Community Health Center
Dimock Head Start
Dorchester House Community Health Center
East Boston Health Center
Fenway Community Development Corporation
Greater Boston YMCA
Health Care for All
Health Law Advocates
Boston Asthma Environmental Initiative
Jamaica Plain Coalition: Tree of Life
Jewish Vocational Services
Joseph M. Smith Community Health Center
Martha Eliot Health Center
Massachusetts Advocacy Center
Massachusetts Department of Health
Massachusetts Hospital Association
Massachusetts Public Health Association
Mayor's Award for Excellence
Mental Health: Legal Advisors Committee
Office of Community Partnerships
Parent Professional Advocacy League (PAL)
Refugee and Immigrant Assistance Center
Roxbury Branch - YMCA
Roxbury Community Alliance for Health
Roxbury Comprehensive Community Health
SafeKids Coalition
Sidney Borum Jr. Health Center
South Cove Community Health Center
South End Community Health Center
Southern Jamaica Plain Community Health
Upham's Corner Health Center
Whittier Street Community Health Center

Community Health Needs Assessment

Children's conducts a review of public health data to track prevalence, incidence, and changes in health status of children locally and statewide. The hospital takes a regular reading of community health needs through its programmatic partners and through its Community Advisory Board. Within the hospital community health team, program staff members interact with children and families to understand their health needs. These ongoing activities reinforce the more evidence-based information obtained through a needs assessment conducted every three years, as recommended in the Catholic Health Association Community Benefit Guidelines.

Community Benefits Plan

To help children lead healthy, safe, and active lives, Children's addresses the issues of asthma, obesity, injury prevention, and mental health. By partnering with the community to merge a medical model with a public health model of care, the hospital is able to provide and support a range of services. The hospital has focused on Boston where it has affiliations with health centers and community partnerships. This model aims to achieve long-term outcomes: coordination within the systems of care, to track and measure improvements in child health, and ensure that children can access the services and programs they need.

Key Accomplishments of Reporting Year

- The Community Asthma Initiative reduced Emergency Department visits and hospitalizations for the 314 children enrolled in the program.
- Children's Hospital Neighborhood Partnerships provided 259 children with individual, pair or group therapy in schools; 556 children received treatment at community health centers; an estimated 3,077 youth participated in prevention activities in community settings.
- Injury Prevention distributed 800 sports helmets and 220 car seats. Staff participated in 10 community safety events and health fairs.
- Fitness in the City supported 790 children in case management programs at 9 community health centers. 343 children were provided free memberships to local physical activity sites.

Plans for Next Reporting Year

- Provide a comprehensive asthma program that improves access to asthma services for children, promotes healthy home environments, and improves asthma knowledge and management among children and families.
- Increase access to mental health care and services for unserved and underserved children and families.
- Work on the coordination of all injury prevention programs to share services, lessons learned, and evaluation plans.
- Continue to identify and implement best practices in fitness and nutrition and provide multidisciplinary medical, nutritional, and physical education to youth.

Contact

Jennifer Miller Fine
Communications Manager
Office of Child Advocacy
120 Brookline Avenue
Boston, MA 02115
617-919-3057

Community Benefits Expenditures

TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY08	APPROVED PROGRAM BUDGET FOR NEXT FISCAL YEAR
COMMUNITY BENEFITS PROGRAMS	(1) Direct Expenses \$24,313,171.53 (2) Associated Expenses (3) Determination of Need Expenditures (4) Employee Volunteerism (5) Other Leveraged Resources \$3,823,639.95	** see note below**
COMMUNITY SERVICE PROGRAMS	(1) Direct Expenses \$804,153.54 (2) Associated Expenses (3) Determination of Need Expenditures \$347,460.00 (4) Employee Volunteerism (5) Other Leveraged Resources \$1,069,309.65	
NET CHARITY CARE OR UNCOMPENSATED CARE POOL CONTRIBUTION	\$8,551,954.00	
CORPORATE SPONSORSHIPS	\$164,070.00	
	TOTAL \$39,073,758.67	

TOTAL PATIENT CARE-RELATED EXPENSES FOR FY08 \$789,578,611

***Children's Hospital Boston plans to either maintain or expand all of the initiatives outlined in this report in FY09**

*****Total Charity Care Worksheet*****

\$ 5,087,349.00	<i>in unreimbursed Medicare Services</i>
\$ 16,577,404.00	<i>in unreimbursed MassHealth Services</i>
\$ 490,515.00	<i>in unreimbursed Health Safety Net Services</i>
\$ 469,578.00	<i>in services that are written off as part of your internal financial assistance program</i>
\$ 8,551,954.00	<i>total payment made to fund the Health Safety Net (from MHA)</i>
\$ 1,100,000.00	<i>payment to cover your hospital's portion of the operational assessment of the Div. of Health Care Finance and Policy</i>
\$ 32,276,800.00	TOTAL CHARITY CARE

TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY08	APPROVED PROGRAM BUDGET FOR NEXT FISCAL YEAR
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\$ 32,276,800.00	TOTAL CHARITY CARE

About the Appendices

The 12 appendices that follow contain a wealth of detailed information on the comprehensive approach to community benefits taken by Children's Hospital Boston. This information illustrates the intersection among clinical programs, community care, safety net, community health, partnerships, and advocacy efforts that overlays the hospital's efforts to improve the health and well-being of children and families in Boston. Although the appendices are arranged programmatically, many of the programs are highly integrated and reflect the hospital's planned, managed, measured, and organized efforts to fulfill the hospital's community benefit mission. With integration comes repetition, so some programs are mentioned in more than one appendix.

Appendix A

Martha Eliot Health Center Profile

Center Background

The Martha Eliot Health Center (MEHC) was founded in 1966 as a community-based initiative to provide maternal and child health care services including infant care, immunizations, and preventive services for residents of the Bromley Heath Housing Development in Jamaica Plain. With federal funding, the clinic expanded in 1967 into a neighborhood health center, which became a collaborative project of Children's Hospital Boston, the Boston Hospital for Women, and Peter Bent Brigham Hospital. In 1973, Children's assumed full responsibility for the operations and support of MEHC. In 1996, Martha Eliot Health Center relocated to a new, state-of-the-art health facility at 75 Bickford Street in Jamaica Plain.

Today, MEHC represents Children's commitment to comprehensive family health care for the Mission Hill, Jamaica Plain, Roslindale, Dorchester, and Roxbury communities. MEHC has expanded into a health care delivery model offering primary care services including Pediatrics, Women's Health, Adolescent Medicine, Adult Medicine, Optometry, Nutrition, WIC, Human Services, and Laboratory Services. Augmenting the extensive array of preventive services are a community-based substance abuse treatment and recovery support program, case management, and home visiting services for parenting and pregnant women, HIV education, counseling and testing, youth peer leader program, and youth street outreach program augment the extensive array of preventive services.

Mission and Philosophy

Martha Eliot Health Center is dedicated to caring for underserved children and families in and around Jamaica Plain. Its mission is to promote and provide the best comprehensive health care to diverse multicultural communities.

MEHC and its 120 staff members (including physicians, nurses, therapists, nutritionists, and social workers) respect the economically and culturally diverse population that they serve, and strive to deliver services in a competent and sensitive manner. MEHC supports the community infrastructure by recruiting and employing staff that are directly from the community and whose profile is reflective of the population it serves.

MEHC is committed to preventing and improving management of chronic diseases. To achieve this goal, MEHC has undertaken several initiatives, including:

- coordination of an HIV counseling, testing, and prevention program with an in-house HIV specialty clinic
- plans to provide medical and ancillary clinical services for the Jamaica Plan HUD senior housing project
- development of a pediatric asthma registry
- coordination of the I'm iN Charge (INC) program for children and youth at risk of developing diabetes
- employment of a chronic disease nurse

- coordination of a diabetes group offered in English and Spanish
- implementation of a diabetes disease registry

MEHC is committed to developing interagency collaborations with community-based organizations to maximize service delivery to Boston neighborhoods. These partnerships hold two primary objectives: to address public health problems, and to provide social support to clients extending beyond the context of routine health care – such as opportunities for training, mentoring, and career development. In addition, these collaborations encourage a learning environment for staff that is both challenging and supportive.

Specific examples include the Trauma Response team, Jamaica Plain Tree of Life (MEHC serves on the Health Care Planning Committee), Hyde Square Task Force, the Rally Program of the Curley School, Boston Asthma Initiative, Bromley/Egleston/Jamaica Plain Violence Task Force, and the Roxbury YMCA. MEHC's outreach programs are many and diverse, addressing the social and clinical needs of an underserved population, such as the annual Community Health Fair, Health and Injury Prevention and Safety Fairs, Community Health Forums, and Obesity/Pre Diabetic youth program.

Structure

A 12-member MEHC Community Advisory Board (CAB) comprised of consumers, community residents, and programmatic experts provide leadership and guidance to Children's on health center community service initiatives. The CAB's membership profile is reflective of the patients and communities served by MEHC. Four new members of the community advisory board were recruited this year and joined the board in December 2008. Operationally, MEHC is placed within the hospital's Ambulatory Services Division.

Patient Population

MEHC's catchment area is characterized by high rates of unemployment, crime, teen pregnancy, and school dropout. In addition, poverty, sub-standard housing, frequently experienced racism and prejudice, and a lack of equal opportunities for youth profoundly affect the lives of MEHC clients. Socioeconomic stressors are further complicated by family instability, substance abuse, and community violence.

Specific health status indicators that occur with increased frequency in the MEHC patient population are perinatal morbidity/mortality, adolescent pregnancy (Roxbury has Boston's highest teen birth rate at 1 in 18; in North Dorchester, the rate is 1 in 22), sexually transmitted diseases, low immunization rates, anemia, lead poisoning, chemical dependency, violence, school and behavior problems, asthma, and respiratory problems. In addition, HIV infection, along with other chronic health problems such as diabetes and hypertension, are characteristic of the underserved.

MEHC's patient population is primarily Latino (78 percent) or African American (20 percent). Latino patients are, for the most part, Caribbean immigrants; 57 percent of patients use Spanish as their primary language. It is also a young population: 27 percent are under 18; more than half are under 34.

In FY 08, reimbursement demographics for MEHC's patients were: 25 percent received Medicaid, 51 percent other government-managed insurance, 9 percent commercial insurance, 1 percent other, and 14 percent were uninsured/self-pay.

Serving Special Populations

Because of the preponderance of adolescents in the Jamaica Plain area and because of the environment in which they live – unsafe neighborhoods with limited opportunities that can ignite high-risk behaviors – MEHC has made a special commitment to adolescents through its Adolescent Services Program. Among the services provided are:

- **Urban REPS (Peer Leadership).** In 2008, six peer leaders (ages 16-18) continued with Urban REPS, which is aimed at developing and maintaining a strong team of peer leaders who identify and act on health and social justice issues as a means of helping to build a stronger community. As they work for change in the community, the Urban Repls also are developing strong leadership skills such as self-awareness, social-emotional competence, confidence, conflict resolution, and problem solving. Current projects include securing more youth jobs in the city and promoting healthy teen relationships.
- **Just In Time (JIT).** This mental health and crisis intervention program helps adolescents with crises as well as daily struggles of growing up in an urban environment – everything from engaging in unprotected sex to having an argument with a parent. A social worker meets individually with adolescents on a “walk in” basis to discuss specific issues and possible solutions, and make necessary referrals. In 2008, a new JIT mental health clinician was recruited providing intervention to the health center's youth.
- **Community Resources and School Advocacy.** MEHC compiled a list of GED programs and job resources and linked adolescents with community resources to help them find and secure jobs. MEHC also worked with parents and caregivers, helping them navigate the Boston Public School system to access available resources for students experiencing difficulties.

Because of the many challenges faced by its patients, MEHC is more than a clinic devoted to family-oriented care – it strives to be part caregiver, social worker, therapist, advocate, and even friend. Martha Eliot staff members go above and beyond standard medical services, providing everything from shuttles for families without transportation to assistance in finding housing and jobs.

2008 Accomplishments

Center Operations

- Completed a total of 55,934 patient visits to 9,163 patients. Implemented customer service initiatives throughout the health center for front line staff.
- Implementation of a customer focused Patient Service Center, handling 1,500 phone calls per week. The PSC schedules appointments, completes the patient registration and all financial counseling for patients in the health center.
- Continued to train department leaders and monitor center-wide data on provider productivity, patient flow, and wait times.
- Recruitment of new Clinical Director and Internist for the Adult Program.
- Recruitment of a new Medical Director for the Health Center.

Adult/Women's Health

- Became a pilot site for the ABCD HIV/family planning integration program. MEHC successfully integrated confidential HIV counseling and testing into its family planning program, making counseling and testing more accessible to women's health and adolescent clinic clients.
- The Boston Healthy Start Initiative was renewed for another five years and currently provides case management services to more than 90 pregnant and parenting women. MEHC was one of two sites recognized nationally as "model" programs.
- HIV counselors continued to offer information about HIV, HIV risk status, screening, and counseling.
- MEHC adult program staff conducted monthly health education trainings at a new senior housing site adjacent to the health center (the Julia Martin House). In addition, conducted two emergency preparedness sessions on flu pandemic at Julia Martin House and Nate Smith House.

Pediatrics/Adolescents

- The Reach Out and Read program continued to provide literacy promotion, guidance, and new books to children at MEHC.
- The pediatrics department continued to provide injury prevention activities including programs that distribute both car seats and bike helmets.
- The Adolescent Services Program (ASP) staff provide community outreach and education focusing on prevention of tobacco, drug, and alcohol use, plus street and dating violence prevention and STD/HIV prevention.
- Increased funding from the Crane Foundation to support the Adolescent Services program that includes intensive outreach, primary care/prevention education, peer leadership, and just-in-time mental health services.
- Started the mental health program to provide on-site mental health services in the adolescent clinic area.
- The Harvard Mentoring Program, implemented through the adolescent clinic, provided guidance to adolescents aged 11-16 with a focus on improving grades and classroom work by pairing each adolescent with a medical student who serves as a positive role model. The adolescent department strives to continue providing the best comprehensive care in all areas of service; to this end, the department's medical assistant distributed patient satisfaction surveys to all incoming patients to assess deficiencies and improve patient satisfaction.
- The Community Early Intervention Program (EIP) offered family-focused services for children from birth to age 3 who are at risk for poor developmental outcomes. Services are designed to provide families with resources to support the healthy growth and development of their children. EIP offered six types of early intervention encounters: home visits, center visits, screenings, child group sessions, developmental assessments, and ongoing follow up.

Human Services

- Recruited a new Director of Human Services.
- MEHC continued to be part of the Jamaica Plain Children's Mental Health Network, specifically its "Building Bridges" project. This project has initiated activities to address the

mental health needs of children and their families in Jamaica Plain and surrounding communities. Its mission is to address the early identification and unmet mental health needs of children and families at risk by building and coordinating capacity at the community level: families, schools, community health centers, and hospitals. Specifically, an intern from MEHC and the school liaison from the Kennedy School of Government at Harvard worked closely with a handful of parents to plan and implement a weekly parent breakfast, which served as a vehicle for stronger parent involvement in many aspects of school life.

- MEHC recently received a \$5,000 grant to implement violence prevention and training programs.
- Ongoing mental health and case management supported the Bromley Heath community.
- Support groups implemented at The Kennedy School.
- Initiated Rapid Response Team.
- Support groups started for Depressed Women and Children.
- In September 2008, MEHC sponsored a Community Health Fair that included community-based organizations as well as health center workshops, such as: HIV Prevention and Education, Learning to Challenge Violence, Infant and Toddler Development, Diabetes Prevention and Nutrition, Kids and Asthma Workshop, Optometry, Healthy Eating and Nutrition, Community Art Project, and chronic disease assessments. The health fair was a tremendous success with significant hospital support and community turnout.
- A Community Safety Fair was held in July 2008, sponsored and supported by Children's and the MEHC pediatric staff. In addition, World AIDS Day was organized by MEHC staff.
- Two diversity initiatives included well-organized and attended Black History and Latino Heritage month celebrations.
- Participation in three "Latino Youth Recognition Day" events in collaboration with Stop and Shop

Appendix B

Children's Hospital Primary Care Center Profile

Center Background

Children's Hospital Primary Care Center (CHPCC) was founded in 1972 in response to a community need for primary care. Many families were routinely receiving basic care in the hospital emergency room, rather than in a comprehensive primary care setting. These services were developed specifically to target the many problems facing urban children living in close proximity to the hospital. The care was and continues to be team-based. Specialized programs for lead poisoning, failure to thrive, and teen parenting were established; these programs continue today. Families quickly connected to the program and this connection has thrived over several decades.

Mission and Philosophy

The mission of CHPCC is to provide a "medical home" for urban children and others with social complexity or chronic disease. The medical home concept includes monitoring child health through key stages of growth and development, integrating the needs of the child and family, offering counseling for physical, behavioral, and emotional issues, providing disease prevention and treatment, and managing and coordinating specialized health care when necessary. Medical education also is important, and pediatric residents, fellows, and medical students actively participate in the many facets of patient care.

CHPCC developed services based on the following core values:

- primary care is the building block for the health and well-being of children
- the care must be child/family focused, accessible, continuous, comprehensive, coordinated, and compassionate
- the needs of urban and chronically ill children are highly valued
- health includes physical, behavioral, and emotional well-being.

CHPCC respects cultural diversity and strives to deliver culturally competent services. The staff of CHPCC is ethnically diverse. Care is available in English, Spanish, Portuguese, Russian, Mandarin, French and Haitian Creole; interpreter services are used for other languages.

Patient Population

CHPCC has an ethnically diverse patient population. An estimated 70 percent of the center's 13,000 patients live in Boston. Sixty-five percent receive Medicaid. The majority of patients are non-white. A rising number of recent immigrants from Africa, Asia, and Russia have used CHPCC services over the last few years. High levels of poverty, sub-standard housing, high crime rates, and high unemployment characterize these neighborhoods. Teen pregnancy is common. In addition, there are high rates of school dropout, family instability, substance abuse, and community violence. Specific health problems frequent in the CHPCC catchment area are perinatal morbidities and mortalities, adolescent pregnancy, sexually transmitted diseases, asthma, lead poisoning, drug abuse, violence, and school and behavior problems. Specialized services have been developed to address teen pregnancy, literacy, lead poisoning, failure to thrive, asthma, and school problems.

CHPCC is located on the ground floor of Children's Hospital just off Longwood Avenue. It is readily accessible by public transportation. Laboratory, radiology, and subspecialty services are available on site. The facility is handicapped accessible.

Specialty Services

The Young Parents Program (YPP) was launched in 1980 to provide comprehensive medical care, mental health services, and advocacy to high-risk, inner-city teen mothers and their young children. In 1995, YPP received a federal grant to incorporate intensive parenting education into the program for young mothers. Since 1997, YPP has been working closely with young fathers to develop a program that is appealing and tailored to the needs of young fathers in the community. In 2001, YPP received further five-year funding from the federal Office of Adolescent Pregnancy Programs. YPP also has been one of five pilot sites in Boston for a Men's Health Educator funded through ABCD Title X funds. In collaboration with community-based programs, YPP currently offers outreach, advocacy, job and school referrals, individual counseling, a parenting support group, health education, and primary physical and mental health services to fathers of children born to adolescent mothers. In 2008, there were 1475 visits to YPP.

Advocating Success for Kids (ASK) addresses the growing number of children with school and behavioral problems through evaluation, referral for services, and advocacy. The ASK team includes a developmental pediatrician for educational assessments, psychologist, social worker, and university student volunteers. Through private funding, ASK has been able to add a half-time social worker dedicated to this program, thus increasing the capacity for multidisciplinary assessment and therapeutic work. A half-time psychologist was added in January 2006. The volunteers create a vital bridge of communication between parents and the school. They also link families with community-based school and social programs. The goal is to maximize communication between parents and the schools and negotiate services for Boston school children. In 2006, with seed funding from the Massachusetts Disability Association and U.S. Department of Health and Human Services Maternal and Child Health Bureau, ASK launched practice-wide structured developmental screening at CHPCC primary care visits. This represents a major effort toward early identification of learning and developmental problems. In 2008, ASK identified 192 new children for services and completed 597 follow-up consultations.

Healthy LINKS specifically targets children with asthma who receive their primary care at Children's. A registered pharmacist works with physician, nurse practitioner, and nursing staffs to provide asthma education visits. Patients are instructed on the correct use of inhalers, medicines, and peak flow meters. Environmental risks such as smoking, poor housing, and pets are addressed. The goal is to secure careful follow-up and home management plans for all CHPCC patients with asthma. In 2008, 402 patients were served.

Reach Out and Read (ROAR), a nationwide program that began in CHPCC in 1998, seeks to make early literacy a standard part of pediatric primary care. Providers encourage parents to read aloud to their young children and give books to their patients to take home at all pediatric check-ups from six months to five years of age. Parents learn from their medical providers that reading aloud is the most important thing they can do to help their children love books and start school

ready to learn. Pediatricians, nurse practitioners, Child Life specialists, and educators help make ROAR a success in CHPCC.

A Spanish Consultation Program provides coordinated, culturally appropriate care for Spanish-speaking children with complex medical needs. A team consisting of a bicultural pediatrician, resource specialist, and social worker sees the families. Coordination of subspecialty services, home medical equipment, and other services is provided.

A Child Life Specialist supported through private funds enriches the environment at CHPCC and makes it more child-sensitive. In collaboration with medical providers and social workers, the Child Life specialist uses play to prepare children for medical procedures, reduce anxiety, and manage behavior problems. The specialist creates a child-friendly environment in the waiting area, and gets to know and enhances CHPCC's ability to care for some of the center's most troubled children.

Nutrition

A part-time nutritionist is available to see families in conjunction with their medical visit to address issues of obesity, underweight, and special dietary needs. The availability of a nutritionist as part of CHPCC makes it easier for families to receive these services and for CHPCC to improve coordination of care.

In addition, the hospital's Growth and Nutrition Program, staffed by physicians, nurses, psychologists, nutritionists, and social workers, provides care to children who are severely underweight. A broad range of disorders associated with poor growth is diagnosed and treated through the program. Treatments include high-calorie diets, education, family services, and behavior modification programs.

One Step Ahead

CHPCC continued the One Step Ahead (OSA) program, an obesity prevention and nutrition program that uses a cross-disciplinary approach to address the complex roots that prevent maintenance of a reasonable and healthy weight and body mass index (BMI). Every child is diagnosed and monitored in a highly personal manner. CHPCC enables access to care that is rarely seen in inner-city communities while remaining cognizant of cultural/ethnic issues that may affect a child's diet. By analyzing the child's entire environment (family, school, health, education, social), the staff can develop a customized kaleidoscope experience. In 2008, 325 children were served.

One Step Ahead also conducted two cycles of groups for overweight children addressing issues such as bullying and emotions. The program also runs simultaneous nutrition and cooking groups for parents.

Psychology

An attending psychologist provides evaluations and ongoing psychotherapy. Psychology services are fully integrated into medical and social services. In 2008, there were 560 psychology visits.

CHPCC FY08 Accomplishments

- CHPCC completed 38,600 patient visits.
- Healthy LINKS continues to provide intensive asthma education visits and clinical materials for families. Asthma education also is being offered at CHPCC-sponsored family events such as kindergarten registration and the camp fair. An evening flu clinic asthma fair with informational stations was a huge success. Emergency room visits and hospitalizations are showing consistent downward trends. A patient registry for children with asthma has been established with 1900 children.
- Structured developmental screening has been initiated and works in collaboration with Children's Early Intervention Program. CHPCC staff have been instrumental in assisting with the rollout of developmental screening state wide.
- ROAR provided new books to children between the ages of 6 months and 5 years and countless more gently used books to older siblings.
- YPP received a new federally funded demonstration grant from the Office of Adolescent Pregnancy Programs to support parenting groups and home nurse visitation. A subcontract was initiated with Healthy Babies Healthy Child through the Boston Public Health Commission for home visiting services. A nurse practitioner provided baby-centered Touchpoints-guided medical exams to all newborns. Increased numbers of young fathers began attending medical visits.
- The Rainbow Team continues to improve the care of children with special health care needs. The team is addressing issues of case management, medicines and durable goods, routine care, and general patient support services. Flu shot clinics were held last fall on Saturdays. A patient registry has been established which currently contains 602 names.
- A Mental Health Team was developed. This team is working on the mental health referral process and improving collaboration with the Children's Hospital Neighborhood Partnerships (CHNP) program. A psychiatrist was added to the team in Sept 2007. A quality improvement project in collaboration with CHNP aims to improve both referral of children with mental health concerns and collaboration with schools.

Appendix C

Adolescent/Young Adult Medicine Program Profile

The Adolescent/Young Adult Medicine Program of Children's Hospital Boston provides more than 12,000 patient visits each year. In this program, physicians, nurse practitioners, dieticians, and mental health clinicians provide medical, gynecological, nutritional, and psychological care and counseling. The program provides second opinions for a wide range of medical problems and subspecialty consultations for eating disorders, HIV-positive and high-risk youth, and medical gynecologic and reproductive health issues, including menstrual disorders, delayed puberty, contraception, and sexually transmitted diseases.

Two programmatic examples of community outreach and community collaboration to improve care for adolescents and young adults are:

The Center for Young Women's Health (CYWH), which was created in recognition of the urgent need for education, clinical care, research, and health care advocacy for adolescent girls and young women celebrated 10 years of community service this year. CYWH, the first of its kind in the nation, offers health information, clinical care, and a variety of programs and services designed to educate and empower girls and young women ages 10-22. The CYWH website, www.youngwomenshealth.org, contains a variety of health related materials for teen girls, parents, health care providers and educators. More than seven million people from 209 different countries were served via the website www.youngwomenshealth.org in 2008 and more than 300 girls (8-18), were served through local presentations with youth advisors.

Boston HIV Adolescent Provider and Peer Education Network for Services (HAPPENS)

Patient Care: Boston HAPPENS (www.childrenshospital.org/happens) began as a network of health care and human service agencies, led by Children's, collaborating to identify HIV-positive and homeless youth and connect them with health care providers. Children's Hospital Adolescent Clinic houses the adolescent-specific HIV clinical program. An interdisciplinary team provides health education, risk reduction, HIV counseling and testing to adolescents and young adults. Through affiliation with the state health department, program staff are able to test youth without cost and registration barriers, and in 2008 we became a DPH funded rapid testing site, as part of a CDC health disparities effort aimed at increasing testing and knowledge of status among youth of color. Boston HAPPENS also provides primary care, HIV specialty care, reproductive health services, case management, mental health services and support groups to youth age 12-25 who are living with HIV. In 2008, HAPPENS provided outreach, care or support to 39 HIV-positive youth and 12 HIV-affected youth (many discordant partners) and family members, with 27 HIV- positive youth receiving medical care through the HAPPENS clinic, 31 receiving case management and outreach services, and 30 receiving individual or group mental health services from the team. Introduction of rapid testing has doubled the number of clients tested, with 861 tests done (a 92 percent increase), of which 786 were via the OraQuick Rapid HIV Test method, and 191 offsite primarily through the Family Van in the communities of Roxbury, Dorchester, Jamaica Plain and Mattapan. Boston HAPPENS provided post-sexual assault follow-up (including monitoring and clinician and family support for those

receiving HIV Post-exposure Prophylaxis (PEP), and serial HIV testing, and risk assessment and risk reduction counseling) for up to 6 months for more than 31 youth seen for sexual assault in the Children's Emergency Department or referred from outside providers. Boston HAPPENS has a Memorandum of Agreement with Martha Eliot Health Center to share HIV case management services. During the year, three newly diagnosed youth engaged in care, and three other older adult clients (age >25) testing positive were referred to adult programs.

Teaching: The program also provides in-service training and consultation on adolescent HIV to residents, outside clinicians, community health centers, residential programs for at risk youth, and others. Many more at risk youth, youth-serving providers and programs are reached through street and event outreach, health education at health fairs, and community activities. The program collaborates with the New England AIDS Education and Training Center to provide a annual spring Adolescents and HIV CME/CEU conference present at a monthly HIV Networking Breakfasts for community health workers and providers, co-sponsored with several community and Massachusetts Department of Public Health partners, and to provide adolescent specific speakers for other HIV conferences in New England. More than 160 health care providers received training at adolescent-specific conferences and lectures.

Research: Research based in Boston HAPPENS also provided community benefit. The program's community prevention project, a *Connect to Protect* report detailing the project description and analysis of data collected, has been disseminated to participating partners, community-based organizations and local health centers who provide care, services and/or prevention for HIV to at-risk youth in the metro-Boston area, and is also available for public viewing via the program's website. A survey of youth attitudes about HIV testing and analysis of youth tested before and after rollout of rapid HIV testing in 2007-2008 has informed others through a poster at the American Public Health Association Annual Meeting in October, and another paper will present lessons learned at the Society for Adolescent Medicine Meeting in March.

Appendix D

Child Protection Program Profile

The Child Protection Program of Children's Hospital Boston provides outpatient medical and psychosocial clinical assessment services to children who have been, or are suspected to have been, maltreated. Founded in 1972, the program consists of the AWAKE (Advocacy for Women and Kids in Emergencies) project, an outpatient child protection clinical services program (CPCS), and a child protection team (CPT) of hospital consultants.

The program includes a multidisciplinary group of professionals from the Departments of Medicine, Social Work, Nursing, Psychology, and the Office of General Counsel. Child Protection Team members, representing all of the above departments, are available around the clock to consult on cases of child abuse and neglect. These services are provided for approximately 1,800 cases each year, resulting in the annual filing of approximately 400 suspected child abuse or neglect reports to the Massachusetts Department of Children and Families (DCF)

Each member of the CPP plays a vital and integral role in the mission of the program, which is to evaluate and provide care for patients at Children's who may have been abused or neglected and to implement child protection and safety. The Child Protection Program seeks to increase the awareness, knowledge, and prevention of child abuse within the hospital and the community.

The Child Protection Program's three program areas include:

The Advocacy for Women and Kids in Emergencies (AWAKE) Project, founded in 1986, is a domestic violence and child abuse program that provides free, community-based advocacy services to individuals and families living with domestic violence or partner abuse. The project seeks to bridge the gap between child abuse prevention and domestic violence advocacy through a variety of activities. AWAKE staff provide consultation to hospital or health center staff regarding appropriate patient care and interventions when domestic violence is suspected. In addition to this crisis response work, AWAKE provides training to hospital staff and in the community, both locally and nationally. In 2008 AWAKE received 256 new referrals while providing ongoing services to 224 clients referred in previous years. In addition to direct services, the AWAKE program also provides training and case consultations to community providers.

An AWAKE on-call advocate is available to respond to requests for service Monday through Friday, 8:30 a.m.-5p.m. During off-hours, the CPT consultant on call provides immediate consultation in those cases possibly involving domestic violence, but will refer individuals in need of ongoing domestic violence advocacy back to the AWAKE staff for immediate follow up on the next business day.

The Child Protection Clinical Services (CPCS) Program houses two outpatient child maltreatment clinics offering a range of services to maltreated children and their families. The Foster Care Clinic offers developmental and behavioral screening, medical assessment, dental

screening, psychosocial assessment and referrals to both Children's and local community agencies to children newly entering foster care. A second clinic, the Crisis Response Clinic, provides medical evaluation of children who are suspected to have been maltreated. Medical examinations are performed by physicians and nurses with extensive expertise in the diagnosis and treatment of child abuse. As is the case in the Foster Care Clinic, the Crisis Response Clinic is staffed by psychologists, nurses, and social workers who provide expert consultation, psychosocial assessments and referral to families and providers.

In addition to the provision of direct clinical care, CPCS staff also provide expert consultation on symptoms of trauma, normative child development, navigation of the child protective service delivery system, and community resources. In addition, the CPCS team also provides training on a variety of topics related to child maltreatment and interpersonal violence to the hospital staff, local community agencies, mental health centers, schools and institutions of higher learning.

The **Child Protection Team (CPT)** is a multidisciplinary team of consultants comprising physicians, attorneys, psychologists, social workers, nurses, and advocates, including several members of the AWAKE and CPCS teams. CPT provides 24-hour, on-call coverage, expert consultation services, professional training, and case-specific support to hospital staff on issues of child maltreatment. In 2008, the Child Protection Team received an estimated 1,800 referrals to assess children with child abuse concerns at Children's ambulatory clinic sites and emergency department. Additionally, the team includes a nurse liaison to the state's Department of Children and Families (DCF) who works collaboratively with hospital and DCF staff to respond to the unique needs of children being treated at Children's while in the legal custody of DCF.

Participation in Community Based Program Committees. CPP staff are active and contributing members on advisory and program development committees associated with several community-based agencies and evolving local programs. These include the Children's Advocacy Center of Suffolk County, the Family Justice Center, the DSS Right from the Start Project, the Pediatric Sexual Assault Nurse Examiner Advisory Committee, the Governor's Commission on Child Abuse and Neglect/Domestic Violence and Sexual Assault, COBTH, the NASW Domestic Violence Committee, the Fatality Review Board, the AAP Massachusetts Chapter, the Shaken Baby Coalition of Greater Boston, and the DCF Case Review Committee. These activities are aimed at addressing the broader social and systems issues that impact the health and welfare of children in our communities.

The Suffolk County Children's Advocacy Center (CAC) offers children who have been abused access to medical professionals, police officers, DSS, social workers, mental health professionals, prosecutors, victim witness advocates, and domestic violence professionals. The outcome of the assessment is a comprehensive safety plan for the child as well as a treatment plan including appropriate services.

In 2008, CAC served 1,082 children with 27 percent of them being between the ages of 0 and 6 years, 27 percent between 7 and 12 years, and 46 percent between 13 and 18 years. Seventy one percent of the children were female and the majority (62 percent) of the referrals related to suspected sexual abuse. More than 85 of the youth referred to the CAC were exploited through prostitution. Children's supports the CAC by providing staffing and financial resources to the

program. The hospital provides the time of medical professionals (a physician, a social worker, and a psychologist) one day a week to provide consultation to interviews and case reviews. The hospital also was the single largest contributor of capital costs incurred in moving the center to a new location in Brighton and its co-location with the Family Justice Center of Boston.

Training. The Child Protection Program's staff provide training on a range of topics related to family violence and child maltreatment to hospital staff and the community. Training is designed to provide clinicians and other professionals with a strong clinical foundation and pragmatic information that will prepare them to respond effectively to incidents of child maltreatment or family violence in a multitude of settings.

Trainings are designed to respond to the needs of each unique audience. Topics may include:

- historical contexts that have fostered family violence and its prevalence today
- indicators and symptoms of family violence, child maltreatment, or neglect
- diversity and its implications in practice
- screening skills
- appropriate responses to disclosure
- legal mandates
- documentation standards

The range of training forums is diverse. For example, each year CPP staff train DSS front-line workers on the identification of child abuse and neglect. Additionally, program staff regularly lecture at the Harvard Schools of Education, Public Health, and Medicine, and the Boston University School of Public Health. Finally, each year, several CPP team members present at both local and national conferences on a broad range of child protection topics.

In addition, and with the support of the Sylvia Krakow Memorial Fund, the CPP offers a bi-monthly Interpersonal Violence Seminar Series featuring local and nationally recognized leaders and scholars presenting on a range of topics from violence prevention, social policy, and advocacy to child maltreatment research and offender treatment. In addition, throughout the year, CPP staff offer Child Protection Grand Rounds on topics such as Munchausen by Proxy, Shaken Baby Syndrome and the Law, Child Sexual Abuse in the Context of Domestic Violence, Protective Services, and the Medically Complex Child, among others.

Appendix E

Support for and Partnerships with Community Health Centers

Community health centers are a critical part of the health care “safety net” for traditionally underserved children and families in Boston. They provide primary care, including medical, dental, and mental health services, particularly to the uninsured and underinsured. Without community health centers, many families would go without regular health care, or would use hospital emergency departments. Health centers also help connect patients with social services and other community resources, thus giving families an even broader system of support.

Recognizing the importance of community health centers as essential partners in ensuring access to care, Children’s Hospital Boston provides support to 11 health centers around the city of Boston through affiliation agreements (in addition to its own Martha Eliot Health Center in Jamaica Plain). These partnerships offer financial, programmatic and provider support. In turn, community health centers are critical partners in the hospital’s efforts to increase prevention, early intervention, and treatment efforts for the most prevalent health concerns facing children and youth in the city.

Financial Support

Affiliation agreements allow Children’s to provide unrestricted funding for pediatric programs. Since 1999, Children’s has provided funding to community health centers to ensure that children throughout Boston have access to a medical home. In FY08, Children’s contributed \$657,500 to affiliated health centers.

Programmatic Support

Children’s is committed to helping children lead healthy, safe, and active lives; to ensure that they enter school ready to learn; and to encourage them to be engaged in the world around them. To accomplish this, the hospital must address the most serious health issues faced by the city’s children. These problems – asthma, obesity, unintended and intentional injury, and mental illness – are best addressed by a coordinated and accessible program of prevention, treatment, and education. By partnering with community health centers, the hospital is able to broaden its reach into these communities and provide a continuum of needed services in these issue areas to children and their families. Strategies include the following:

- Community health centers are on the front lines of the effort to deliver more mental health services to children and youth. By working with health centers, Children’s Department of Psychiatry is able to reach more children with much needed psychiatric services. Through the *Children’s Hospital Neighborhood Partnerships*, the hospital has placed psychiatrists in South Cove Community Health Center, Dimock Community Health Center, and Early Head Start at Dimock, Brookside Community Health Center, Southern Jamaica Plain Community Health Center, and the Martha Eliot Health Center. This provides needed support to clinicians at the health centers, particularly in the area of medication management.
- Too many children with behavioral and developmental problems are not identified early enough. Primary care providers have identified a need for specialized assessments. As the

“family doctor” to a large number of Boston children, community health centers provide the best opportunity to reach children with developmental needs early. Children’s *Advocating Success for Kids (ASK)* program works with community health centers to provide educational and developmental assessments for children and youth with emotional, behavioral, and learning difficulties, and offers case management to families. ASK screens and assesses children at Bowdoin Street, Joseph Smith, and Martha Eliot health centers.

- Community health centers were among the first providers to become aware of the growing problem of obesity and overweight in children and youth. Through the *Fitness in the City* initiative, Children’s offers technical assistance and financial support for fitness promotion and obesity prevention programs at 11 community health centers including Martha Eliot Health Center. Hospital staff members also provide support for implementation and evaluation of these programs.
- Primary care providers at both Children’s and community health centers are focused on prevention. One area where prevention activities have the potential for success is in injury prevention. The hospital is supporting community health centers in their efforts through the distribution of materials and products. The Injury Prevention Program has distributed bicycle helmets to health centers who have requested them. In FY08, the program distributed 800 sports helmets at Children’s Hospital Primary Care Center (CHPCC) and Martha Eliot Health Center. In FY08, the Injury Prevention Program also distributed 220 car seats to families at CHPCC and Martha Eliot.

Provider Support

Children’s is committed to helping providers at community health centers offer the best possible care. The hospital subsidizes the credentialing of community health center physicians to be on the hospital’s medical staff. The hospital also provides the health centers with computer connectivity to its hospital information system via the Internet to ensure access to patient information. The hospital offers technical assistance as needed to provide all patients with the highest quality care. In addition to providing information on programs for continuing medical education, the hospital subsidizes the cost for staff to attend educational sessions such as the Children’s Hospital Community Education Initiative Lecture Series and Motivational Interviewing Trainings for providers working with overweight and obese patients.

Appendix F Asthma Programs

Asthma

Children's Hospital Boston is the largest provider of clinical services to children with asthma in Massachusetts, with 17,653 inpatient and outpatient visits recorded in FY08 for 9,453 patients for whom asthma is a primary or complicating diagnosis

Changing these statistics requires an all-out effort, combining patient care, research, training, community health and education, and public policy advocacy all directed toward reducing the burden of this serious chronic, but very manageable, disease. Children's has focused its programs to improve asthma management in a child's everyday life. With supportive resources and education, children with asthma can lead healthy and active lives.

Direct services are provided for inpatients (through the Emergency Department or the Short Stay or Intermediate Care units) and outpatients (through the Primary Care Center, Martha Eliot Health Center, Adolescent Medicine, Pulmonary Clinic, and Allergy/Immunology Department).

The hospital is one of a few "centers of excellence" for asthma **research** in the U.S., having received a \$1.2 million annual NIH grant to establish an Asthma and Allergic Disease Research Center. Immunology research – understanding the immune mechanisms involved in asthma – is a prime focus. Current research projects include studies on the role of certain cells in the effective treatment of asthma and on mouse and dust allergens in the home and in school settings.

In addition to **training** research fellows, the hospital provides ongoing training to medical residents, staff nurses, and school nurses. An asthma clinical nurse specialist teaches residents how to discharge children with asthma medications and how to create asthma action plans, meets monthly with staff nurses for asthma education, and serves as the hospital's nurse consultant for asthma. The hospital offers asthma training to schools and school nurses on request. In FY08, 49 trainings or presentations were made, reaching more than 1,200 participants.

In the **community**, Children's asthma programs cover a full continuum of care: prevention, evaluation, treatment, parental support, case management, training and education, and policy advocacy. This approach engages the entire community – families, schools, community health centers, advocacy groups, and community based organizations – and stresses treatment of the child in the context of his or her environment.

The **Community Asthma Initiative (CAI)** is the hospital's program for improved asthma management – preventing attacks and other serious complications and controlling the disease. The program operates on three levels: the individual level, which includes case management and home visiting; the community level, which includes community participation and education and training; and the systemic level, which includes partnerships to educate decision-makers and improve overall access to asthma care. In the community, asthma programs cover the full continuum of care: prevention, treatment, parental support, case management, training and education, evaluation, and policy advocacy. This approach engages the entire community

(families, schools, community health centers, advocacy groups, and community based organizations) and stresses treatment of the child in the context of his or her environment, in his or her everyday life. With supportive resources and education, children with asthma can lead healthy and active lives.

The CAI helps children and families in Jamaica Plain and Roxbury improve how they manage asthma in a number of ways:

- *Nurse case management and home visits.* This involves development of family-centered and individualized asthma plans (available in English and Spanish), home visits to ameliorate asthma triggers, asthma education and medication management, and connections to primary care physicians, allergy evaluations, insurance and housing, as well as support around pest management and connections to community resources and activities
- *Community education for families and consciousness about asthma.* This includes community-based educational workshops and events.
- *Local, regional, and national advocacy efforts* in partnership with a 16-member Family Advisory Board and other partners.

In doing so, the CAI aims to improve the quality of life for children with asthma by reducing the number of asthma-related Emergency Department (ED) visits and hospital admissions. In FY08, the number of ED visits was reduced by 67 percent and hospital admissions by 85 percent. In addition, lost school days were reduced by 41 percent and parents' missed work days were reduced by 52 percent. Case management was provided to 107 new patients and 314 overall.

Children's is the largest provider of clinical services to children with asthma in Massachusetts, with more than 17,650 inpatient and outpatient visits recorded in FY08 for 9,453 patients for which asthma was a primary or complicating diagnosis. In addition, an estimated more than 500 children along with their families and caregivers have been served through our community initiatives as well as hundreds more reached through Children's participation in health fairs and community events.

Overall Asthma Goal: Improve the self-management of asthma by children and their families.

Asthma Goals:

- Provide a comprehensive asthma program that improves access to and asthma services for children, promotes healthy home environments, and improves asthma knowledge among children and families
- Increase the capacity of health care providers, schools, and community organizations to provide appropriate asthma education and physical activity programs to children and also improve asthma knowledge among children and families
- Reduce disparities in childhood asthma outcomes, raise public awareness, and advocate for public policy changes to ensure that children and families have access to the educational and medical resources they need

Strategies:

- Identify patients to benefits from the case management component of CAI through Children's Emergency Department visits, admissions, and provider referrals
- Provide general asthma and medication management education
- Collaborate with Boston Asthma Initiative to provide home visits, environmental assessments, and educate families about how to lessen asthma triggers
- Participate in outreach and community events around asthma issues
- Conduct educational workshops to train providers and families
- Collaborate with the New England Asthma Regional Council and Boston Urban Asthma Coalition to develop legislation and advocate for public policies that ensure families have access to education and medical resources

Asthma Accomplishments for FY08

- As of December 2008, 314 patients have been enrolled in the case management program, of which 107 are new patients
- 140 families have received home visits with 81 families new in FY08
- Results from the Community Asthma Initiative are promising. The number of ED visits was reduced by 67 percent and hospital admissions by 85 percent. In addition, lost school days were reduced by 41 percent and parents' missed work days were reduced by 52 percent
- Staff participated in 174 community events to provide families with asthma education
- More than 200 children participated in the Boston Asthma Games, which is in partnership with the Boston Public Health Commission

Appendix G

Mental Health Programs

Mental Health

Children's Hospital Boston is one of the leading providers of mental health services to children in Boston. Overall, in FY08, Children's provided nearly 15,000 outpatient visits, and more than 800 inpatient consultations and 200 inpatient admissions.

Research has shown that mental health programs with comprehensive, integrated, community-based approaches are most effective in preventing such mental health problems as conduct disorder and alcohol and drug abuse. In addition, interventions involving family, school, and community are more likely to be successful than efforts aimed at a single domain. Further, efforts linking outreach and preventive programs run through schools and other community-based settings with clinical services at mental health clinics, community health centers, or school-based health clinic settings have been found to be effective.

All these approaches are evident in Children's comprehensive approach to mental health care, which includes not only direct patient care, but also research, training, community health, and public policy advocacy. The hospital works from an expanded definition of mental health that includes developmental, behavioral, learning issues, and violence as well as traditional mental health issues such as depression or anxiety.

Much of the mental health care provided by the hospital is offered through three **direct-care** departments, all operating integrated and comprehensive services: Psychiatry, Social Work, and Developmental Medicine.

The Department of Psychiatry has a community of **researchers** whose work focuses on neurobehavioral development, mood disorders, attention/conduct disorders, and coping/medical illness. Mental health research is based on the premise that brain, behavior, and environment comprise a dynamic, integrated system in the developing child, and the key to progress is in-depth study, appreciating and then defining the complexity of the developing child.

The hospital provides mental health **training** to clinical providers as well as school and community health center staff on topics such as mental health issues in school, behavioral health issues, violence prevention, pediatric developmental screenings, advocating for patients, psychopharmacology, and how to advocate for public policy changes.

In the **community**, limited access to child mental health services is well-documented and represents a growing problem. Urban children and families in particular have problems with finding and accessing culturally and linguistically appropriate mental health services. These access barriers can be further complicated when care is not provided in a community setting. Children's has recognized this fact and has expanded its mental health services by providing psychiatrists in community health centers and other settings. The hospital also delivers care through prevention and wellness initiatives based in community health centers and schools, and through other community organizations. These initiatives comprise the **Children's Hospital Neighborhood Partnerships (CHNP) program**. CHNP works to increase access to mental

health services, improve the quality of services available, build capacity in partner organizations, and strengthen the ability of children to function successfully.

Direct services also are offered in four primary care settings in Boston through the **ASK (Advocating Success for Kids) Program**. ASK offers “one-stop-shopping” for access to services for children with school-functioning problems and learning delays. ASK addresses a seemingly insurmountable problem among a large number of poor and low income, mostly minority, children living in Boston neighborhoods: very limited access to high quality, comprehensive developmental-behavioral consultations and evaluations to identify problems that may be negatively affecting school functioning.

Mental health continued to be a major focus of the hospital’s **advocacy** and policy efforts in FY08. Two years ago, the hospital joined with the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) to launch a multi-year campaign to reform the state’s mental health care system. That initial work included the development of a report, “Children’s Mental Health in the Commonwealth: The Time is Now,” that included 27 recommendations for specific policy change. Children’s, the MSPCC, Health Care for All, Health Law Advocates, and the Parent Professional Advocacy League worked together with legislative sponsors to draft legislation and spearhead the campaign to advocate for change. “An Act Relative to Children’s Mental Health” was signed into law in September 2008. Among its provisions are: providing screening in early childhood settings to enable early identification of mental health problems; remediating the “stuck kids” problem by ensuring that mental health treatment is given in the most appropriate setting for a child’s particular needs; and a more rigorous planning and evaluation framework for addressing mental health at the state level. Passage of the bill represents a major milestone in improving mental health care for children in Massachusetts.

In FY08, for mental health and developmental services, Children’s provided nearly 15,000 outpatient visits, 800 inpatient consultations and 200 inpatient admissions. In addition, Children’s provided direct services to more than 250 children in schools and 750 children in primary care center settings, along with an estimated almost 3,100 children and youth and 640 parents reached with early intervention and prevention activities in the community.

Overall Mental Health Goal: Improve access to prevention and treatment services for children with mental health care needs.

Advocating Success for Kids (ASK).

Goals:

- Increase access to services for parents and children with school problems and developmental needs to promote healthy home environments and to help children function better in school
- Increase capacity for health care providers to better manage developmental and school problems in their own setting
- Increase parental understanding of their children’s issues, the educational laws that support families, and how to navigate the school and health systems
- Ensure the best care for patients and families and respond to referring provider needs

Strategies:

- Identify children to participate in the program through primary care providers
- Create action plans with recommendations tailored to meet the needs of every child
- Help parents connect with recommended services
- Provide support to parents of children with school problems
- Train providers to help identify and manage children with learning, developmental, and emotional/behavioral issues
- Support providers and clinical staff and provide consultation as needed
- Educate and train teachers about how to manage behavioral problems in the school setting
- Educate and empower parents to learn more about and help manage their child's diagnoses

Children's Hospital Neighborhood Partnerships (CHNP).

Goals:

- Increase access to mental health services for unserved and underserved children and families
- Improve the quality and effectiveness of mental health services by providing training, support, and professional development opportunities for practitioners from diverse disciplines
- Build the capacity of partner organizations to respond to the needs of the population, by increasing critical knowledge, skills and awareness relevant to mental health concerns
- To develop, implement, evaluate and disseminate early intervention and prevention programs based on best practices
- Assure the best delivery of care, working with multiple systems such as health centers, schools and Head Start centers
- Inform policy and advocacy efforts around child mental health and support the state-wide coalition involved with the implementation of the new mental health legislation

Strategies:

- Identify children in need of services and provide services that are available according to need and regardless of ability to pay
- Provide mental health training and consultation to school staff/administrators
- Provide training for future community-based mental health professionals
- Conduct prevention work in school-based partnerships for staff, administrators, trainees, nurses and teachers
- Collaborate with health centers, schools, Head Start and ABCD
- Work with Children's Child and Adolescent Mental Health Initiative and the Massachusetts Society of Prevention to Cruelty to Children to support the mental health advocacy campaign

Key Mental Health/School Functioning Program Accomplishments for FY08:

Advocating Success for Kids (ASK)

- Provided 192 new consultations and 597 follow-up consultations

- Provided support and established relationships with 160 schools and 4 community health centers
- Continued to support and promote a website for providers in primary care settings with “how to” tools for identifying and screening learning, developmental, and emotional/behavioral issues
- Provided feedback and consultation to 94 community providers

Children’s Hospital Neighborhood Partnerships (CHNP)

- Partnered with 13 Boston schools
- 11 out of 13 partner schools showed an increase in their ability to address mental health needs
- Partnered with Judge Baker Children’s Center and five community health centers – Dimock, South Cove, Martha Eliot, Southern Jamaica Plain, and Brookside
- 259 children received individual, pair or group therapy and developmental counseling in schools (74 percent of these children completed 11 or more sessions)
- 556 children received treatment services at community health centers
- 73 percent of students showed improved scores on the NC-CGAS (Non-Clinician Children’s Global Assessment Scale), which provides a measurement of overall functioning in children and adolescents. Ratings are made by CHNP clinicians at the start and end of treatment services.
- An estimated 3,077 youth participated in prevention activities on topics including bullying, general support and wellness, social skills, depression and violence prevention
- 644 parents participated in prevention activities on topics including depression, communication with children, parenting skills and general support
- Provided training and supervision to 24 trainees in psychology, social work and education

Appendix H

Injury Prevention Programs

Injuries – both unintentional and intentional – are the leading cause of death for children ages 1-19 in Massachusetts and result in 250,000 emergency room visits in a year. Unintentional injury is the leading cause of death for persons ages 1-34, and accounts for approximately 15 percent of medical spending from ages 1-19.

Children’s is addressing prevention of both unintentional and intentional injuries through a comprehensive effort that encompasses direct services, research, training, community health initiatives, education, and public policy advocacy.

Its **direct services** include a Level I trauma center within the hospital’s Department of Surgery that ranks in the top 10 hospitals in the U.S. in terms of volume, a Division of Emergency Medicine that treats 12,000 injury patients each year, a Regional Poison Control Center and Division of Sports Medicine (see below), and other services that treat both unintentional and intentional injuries.

Research efforts include a “Safer Homes” study that is expected to provide data on injury incidence; there is evidence that water-, bicycle-, and poisoning-related injuries seen in the hospital’s Emergency Department have decreased. Another study, a “Kids in the Back” observation program, is collecting data on children riding in the back seat of cars and those using booster seats, plus adults using safety belts, to provide data for developing an effective intervention.

Training efforts target staff at both Children’s and Martha Eliot Health Center. Staff have been trained in fitting bicycle helmets. A hospital-sponsored course on child and passenger safety is being prepared for staff. Nurses have been trained in testing car seats.

Advocacy efforts focus on child passenger safety, bicycle and wheeled sports safety, poison control, and child protection, and include work toward enacting a primary seat belt enforcement law, prevention of shaken baby syndrome, and funding for staff training and response to severe physical and sexual traumas. In partnership with the American Automobile Association of Southern New England, other advocacy groups, and public health leaders, the hospital shared the success in getting legislation enacted in July 2008 that requires the use of booster seats for children up to the age of eight or 4’9 in height.

In the **community**, the hospital’s **unintentional injury** prevention program has focused on providing education and safety devices. The program’s leaders also conduct research to better understand which children are at highest risk and what interventions can be developed to help.

- **Home Safety** works with families to identify hazards and risk factors in their homes. For example, a hot water heater turned too high or exposed electrical outlets put children in danger. Injury Prevention team members teach families about these dangers and provide

the equipment needed to ameliorate the risks. In 2008, 30 home visits were made to at-risk families in Boston. The hospital currently is engaged in a research project that is evaluating both effectiveness of and challenges in conducting this type of in-home training; results should be available later in 2009.

- **Travel Safety** provides car and booster seats, along with training on how to use them, to low-income families in the Children's Hospital Primary Care Clinic and at the Martha Eliot Health Center in Jamaica Plain. In 2008, 220 car seats were distributed, 28 car seat training sessions were held, and 30 providers trained about car seat safety issues. Team members also provide information and education about how to prevent injury using seat belts and bike helmets, and distribute helmets to children who need them. In 2008, 800 bike helmets were distributed and 60 children were educated in bike safety through Jamaica Plain schools.

Children's also has a strong commitment to help prevent sports-related injuries in children. The hospital's Division of Sports Medicine provides comprehensive assessment, treatment, and follow-up care to children, adolescents, and young adults with sports-related orthopedic injuries. In addition to providing care at the hospital, the division also brings its resources to the community through the Boston Public Schools Sports Medicine Initiative. Staff and orthopedic residents coordinate and supervise medical coverage for BPS sporting events. The division also has provided medical coverage for a variety of mass-participation sporting events such as the Boston Marathon, the Bay State Games, events at the Reggie Lewis Track and Athletic Center, and other summer sports camps and recreational programs.

A variety of hospital-based programs and community partnerships have been developed to reduce the prevalence of **intentional injuries**, particularly child abuse.

Hospital programs include clinical assessment services for those who have been maltreated, a 24-hour consultation service, and an advocacy program for battered women and their children. The hospital also partners with government agencies and others to prevent and treat children who are at risk or have been neglected or abused. Children's has provided both clinical and financial support to the Suffolk County Children's Advocacy Center, which treats children who have been abused.

In FY08, Children's provided treatment to an estimated 12,000 children for injuries in the Emergency Department, while more than 2,000 children and their families have been reached through hospital-based prevention and protection services. In addition, the hospital reached an estimated more than 1,000 children along with their families providing sport helmet and car seat education as well as hundreds more reached through Children's participation in community health fairs and events.

Overall Injury Prevention Goal: Reduce the incidence of mortality and morbidity due to childhood injuries.

Injury Prevention Goals:

- Child bike safety: reduce the incidence of unintentional injuries in certain geographical focus areas in the City of Boston
- Vehicle safety: To increase the utilization of booster seats, car seats and seatbelts in the targeted geographical focus area
- Home safety: reduce harm from home injuries in geographical focus areas
- Safety awareness: increase community awareness around safety issues through educational workshops and community events, as well as training parents and providers

Strategies:

- Target community events to reach children in schools in Jamaica Plain and Roxbury
- Distribute sports helmets and provide training on how to correctly wear them
- Collaborate with community health centers and other organizations to provide helmets and education
- Distribute car seats and provide training to families on how to install them properly
- Hold a car seat checkpoint in the community for families to have their car seats checked by safety technicians

Injury Prevention Accomplishments for FY 08:

- Through community outreach and events and partnerships with community health centers, the Children's Hospital Primary Care Center, and Martha Eliot Health Center, 800 sports helmets were distributed to Boston children and 220 car seats were distributed
- 24 car seat trainings were held at CHPCC and 30 Children's providers have been trained about car seat safety
- 30 home visits were completed in FY08
- The injury prevention staff participated in 10 community safety events and health fairs

Appendix I

Fitness and Nutrition Programs

Obesity is a complicated medical, social, and lifestyle issue for children, especially children living in urban areas. Children who are overweight or obese may need access to specialty medical services, nutrition education, and recreational opportunities, which may not always be available in health care settings. Thus, Children's Hospital Boston's approach to this issue is to support and work with community partners who are delivering nutrition education and physical activities.

The hospital's current focus is on working to identify best practices among obesity prevention programs – both hospital-based and in the community – to ensure that its programs are optimally effective in encouraging fitness and nutrition among children and adolescents.

Children's is internationally recognized for its treatment program to help overweight and obese children. The Optimal Weight for Life (OWL) program is the largest pediatric obesity clinic in New England, currently serving nearly 1,000 patients (one-fourth of whom are from the city of Boston). The OWL clinic is staffed by a multidisciplinary team that includes physicians, nurse practitioners, dietitians, psychologists, social workers, and exercise physiologists – all working to treat children and adolescents who are obese and those with Type II diabetes. The focus of the program is on healthful eating and a low glycemic index diet, but also includes individualized meal plans and exercise programs, plus behavior modification and group counseling.

This track record, coupled with a focus on local children at risk and strong community connections, makes Children's ideally suited to expand efforts to help prevent and treat these problems, which are reaching epidemic proportions; for example, a recent study showed that 14 percent of toddlers from low income families in Boston are overweight; and in the Boston Public Schools, 25 percent of children are overweight, and another 20 percent are obese.

The consequences of obesity and lack of fitness can have both short-and long term negative impacts – everything from early onset of cardiovascular disease to diabetes. To reverse this trend, Children's is finding solutions and ways to prevent the problems of obesity on all fronts – through **direct services** such as the OWL program described above and other programs described below, plus research, training, community health, and public policy advocacy.

Obesity-related **research** at Children's spans a range of issues, including nutrition and food consumption patterns, diabetes and health, school programs, eating disorders, and evaluation of community-based programs.

The services provided at Children's and at health care facilities in Boston lay a necessary foundation for children trying to achieve a healthier body weight. But environmental factors, such as having access to healthier food in school and in the community, are critical for their long-term success. In 2008, Children's supported **advocacy** efforts for improving school nutrition such as providing expert testimony in support of nutritional standards in schools.

In the community, the hospital's commitment to preventing childhood obesity is called **Fitness in the City (FIC)**. Among the program's goals is to build community capacity to reduce childhood obesity and identify best practices for prevention. Children's provides technical and financial assistance as well as professional support to 11 Boston community health centers including the hospital's own Martha Eliot Health Center (MEHC) to support existing obesity prevention and management programs that are both relevant and culturally sensitive to the communities they serve. For example, the *I'm iN Charge* (INC) program at MEHC, which targets young people ages 9-20 who are overweight or at risk for Type II diabetes, provides participants with education, clinical care, and access to other community resources. Another program, *JP Fit* at Southern Jamaica Plain Health Center provides individual, family and group interventions tailored to meet the unique needs and challenges of participants. The program also includes an after-school Boys Baseball clinic for at risk or overweight patients.

With FIC providing support, assistance, and motivation, fitness and nutrition staff members of the 11 health centers have begun to meet regularly – something they never did before – to share information and ideas around the issues of overweight and obesity in children. This collaboration not only empowers the health center clinicians but also strengthens the entire community. Among the most significant accomplishments of FIC is its success in building each health center's capacity to identify and manage overweight and obesity and to serve more children. With the training and support provided by the program, each health center now records and tracks BMI on its pediatric patients as well as other data on diet and exercise habits. These measures will begin to inform the effectiveness of each center's obesity prevention and reduction programs and point to "best practices, which then can be replicated through all the health centers.

In 2008, the hospital gathered information for measuring the effectiveness of FIC programs in achieving their goals. In the first year of collecting such data, decreases were evident in measures such as time spent watching TV and intake of sugar drinks, and increases in measures such as fruit and vegetable consumption and the number of days per week during which children exercised.

In FY08, Children's provided hospital-based obesity treatment to nearly 1,000 children and reached nearly 800 children and youth through programs based in community settings.

Overall Fitness and Nutrition Goal: Reduce the prevalence of childhood obesity for children in Boston.

Fitness in the City

Goals:

- Create an incubator for the development of culturally appropriate models for the prevention and reduction of childhood obesity
- Increase the capacity of Boston health care providers and families to identify and manage overweight and obesity among children by raising awareness of families, communities, and providers around issues of childhood obesity

Strategies:

- Enroll children identified as being at risk or are overweight in an intervention program to address obesity
- Measure Body Mass Index (BMI) of all participating children
- Enhance collaboration with community health centers and other community partners and Children's Hospital programs (OWL and OSA)
- Collaborate with Blue Cross Blue Shield, United Way of Massachusetts Bay, Northeastern University Sports Center and UMASS Boston to provide physical activities/interventions for referred children
- Establish data tracking systems at health centers and provide ongoing support and technical assistance
- Train at least 15 providers around issues of childhood obesity

Accomplishments FY08

- Eleven community health centers with case management/nutrition programs are participating in Fitness in the City and each center is measuring Body Mass Index (BMI) of participants
- A total of 790 children are enrolled in the case management/nutrition programs at the nine health centers
- Based on survey results of 392 children participating in programs, 44 percent reported at intake into the program eating more than 4 fruits and vegetables per day, and at exit 53 percent reported an increase in fruit and vegetable consumption; 62 percent of children reported exercising three times a week for 30 minutes or more at intake and at exit 79 percent reported an increase in exercising more than 3 times a week; and 76 percent reported watching more than 2 hours of TV on weekends at intake and 64 percent reported a decrease on exit
- Children participating in Fitness in the City programs are eligible to participate in Brandy's Gym, the YMCA or the GO Kids Program at UMASS Boston. In FY08, 343 children were provided free membership to a gym

Appendix J

Support for and Partnerships with Boston Public Schools

Recognizing that schools have an enormous role in the everyday lives of children and their families, Children’s Hospital Boston considers the Boston Public Schools (BPS) to be key partners in implementing its community health strategy. In addition to providing services, the hospital provides funding to support the BPS infrastructure. This BPS partnership is focused on providing support in four key areas:

- bringing health services and programs to schools
- supporting school nurses
- strengthening the health infrastructure in the BPS
- encouraging students to learn about health care careers.

School services and programs. These are focused on access to health care and mental health services, improving student school functioning, and educating students and school staff on asthma management and injury prevention. They include:

- The *Children’s Hospital Neighborhood Partnerships (CHNP)*, which provides school-based mental health services in 13 schools, reaching an estimated 259 children through individual, pair or group therapy, 3,077 youth and 644 parents participated in prevention and early intervention activities
- The *ASK Program (Advocating Success for Kids)*, which provides educational and developmental assessments for children and case management for families; the program provided 192 new consultations to children and 597 follow-up consultations to children, primarily in the Boston Public Schools.

School nurses. In FY08, Children’s provided educational scholarships to more than 30 Boston Public School nurses for 10 different trainings. Sample classes this year included: Pain Assessment and Management in School Children, Medical Technology, Acute Mental Health Issues in Adolescence, Simple Wins Against Diabetes, Getting Enough Sleep, Diagnosing and Management of Sleep Problems in Children and Talking to Teens About Risky Behaviors: What the School Nurse Needs to Know.

School health infrastructure. In 2006, Children’s built on the foundation of its longstanding collaboration with the BPS and the City of Boston on the “Countdown to Kindergarten” initiative by making a significant financial contribution to the city’s broader efforts to reach children aged birth-to-five and their families. The hospital increased its annual support of Countdown, provided a paid part-time staff person to the city for six months to conduct research on this subject, and funded two years of a new, free play group for Boston parents and their young children at the West Zone Early Learning Center.

Health careers. Children’s recognizes that one of the best ways to enrich and diversify its workforce is to recruit, train, and promote Boston residents. One of the hospital’s strategies in this effort is to provide summer jobs and other internship opportunities to BPS high school students. This provides students with employment opportunities, but more importantly, gives

them exposure that may inspire them to pursue health careers. Children's participates in the following programs that benefit students:

- Children's provided summer jobs to 54 youth through its comprehensive initiative COACH (Community Opportunities Advancement at Children's Hospital) program. A full-time, seven-week program, COACH provides paid summer jobs for Boston high school students in a wide variety of positions, offering not only employment for students and exposure to health care as a possible career but also a safe, meaningful, and productive way to spend the summer. In addition to hands-on work experience, the program includes workshops (such as professional etiquette, banking literacy, and communication skills) and college visits through a partnership with the Colleges of the Fenway. Students aged 16 and older are selected for COACH by several strong, valued community partners. In 2008, the hospital and Martha Eliot Health Center hosted 29 from the PIC/Mayor's Summer Jobs Campaign, 17 from Parker Hill/Fenway ABCD, four from the Hyde Square Task Force, three from the Bromley-Heath housing project, and two from the Gateway program.
- The Student Career Opportunity Outreach Program (SCOOP) inspires 250-300 high school students to enter nursing through field trips to the hospital, direct nurse-to-student education, shadowing, career advice, and summer internships. Along the way, SCOOP helps dispel many of the myths about nursing and offers students hands-on opportunities to work in health care. During the 2007-08 school year, SCOOP sponsored 17 summer interns and hosted 10 visits. SCOOP nurses worked with the Mission Hill Health Movement, Sociedad Latina, the Madison Park High School Advisory Council, and the Health Careers Academy Outreach Collaborative. Since 2003, 74 students have participated in SCOOP summer internships, and 21 have continued on in health care: 16 are enrolled in nursing programs, three have completed nursing school, and two are current hospital employees.

Appendix K
2008 Children's Hospital Boston Community Advisory Board Members

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Mayoral Advisor for Education, Health and Human Services
Office of Mayor Thomas Menino
Parent

Chris Sumner
Director of Upward Bound

**Appendix L
Community Child Health Fund**

The Community Child Health Fund (CCHF) provides seed funding for innovative projects designed to meet the health needs of children primarily in the Boston neighborhoods of Dorchester, Mission Hill, Roxbury and Jamaica Plain. Applicants for these funds must show how their project will provide a culturally responsive way to address the core health issues of asthma, mental health, injury prevention and fitness/nutrition. CCHF provides a total of \$50,000 annually for projects at the hospital, community health centers, schools, or in community based organizations. CCHF has distributed 80 grants since 2000, for a total of approximately \$470,000.

The following is a list of organizations funded in 2008.

Organization	Project Title	Category
Children's Hospital Primary Care Center	Smoking Cessation Program	Fitness/Nutrition
Jamaica Plain Head Start/Tree of Life	Car Seat Safety Station	Injury Prevention
CHNP	Community Violence Experience Journal	Mental Health
Community Rowing, Inc.	G-ROW Boston	Fitness/Nutrition
Institute for Sport Coaching	Sport Coach Boston Workshops	Fitness/Nutrition
Monument High School	Get Hip to Getting Fit	Fitness/Nutrition
EarthWorks Projects, Inc.	City Fruit Project	Fitness/Nutrition
Boston Healthcare for the Homeless Program	Family-Centered Behavioral Health Project	Mental Health