

**Appendix A**

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The Office of Child Advocacy's Kidvocate

## Making a real difference: Children's approach to improving the health and well-being of children

Boston. It's part of our name and it's the city we call our home. We perform life-saving surgeries here every day and discover cures for rare diseases. Families from across the country—and around the globe—come to us to care for their children and give them hope. But we are also a leading provider of care for children in our own neighborhood and improving the health of these children is one of our core missions. We consider the children of Boston to be our children. Therefore, our partnership with the city and our commitment to its children is enduring.

### Our approach

In difficult economic times like these, families in Boston's low-income neighborhoods have even greater needs. Children's strives to reach these families by developing programs and supporting our community partners to address the difficult health issues affecting them.

We're tackling problems in which change does not happen overnight: asthma, obesity, mental health and injury prevention. But we feel that we have a thoughtful and comprehensive approach to these issues and we're working to prove that our programs can have measurable outcomes—an important step in achieving long-term results.

Over the next 10 years, our goal is to effect change on a broader scale to improve the health of more children across Boston and Massachusetts. We'll maintain our longstanding partnerships with Boston schools, community health centers and local organizations, as well as programs in our health focus areas. At the same time,

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The Office of Child Advocacy (OCA) recently launched a new web site to share information about Children's Hospital Boston's community benefits mission and our efforts to improve the health and well-being of Boston children and families. To learn more, visit [childrenshospital.org/communitybenefits](http://childrenshospital.org/communitybenefits).

## Asthma management approach reaps rewards

What is a peak flow meter? Do you know how to use a spacer? These may be unfamiliar items for people without asthma, but standard for the more than 140,000 children in Massachusetts being treated for the disease.

Asthma is particularly prevalent in low-income areas and among Latino and Black children. At Children's Hospital Boston, asthma is the leading cause of hospitalization. Overall, the rates of admission for Latino and Black children are five times higher than for white children.

Tackling asthma among these vulnerable populations is the mission of the Community Asthma Initiative (CAI), the hospital's program for improving asthma management for children and families living in Jamaica Plain and Roxbury. The program's director, **Elizabeth R. Woods, MD, MPH**, says, "Asthma takes a toll on children and families. It can interfere with a child's ability to do everyday things, like sleeping, playing and going to school. And when a sick child can't go to school, a parent can't go to work." This ongoing loss of productivity adds 'economic' and 'financial' to the long list of how this disease can burden families.

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## What's inside

In this expanded edition of the *kidvocate*, we want to share with you a collection of stories and updates on how Children's Hospital Boston is working with and giving back to our community to make Boston an even better place for families.

## Children's Community Milestones

- 1966**—Martha Eliot Health Center (MEHC) opens as a community-based clinic offering maternal and child health services to residents of the Bromley Heath Housing Development in Jamaica Plain.
- 1973**—Children's Hospital Boston assumes full responsibility for MEHC's operations.
- 1994**—Children's Board of Trustees formalizes its commitment to community benefits by making it one of the four core hospital missions, along with clinical care, research and teaching, and establishing the Office of Community Benefits.
- 1995**—The Community Partnerships Advisory Board is established to advise the hospital on the challenges facing Boston children and families.
- 1999**—The functions of the Office of Community Benefits merge with those of the hospital's Government Relations area to form the Office of Child Advocacy (OCA).
- 2005**—OCA develops the "Healthy Children. Healthy Communities." strategy, which blends the traditional medical model of care with a public health approach to improve and redefine children's health.
- 2005**—Children's Board of Trustees establishes the Board Committee on Community Service to ensure our community benefits goals are met; and community health becomes one of the hospital's eight strategic goals.
- 2006**—Children's is among the first hospitals in the nation to assess community health using the same rigor and benchmarks against which patient care quality is measured through a "quality dashboard."
- 2008**—OCA's community strategy evolves to focus on impacting children's health more broadly, using the successes of health programs to help implement public policy changes to improve children's health locally, statewide and nationally.

## Martha Eliot Health Center: A community within the community



This mural appears inside MEHC.

Primary and preventive care services for children and adults. Outreach programs that respond to community needs. Case management and home visiting services. Substance abuse treatment and recovery programs. These services—and much more—are what Martha Eliot Health Center (MEHC), located in Jamaica Plain, is all about.

The mission of MEHC is to promote health and provide comprehensive and high-quality care to diverse multicultural communities, primarily residents of Jamaica Plain, Mission Hill, Roxbury, Roslindale and Dorchester.

Ninety-eight percent of MEHC's patients are Latino and African American; more than half are under the age of 34; and three-quarters receive Medicaid or other government-sponsored insurance. "When patients walk through our doors, they become partners in health with more than 120 staff members—many of whom live in the community—who understand their challenges and who strive to deliver the best care in a culturally competent and sensitive way," says **Adita Vasquez**, chair of the MEHC Advisory Board.

That care includes a wide range of primary and preventive services, including pediatrics, women's health, adolescent and adult medicine, mental health, optometry, nutrition, human services and an onsite laboratory. MEHC also helps patients manage chronic diseases such as asthma, HIV, diabetes and obesity.

At MEHC, however, the definition of "care" is broad. It encompasses not only health-related services, but also programs that promote literacy, improve school performance, help families learn how to prepare nutritious foods and support victims of trauma and violence.

"Because of the many challenges faced by our patients, Martha Eliot strives to be more than a clinic devoted to family-centered care," says Vasquez. "We are part caregiver, part social worker, part therapist and part advocate. To many of our patients and families, we also are friends. We are as proud of these aspects of our mission as we are of the excellent health care we provide."

For more information on MEHC, visit [childrenshospital.org/mehc](http://childrenshospital.org/mehc).

# Making a real difference CONTINUED FROM PAGE 1

Children's will place a growing emphasis on the neighborhoods closest to the hospital's main campus and our community health center, the Martha Eliot. We're concentrating on Fenway, Mission Hill, Roxbury and Jamaica Plain in order to make an impact and show results. We'll also take our advocacy efforts a step further to ensure that children and families will have access to the services and care they need. We're using the data and outcomes from programs to continually improve our efforts and we will share what we've found with decision-makers such as insurers, legislators, pediatric providers and public health advocates to make a case that our interventions and approaches do work.

## The results

One example of our approach is the Community Asthma Initiative (CAI), which aims to improve asthma care for children living in Jamaica Plain and Roxbury. CAI provides parents with asthma education and case management support so they can better understand how to successfully manage their child's asthma.

It's been remarkably successful. Children enrolled in CAI have needed fewer hospitalizations and emergency department visits after participating in the program for one year (see cover for this story). This is a significant improvement, but there is more that can be done to help children throughout the city and state. Working with community partners, we have developed a "business case" that highlights the merits of providing asthma case management, as well as the savings that can result by offering this kind of intervention. We hope that our continuing work with insurers, the legislature and advocates will improve the availability of these services in the community.

Going forward, we'll expand our advocacy efforts to create change in other areas, too. For example, we've taken the lead to reform the state's mental health care system. Using the lessons learned from our partners and the Children's Hospital Neighborhood Partnerships program (more on page 8), which provides mental health treatment and prevention services for

children in health centers and schools, we've made recommendations and pushed for needed changes within the system. Children's has been a lead partner in a statewide coalition of more than 130 members, which successfully passed legislation to reform the mental health care system in Massachusetts last year. We're now in phase two of this campaign, during which we'll evaluate the impact of the new legislation, identify missing pieces and develop solutions to fill the gaps.

We'll also explore other innovative ways to broaden our injury prevention and obesity efforts by connecting directly with providers and policy makers. For instance, we'll continue working with health center providers to identify the most effective ways to prevent and treat obesity (see page 5). We can't do any of this work alone. Providers throughout the hospital, along with our

community partners, will continue to learn from each other so that our programs can be better implemented and improved. Together, we'll find the best ways to put Children's expertise to use.

**Having community as part of our mission is a strong reminder that we support community health because we want to do it—and we want to do it right.**

We are excited and inspired to lead our institution in its community mission, one of the four core missions of the hospital, along with patient care, teaching and research. Having community as part of our mission is a strong

reminder that we support community health because we want to do it—and we want to do it right.

By **JAMES MANDELL, MD**, chief executive officer and **WILLIAM L. BOYAN**, chair emeritus and current member of the Board of Trustees and chair of the Board Committee for Community Service at Children's Hospital Boston

**Children's Hospital Boston** provides benefits beyond improving the health of children and families in our community through its missions of clinical care, research, and training for pediatric providers. As it relates to improving the health of our community, Children's takes a four-pronged approach.

- 1** Serving as the community's safety net hospital by caring for all patients in Massachusetts regardless of their ability to pay, and providing and subsidizing hospital and community-based services that are in limited supply.
- 2** Focusing on some of the most pressing community health needs for Boston families: asthma, obesity, injury prevention and mental health.
- 3** Speaking out as a voice for children to change laws, policies or systems that will lead to improvements in the health of children and families.
- 4** Supporting essential community partners to make Boston an even more vibrant and livable city for families.

For more information on these missions, visit [childrenshospital.org/communitybenefits](http://childrenshospital.org/communitybenefits).

# Asthma management approach reaps rewards CONTINUED FROM PAGE 1

Key goals for the CAI are preventing asthma attacks and controlling the disease by working on three fronts:

- Nurse case management and home visits for patients and their families.** CAI provides family-centered and individualized asthma plans (in English and Spanish); home visits, in partnership with the Boston Asthma Initiative, help families identify and lessen asthma triggers; and education about asthma and how to better manage medications. Case management also helps families make connections with primary care physicians, access allergy evaluations, receive insurance coverage, find support to deal with housing issues, such as pest management concerns, and identify community resources.
- Community education for families.** CAI also offers educational workshops and events that engage the entire community—families, schools, community health centers, advocacy groups and community-based organizations. The program trains staff at community health centers, schools and in other community organizations to increase their capacity to provide asthma education and recommend appropriate physical activities for children. All these efforts promote the treatment of a child in the context of their environment and everyday life.
- Local, regional, and national advocacy efforts in partnership with a 16-member family advisory board and other partners.** One such partnership resulted in a “business case” that measured the value and savings that can result from case management and home visits, a first step in getting insurers to cover these services. Based on the results of this work, legislation was filed in 2008 to ensure payer coverage for asthma education and in-home environmental interventions.

The hospital is measuring success for CAI by looking at its impact on reducing the number of asthma-related emergency department visits and hospital admissions. Has the program worked? “Absolutely,” says Woods. “We are very pleased with the results so far.” For children participating in the program after one year, the number of emergency department visits at Children’s was reduced by 67 percent and hospital admissions by 84 percent. In addition, lost school days were reduced by 53 percent and parents’ missed work days by 49 percent.

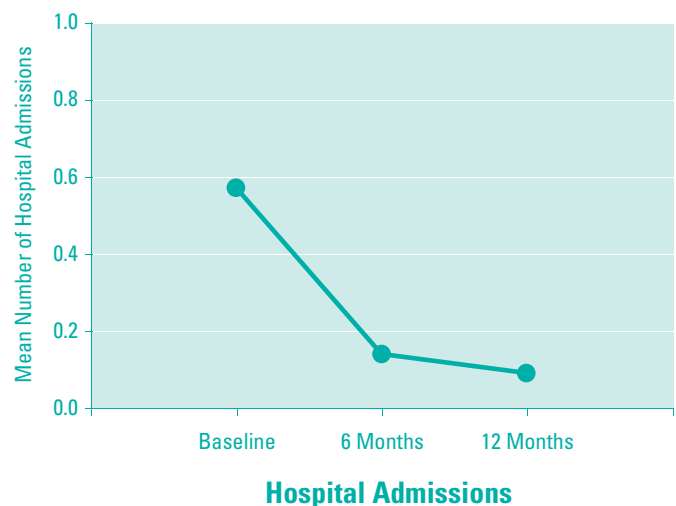
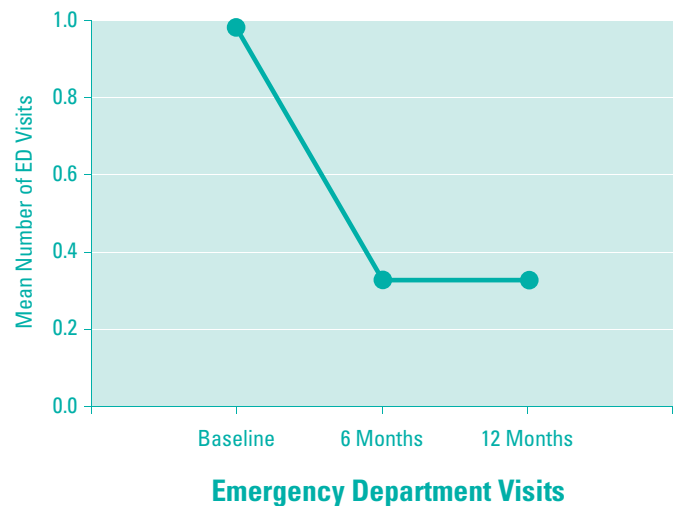
“We’ve made great progress, but there’s so much more to be done,” says Woods. “We must continue to push for reimbursement for this approach and help build community capacity to manage similar programs. It could take years to achieve our vision, but we are well positioned to decrease the burden of asthma.”

For more information on CAI or to access a copy of the asthma business case, visit [childrenshospital.org/communityhealth](http://childrenshospital.org/communityhealth).

## Asthma by the numbers...

Children’s is the largest provider of health-related services to children with asthma in Massachusetts. More than 17,650 inpatient and outpatient visits were recorded in FY 2008 for 9,453 patients for whom asthma was a primary or complicating diagnosis. In addition, more than 500 children – along with their families and caregivers – were served through community initiatives and hundreds more reached through the hospital’s participation in local health fairs and other community events.

The Community Asthma Initiative has reduced Emergency Department (ED) visits and hospitalizations for the 314 patients in the program.



# Unifying around childhood obesity



A young man at Body by Brandy's Kids Gym in Roxbury.

It sounds like a simple plan: eat right and exercise to stay fit. But for many Boston families, this is anything but easy. Poverty and lack of transportation often limit a family's access to healthful foods. Rather than going outside to play, children may prefer to stay inside watching TV and playing video games. The problem is so widespread that more than 40 percent of Boston Public School students are either clinically obese or borderline overweight.

Working to curb the crisis are clinicians at community health centers, who are educating families about how to make healthful choices and trying to remove barriers that keep them from addressing their weight issues. Three years ago,

**Children's has found that the children in FIC spend less time watching TV, consume less sugar-sweetened beverages, eat more fruits and vegetables and exercise more.**

Children's Hospital Boston's Office of Child Advocacy (OCA) launched Fitness in the City (FIC) to help these centers prevent and treat pediatric obesity. Children's support has ensured that nutritionists are available to counsel health center patients and that free memberships are offered to local YMCAs, Body by Brandy Kid's Gym in Roxbury and GoKids Boston at UMass Boston. More importantly, it has set up a system for the health centers to pool their knowledge and resources, share outcomes and talk about which approaches they've found successful.

"Nobody totally understands which interventions are most successful for childhood weight management," says

**Shari Nethersole, MD**, Children's medical director for Community Health, who developed the FIC concept. "Children's wanted to partner with health centers to help them test out their ideas about what approaches can work. This is our chance to unite community expertise to identify solutions that will improve the health of families."

Currently, 11 Boston community health centers participate in FIC, including Children's Martha Eliot Health Center. By bringing community health centers together, Children's is able to help them unify around the obesity issue and evaluate outcomes to assess what type of programs can have the greatest impact.

Another benefit of delivering fitness and nutritional counseling at the community level

is that it's often family-centered care, so clinicians can see parents and children at the same time and work on lifestyle changes for the whole family.

Every FIC center equips patients and families with information about healthful eating and connects them with local physical activity opportunities, but each takes its own approach based on the unique needs of its patients and community. At South Cove Community Health Center, providers have added bilingual nutritional counseling and case management for their patients. Through a partnership with the Boston Chinatown Neighborhood Center (BCNC), South Cove also provides children and families with individualized fit-

ness coaching and physical activity plans.

Children's encourages cooperation and communication among health centers by hosting bi-monthly meetings, where staff can share their approaches, discuss successes and challenges, and brainstorm about the resources needed to improve patient health. Last year, the FIC team identified a need for more case management to help coach and motivate families and help them access physical fitness programs. As a result, in addition to supporting part-time case managers at the health centers, Children's added another case manager to the program to help make it easier for families to connect with physical activity opportunities. Preliminary outcomes have shown improvements in certain targeted behaviors: limiting TV time, decreasing sugar-sweetened beverages, increasing physical activity and eating more fruits and vegetables.

Through FIC, Children's has helped community health centers reach more than 800 children and families in Boston so far. "Obesity is a complex medical, social and lifestyle issue, especially for families in urban areas," says Nethersole. "Our hope is that FIC can help improve prevention and treatment programs by figuring out the best ways to remove barriers and encourage parents and children to eat better and be more physically active."

For more information visit [childrenshospital.org/communityhealth](http://childrenshospital.org/communityhealth).

## Fitness in the City participating sites

- Bowdoin Street Community Health Center
- Brookside Community Health Center
- The Dimock Center
- Joseph M. Smith Community Health Center
- Martha Eliot Health Center
- One Step Ahead at Children's Hospital Primary Care Center
- Roxbury Comprehensive Community Health Center
- South Cove Community Health Center
- South End Community Health Center
- Southern Jamaica Plain Health Center
- Upham's Corner Health Center
- Whittier Street Health Center

# The power of partnership: ensuring health coverage for all New England children

Children’s Hospital Boston and Community Catalyst, a consumer health organization, believe that Massachusetts and the entire New England region can achieve what no other state has done before—provide health care coverage for all its children.

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont lead the nation in providing access to health care for children, but more can be done to ensure that all children have the care they need to grow and thrive.

In 2006, Children’s and Community Catalyst joined together to launch a New England-based campaign to expand children’s access to high-quality, affordable health care. Nearly 800,000 children in the region rely on public health care coverage, and the six New England states receive close to \$500 million through the federal State Children’s Health Insurance Program (SCHIP).

“We had an ambitious goal to preserve and expand SCHIP and protect Medicaid coverage for children,” says **Joshua Greenberg**, Children’s director of Government Relations. “To do this, we realized that it would be important to harness the resources of our partners across New England.”

Within two short years, the campaign has blossomed into the New England

Alliance for Children’s Health (NEACH), which today numbers more than 300 organizations and individuals, including providers, advocates, insurers, business leaders and interfaith organizations.

“NEACH has gained national attention for its effectiveness in working across state lines and can serve as a model for other states that want to extend their coalitions beyond their own borders,” says **Amy Rosenthal**, senior policy analyst at Community Catalyst and program director of NEACH.

NEACH galvanized the New England Congressional delegation to become a driving force behind advancing children’s health care. In the fall of 2007, nearly every member of the New England delegation voted in favor of a strong SCHIP bill that would expand funding for this program by \$35 billion over 5 years. The bill passed through Congress but was vetoed by former President Bush and fell short of receiving enough votes for a veto override. The SCHIP legislation was one of the first bills to emerge from Congress under the

new Obama Administration. On February 4, President Obama signed into law the Children’s Health Insurance Program Reauthorization Act of 2009, expanding coverage to about four million additional children over the next four years.

Children’s also has worked with NEACH in its effort to expand its agenda to include issues of quality and cost. “We want to establish national standards of pediatric care comparable to those instituted in adult medicine by promoting prevention and improved management of chronic diseases,” says Greenberg. “Our hope is that we can show how this will reduce long-term health care costs to business, consumers and government.”

For more information, visit [childrenshealthne.org](http://childrenshealthne.org) or contact **Maia Fedyszyn**, program associate for NEACH, at 617-275-2871.

## Children’s mental health campaign success

Children’s Hospital Boston has been a leader and key partner in the Children’s Mental Health Campaign, a state-wide coalition of more than 130 members, which worked to pass legislation to reform the mental health care system for children in Massachusetts. **David R. DeMaso, MD**, Children’s psychiatrist-in-chief and **Sandra Fenwick**, Children’s president and chief operating officer joined **JudyAnn Bigby, MD**, secretary of the Executive Office of Health and Human Services and **Governor Deval Patrick** along with state legislators and advocates prior to a State House ceremony celebrating the passage of the bill last September.



Photo credit: Health Care for All

Beatriz Lorenzo at the State House.



## Participating in policy

“My mother instilled in me a strong commitment to service and taught me that we all have the ability to assist others,” says **Beatriz Lorenzo**, nursing systems research analyst at Children’s Hospital Boston. Lorenzo, who has worked at Children’s for 13 years, counts work experience and her mother’s influence as reasons for becoming an advocate for the hospital. Now an active member of the Children’s Advocacy Network (CAN), a 1,600-member group that influences public policies to improve child health, Lorenzo also participated in a unique advocacy training series at the hospital. “When I learned about the training, I thought, ‘What a great way to bring together my passion for service, interest in policy and commitment to the hospital’s mission,’” she says.

Children’s Office of Child Advocacy created CAN in 2000 to encourage a grassroots network of parents, employees and community residents to become a voice for the hospital’s advocacy efforts at the state and federal levels. CAN members have successfully advocated for health care coverage, injury prevention measures and mental health services among other issues.

In 2006, an in-depth, five-session training series was created to give interested advocates a better understanding of the legislative process and the skills needed to become more active participants. “If you’re not in this field, you wouldn’t necessarily know what the Ways and Means Committee does or how to best advocate for an issue,” says **Lisa Mannix**, Children’s manager of State Government Relations. “The training helps demystify the legislative process.” Participants learn concrete ways to get involved and pointers on how to communicate with legislators. Some want to learn how to advocate for causes close to their hearts that aren’t part of the hospital’s goals, and they’re encouraged to do that. “We brainstorm ways they can get involved with existing networks and strategize about advocacy tactics they can use to advance their cause,” says Mannix. The training culminates in a mock committee hearing at the State House, where trainees role-play a hearing.

It’s made a difference to volunteers. “I’m no longer hesitant to call officials or visit their offices,” says Lorenzo, who has also worked to form the Children’s Nursing Legislative Action Interest Group, which has met with legislators on nurse staffing ratios. She also assisted with a lobbying day for the Children’s Mental Health Campaign.

**Interested Children’s staff members and community residents are encouraged to participate in a training session or join the CAN to receive information on the hospital’s advocacy efforts. For more information, contact Lisa Mannix at [lisa.mannix@childrens.harvard.edu](mailto:lisa.mannix@childrens.harvard.edu) or visit [childrenshospital.org/advocacy](http://childrenshospital.org/advocacy).**

## Q&A

### What does it mean to be a safety net hospital?

For Children’s Hospital Boston, serving as a safety net means that we provide care for all children in Massachusetts regardless of their family’s ability to pay. We are actually the largest provider of medical care to low-income children in the state. Approximately 30% percent of our patients are insured by Medicaid. We’re also the largest provider of inpatient and outpatient services for Boston children. We provide care for children with incredibly complex cases who often have nowhere else to turn. More than 90 percent of the sickest children in Massachusetts come to Children’s, and many of the services they need are available only at our hospital.



**BY GARY R. FLEISHER, MD,** pediatrician-in-chief and physician-in-chief, Children’s Hospital Boston

We also provide an array of services that may be in limited supply, or not fully reimbursed by insurance. Families can access these services such as primary care at our community health center, the Martha Eliot (MEHC) and in our hospital-based Children’s Hospital Primary Care Center (CHPCC) and Adolescent Medicine Practice. In total, these departments provided more than 110,000 patient visits for primary care in 2008. We also offer specialty care in areas such as mental health. Our Department of Psychiatry, one of the leading providers of mental health services in Massachusetts, had nearly 15,000 outpatient visits, more than 800 inpatient consultations and 200 inpatient admissions on the hospital campus and at MEHC.

While we provide a wide range of services to improve children’s health, the hospital is by no means alone in engaging in this task. Community health centers also play a vital role in the safety net and broader health care system. Thus, we support the work of and have affiliations with ten Boston community health centers in addition to providing services at MEHC.

# Queen of peace

As an undergraduate, **Erin Collins** was committed to social justice, whether it was delivering food to people with HIV/AIDS or volunteering to assist poverty-stricken families in Appalachia.

But a series of heart-wrenching tragedies diverted her outreach efforts. While working with an at-risk youth program in Washington, D.C., two boys died after becoming victims of gun violence; one of them was shot over an argument about a bicycle. That same year, her friend also was shot and killed. "It was all so painful," she says, "After that, I moved away from volunteer work."

Collins took an administrative job with the Government of Puerto Rico. But after a few years, she felt unfulfilled, so she steeled herself and went back into outreach, working with homeless men in a medical recovery facility. It was here that her dedication to helping others was reignited, and she moved to Boston to get her master's degree in Social Work. Degree in hand, Collins came to Children's Hospital Boston's Inpatient Psychiatry Service, where she honed her clinical skills and became known for developing creative treatment plans.

In 2004, Collins took a position with the Children's Hospital Neighborhood Partnerships (CHNP) program, which aims to increase access to mental health services, deliver early intervention and prevention programming and build the capacity of community organizations to address mental health. Collins is part of the 33-member CHNP team that provides culturally appropriate counseling and treatment to children, parents and staff in 13

**In the 2007-2008 school year, CHNP provided mental health services and treatment to 259 children in schools and 556 children in health centers. More than 3,000 youth and 600 parents participated in early intervention and prevention activities.**

Boston schools and five community health centers. At each site, the team works with staff to determine needs, tailoring services to their unique resources and challenges. 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 as outsiders.

Through CHNP, Collins works at the John Marshall Elementary School in the Bowdoin-Geneva neighborhood of Dorchester, where she's been able to combine her clinical and outreach skills with her passion for violence prevention. The Marshall is located in an area that boasts physical beauty, strong intergenerational families, many religious groups and rich diversity. Yet, it also struggles with poverty and violence. The area has seen a surge in violence in recent years, especially around the school. Last year, a former Marshall student was found shot to death in the parking lot during the school day.

Collins has implemented a community violence-prevention initiative at the school. "Rather than pretending violence isn't happening, teachers allow me to come into classrooms and address



Erin Collins, MSW, LICSW

it in a direct way," she says. "It's freeing for the kids to have a venue to talk about living with the stress of poverty, negative influences and how violence impacts their lives." During these sessions, students often share stories about having lost someone due to gun violence. Collins helps them find ways to cope.

A few years ago, Collins instituted Peace Night, now the school's biggest annual event. Families share dinner, watch students' performances about peace and listen to their essays about people who have inspired them. "It's been amazing to see how the students are responding," says Collins. "It's also a great way for parents and the community to know more about their kids' hopes for the future."

It's been nearly eight years since Collins joined Children's and started working at the Marshall. During this time, her enthusiasm and commitment to the students have only grown. Teresa Harvey-Jackson, principal at the Marshall, describes Collins' dedication as selfless. "Not often in life do you meet an individual who gives so much of her time and devotion to people in need. She gives all she has to offer to our students, families and staff without any second thoughts. That's why our school has crowned her the 'Queen of Peace'!"

**For more information, visit [childrenshospital.org/chnp](http://childrenshospital.org/chnp).**

## CHNP partner sites

### Schools

Boston Arts Academy  
 Boston Latin School  
 Charles Sumner Elementary School  
 English High School  
 Fenway High School  
 Holland Elementary School  
 John Marshall Elementary  
 Lee Academy Pilot School  
 Maurice J. Tobin School  
 Patrick Lyndon School  
 Richard J. Murphy School  
 St. Patrick School  
 Young Achievers Pilot School

### Health centers

Brookside Community Health Center  
 The Dimock Center  
 Martha Eliot Health Center  
 South Cove Community Health Center  
 Southern Jamaica Plain Health Center

## Building strategic partnerships

The concept of partnering with others to achieve goals, build consensus or reach more people is nothing new. Boston, in particular, has a rich history of community leaders, grassroots organizations and larger institutions partnering with one another to improve community health. Improving the health and well-being of children and families is one of Children's Hospital Boston's four core missions, and partnerships have always been central to our strategy for transforming that mission statement into action. We're continuously looking for ways to strengthen and deepen our community partnerships, and I'd like to highlight some of our recent efforts to do so.

One thing we've done is to align our partnerships with the different roles we play within the Boston community: as a good neighbor to those communities in which the hospital and our own Martha Eliot Health Center (MEHC) are located; as a health partner working with city and community agencies to improve the health of Boston's children and families; and as a major employer and civic leader dedicated to the overall health of the city that's been our home for 140 years.

As a pediatric hospital, it's no surprise that many of our partnerships focus on the health of children and families. We also value partnerships that support the social, environmental and economic health of our surrounding neighborhoods: Jamaica Plain, Fenway, Roxbury and Mission Hill. One way that we act on this commitment to being a good neighbor is through our small grants program, the Community Partnerships Fund (CPF), which prioritizes funding for organizations in these four neighborhoods. Our goal is to support smaller, innovative groups such as the Roxbury-based EarthWorks Projects, which trains youth to grow fresh, organic fruit in urban orchards. Our commitment to being a good neighbor also involves working with MEHC to provide training to a coalition of community health centers, public housing developments and community residents to formalize a community-based response to violence in Jamaica Plain and Roxbury.

Our commitment to being a community health partner involves looking to community residents, community organizations, the Boston Public Schools (BPS) and the Boston Public Health Commission

(BPHC) to identify the health issues that are of the greatest concern to Boston children and families. By working with partners and conducting regular community needs assessments, we have been able to design programs that respond to some of the pressing community health needs for Boston children: asthma, mental health, obesity and injury prevention.

Children's approach also involves looking for opportunities to fill gaps in the healthcare system and to promote systemic change that can benefit children and families beyond those who participate directly in our programs. For example, we are building upon our current mental health partnership with the BPS to engage in a collaborative effort to identify all of the partnerships that exist through-

among others. In addition, Children's has actively participated in the launch and implementation of "Thrive in 5," a public/private collaboration focused on getting all the city's children ready for school. Our commitment to Boston's future includes providing young people with exposure to health careers through summer jobs. Last year, working with the Private Industry Council, the Parker Hill/Fenway ABCD, the Gateway program, Bromley-Heath Tenant Management Corporation and the Hyde Square Task Force, Children's provided 54 Boston high school students with full-time, paid summer jobs at the hospital through a comprehensive program offering professional development as well as workshops on financial literacy and applying to college.



Children's summer students with their managers including John Riordan on the far left.

out the BPS system. The hospital has also been a lead partner in a statewide, 130-member coalition that passed legislation to reform the mental health care system for children in Massachusetts. And we're teaming up with the BPHC to hold mental health forums across the city to solicit community input on how this new law should be implemented.

Children's also recognizes the importance of being an active civic leader, which includes playing a role in civic organizations devoted to the economic health of the city, including the Greater Boston Chamber of Commerce and A Better City,

Children's strongly believes that far more can be achieved working together than alone. Thus, building upon and always learning from our partners will continue to be a key part of our community mission. Together, we'll never give up on ensuring Boston remains a great city for children and families now and into the future.

By **JOHN RIORDAN**, director of Community Partnerships, Children's Hospital Boston

## Promoting child passenger safety

Children's Hospital Boston understands the importance of keeping children safe not only while they are patients in the hospital, but also once they leave. One of the most common types of unintentional injury among children occurs when they are passengers in vehicles—either they are not restrained in a seat belt or car seat, or their seat is not properly installed.

**Lois Lee, MD, MPH**, director of Children's Injury Prevention Program (IPP) dedicates much of her time at Children's to researching the causes and types of pediatric injuries and using the results to evaluate what can be done to prevent them. Lee, an advocate for child passenger safety laws, sees legislative advocacy as one way to promote prevention and safety. Last year, she supported Children's efforts to promote the booster seat bill in Massachusetts, which was signed into law last August. She also recently testified at the State House in support of the primary seat belt bill. "The only way lives can be saved is through prevention efforts like the seat belt law," she says. "Parents who wear seat belts are more likely to properly restrain their children in a car as well."

Lee and the IPP team also provide car and booster seats, along with training on how to properly use them, to low-income families receiving care in the Children's Hospital Primary Care Center and at the Martha Eliot Health Center. "By educating families about proper car seat usage and actually providing them with the right car and booster seats, we can hopefully help children have a much lower chance of getting hurt," says Lee.

The IPP team has also developed a pilot inpatient program that provides car seats, including ones designed for children with special health care needs, to in-need parents of children discharged from the hospital's inpatient units. IPP hopes to eventually expand the car seat program to the hospital's outpatient units and its satellite location in Waltham.

"Our ultimate goal is to ensure that every child is restrained properly," says Lee. "It's just one more way we can help keep children safe."

For more information, visit [childrenshospital.org/communitybenefits](http://childrenshospital.org/communitybenefits).



## Leadership for our community mission

Children's Hospital Boston relies on two leadership groups—the Board Committee for Community Service and the Community Advisory Board—to assist the Office of Child Advocacy in implementing the hospital's community mission. In addition to serving as ambassadors for the hospital in the community, members of both boards provide guidance on our overall strategy and on how we can address the needs of Boston children and families.

### Board Committee on Community Service:

**William L. Boyan**, Chair of Children's Board Committee for Community Service and Chair Emeritus and Current Member of the Board of Trustees  
**Zamawa Arenas**, Argus Communications  
**Barbara Capuano**, Raphael & Raphael, LLP  
**Sandra L. Fenwick** (ex-officio), Children's President and COO  
**Robert Gittens**, Northeastern University  
**Steven Gortmaker, PhD**, Harvard School of Public Health  
**Jackie Jenkins-Scott**, Wheelock College  
**Dennis R. Kanin**, New Boston Ventures, LLC  
**James Mandell, MD**, (ex-officio) Children's CEO  
**Margaret M. Noce**, Chair of Children's Community Advisory Board, Jamaica Plain Coalition: Tree of Life/Arbol de Vida  
**Thomas W. Payzant, PhD**, Harvard Graduate School of Education  
**Alan Retik, MD**, Children's Department of Urology  
**Mark Schuster, MD, PhD**, Children's Department of Medicine  
**Adita Vasquez**, Roxbury Courthouse and Martha Eliot Health Center's Advisory Board Chair  
**Gregory J. Young, MD**, Pediatric Physician's Organization at Children's

### Community Advisory Board:

**Margaret M. Noce**, Chair of Children's Community Advisory Board, Jamaica Plain Coalition: Tree of Life/Arbol de Vida  
**M. Laurie Cammisa, Esq.**, Children's Office of Child Advocacy  
**Yi Chin Chen**, Hyde Square Task Force  
**Willie Pearl Clark**, Mission Main Tenant Task Force  
**Katherine Cook, MSN, PNP**, Bowdoin Street Health Center  
**Patricia Flaherty**, Mission Hill Neighborhood Housing Services  
**Linda Grant, MD**, Boston Public Schools  
**Dorothy James**, Roxbury Resident  
**Makeeba McCreary**, Roxbury Resident  
**Judith Palfrey, MD**, Children's International Pediatric Center  
**Sheneal Parker**, Fenway Resident  
**Lauren Dewey Platt**, Fenway Resident  
**Laurie Sherman**, Mayor Menino's Office  
**B. Christopher Sumner**, Wheelock College  
**Roland Tang, MD**, South Cove Community Health Center  
**Michelle Urbano**, Boston Public Health Commission  
**Jean Wilkinson, PhD**, Martha Eliot Health Center

## Advocating success for kids and parents

For most school-aged children, learning can be a difficult but rewarding challenge. However, for some children—like those with learning disabilities and developmental-behavioral disorders—learning can feel like an insurmountable obstacle, made worse by the fact that their complex issues are sometimes unrecognized. Children with these challenges often become discouraged with their inability to perform well in school; as a result, their parents often struggle to understand how they can help them succeed.

**Alison Schonwald, MD**, medical director of the Advocating Success for Kids (ASK) program at Children’s Hospital Boston, is working to help these parents navigate through school systems to better evaluate and assist their children.

“These parents deserve to have their children’s needs met,” says Schonwald. “The case management and advocacy piece of the ASK program aims for the parents to feel supported. We want to empower parents to advocate for themselves and their children.”

ASK team members partner with families, offer case management to help obtain school-based services, and provide the information needed to become stronger voices for their children within the school system.

Low-income, at-risk Boston children may experience challenges in accessing the comprehensive consultations and evaluations needed to identify problems that may affect school functioning. Yet there is a wealth of data that shows the sooner a child’s learning and developmental-behavioral challenges are identified and appropriate interventions are begun, the better the long-term outcomes are for the child.

Schonwald recognizes that 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 optimize their identification and management of developmental disorders. As a result, Schonwald turned her expertise into a national leadership role in educating primary care providers about screening for developmental delays by developing a web site, [developmentalscreening.org](http://developmentalscreening.org), where providers can find free information about screening tools and learn ways to fit screening into practices.

“Parents come to us for a specific service which is otherwise hard to find,” says Schonwald. “When families and primary care providers need help supporting children with complex learning needs, the ASK team jumps to the front line, helping families find their own way.”

For more information on the ASK program, visit [childrenshospital.org/communitybenefits](http://childrenshospital.org/communitybenefits).

## Children’s kicks off new obesity prevention program with the Red Sox and Northeastern

On April 15th, 2009, Children’s Hospital Boston, the Boston Red Sox and Northeastern University celebrated the launch of a new pilot program to prevent childhood obesity called “Healthy Kids, Healthy Futures.” The initiative aims to engage early child care providers and caregivers to promote healthy eating and increased physical activity among pre-school age children living in the Fenway, Mission Hill, South End and Lower Roxbury communities of Boston. (Left to right) **James Mandell, MD**, CEO of Children’s, **Larry Lucchino**, President and CEO of the Boston Red Sox, **Mayor Thomas M. Menino**, **Joseph Aoun**, President of Northeastern University and **Sharon Scott-Chandler**, VP of Action for Boston Community Development (ABCD) gathered at the ABCD/Roxbury Head Start to kick off the initiative.



## Listening and responding to our community

To best meet the needs of children and families, Children’s Hospital Boston regularly “takes the pulse” of the community to identify and understand current local public health and social issues. It does this using both formal and informal mechanisms to learn from and involve the community. Children’s is now planning a formal health and wellness assessment to begin during the summer of 2009. For the first time, Children’s is collaborating with other local teaching hospitals to share resources and strategies to most effectively perform this analysis. The assessment, which Children’s conducts formally every three years, will include focus groups and interviews with key stakeholders such as community leaders, providers, advocates and families to better understand and identify met and unmet health needs, determine gaps in current services and recognize emerging health concerns.

In addition to the formal assessment process, Children’s uses other mechanisms to monitor community needs throughout the year. The hospital reviews public health data, participates in community forums and receives input from patients and families cared for in the hospital as well in our community programs.

Children’s encourages the active participation of its Community Advisory Board, whose members represent the neighborhoods served by the hospital, to provide guidance and offer feedback on community assets. The hospital also utilizes program-specific groups such as the asthma Family Advisory Board to gain the insight and perspective of parents.

We will report back on the results of this assessment in a future edition of the *kidvocate*. More information also can be found in Children’s Annual Report to the Massachusetts Attorney General, at [childrenshospital.org/communitybenefits](http://childrenshospital.org/communitybenefits).



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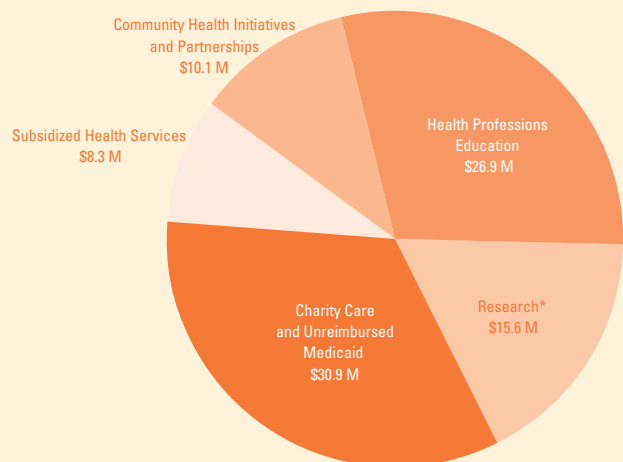
### Children's financial benefit to the community

Children's Hospital Boston was established as a hospital for low-income children in 1869, and we have grown from 20 beds to our current 397 beds. For 140 years, we have been delivering on our vision of advancing pediatric care with an impressive list of medical advances, from the first successful remission of leukemia in 1947 to our more recent successful correction of a heart defect in a fetus. We are New England's regional referral pediatric center and a safety net hospital for the most critically ill children and those from low-income families. We partner with the community to address the most pressing health care needs in our surrounding neighborhoods. The hospital trains more pediatricians and has the largest research program of any other pediatric hospital. As a not-for-profit, all of the hospital's resources go toward supporting these goals.

Children's invested \$91.8 million in fulfilling its community benefits mission in FY08. The chart here shows how this \$91.8 million has been invested.

For more information on our mission and non-profit status, visit [childrenshospital.org/taxexempt](http://childrenshospital.org/taxexempt).

Children's Investment in Community Benefits  
FY08 (\$91.8 million)



\* Estimate as of May 2009.



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