

Section 1.0

Introduction/Overview

1.0 INTRODUCTION/OVERVIEW

1.1 Introduction

Children's Hospital Boston (Children's or CHB or the Hospital) is the nation's premier pediatric medical center with a commitment to being a worldwide leader in the advancement of children's health. Founded in 1869 as a 20-bed hospital for children, the hospital has grown significantly and has a legacy of firsts that have improved the practice of pediatric care across the world. Children's is a 385-bed comprehensive center for pediatric and adolescent health care guided by the values of excellence, sensitivity, leadership, and community. 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.

Children's conducted a strategic planning initiative in 2005 and 2006 that identified an urgent need for new inpatient beds to serve its growing acute care patient population. To fulfill this need, in 2008 Children's proposed a vertical addition to its Main Building with 39 "net new" inpatient beds (the 2008 Main Building Vertical Addition) as part of its Institutional Master Plan (2008 IMP). Due to construction constraints associated with the proposed 2008 Main Building Vertical Addition, Children's decided to withdraw its plans for the two-story vertical expansion. To meet the immediate demand for acute care beds, Children's is now proposing a revised project as a substitute for the 2008 Main Building Vertical Addition. This substitute project, the Main Building Expansion (the Project), is a 14-story lateral expansion to Children's Main Building on the site of the existing 57 Binney Street building, including 30 "net new" beds (see Figure 1-1). The 14-story Main Building Expansion will not only address the immediate demand for acute care beds, but will also allow for the much-needed expansion of the Emergency Department, an increase in Radiology capacity, additions to Surgical areas and provision of new inpatient support spaces. The proposed 112,000 square foot Main Building Expansion offers Children's a true "bridge" project that addresses these immediate needs until the Hospital is positioned to finance and construct a building designed to meet its long-term clinical needs.

Children's is pleased to submit this Institutional Master Plan Notification / Notice of Project Change (IMPNF/NPC) to initiate Article 80D Institutional Master Plan Review to amend the IMP and to initiate Article 80B Large Project Review to substitute the proposed Main Building Expansion for the previously approved 2008 Main Building Vertical Addition.

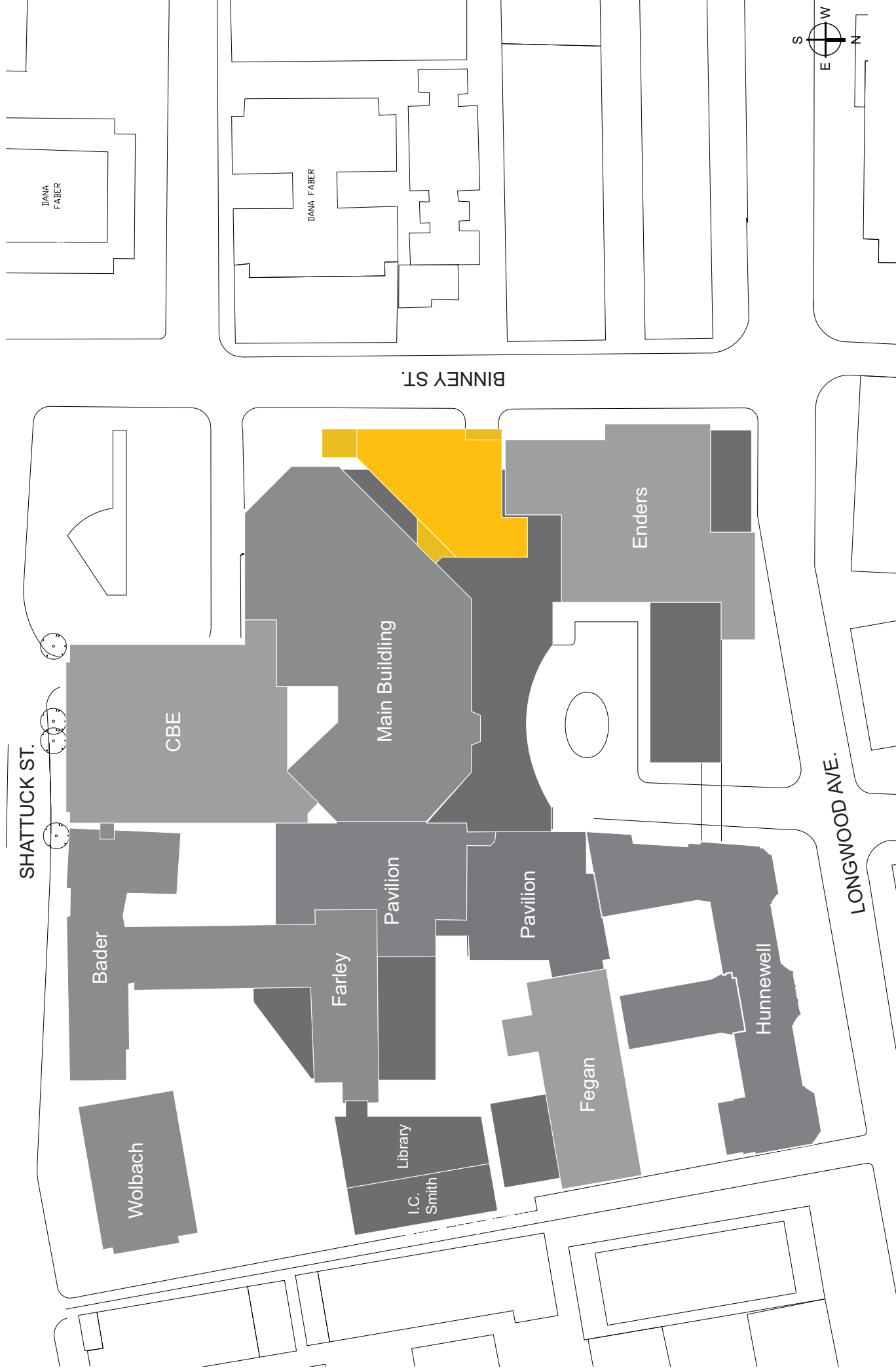


Figure 1-1 Main Building Expansion Project Site
Shepley Bulfinch
 Shepley Bulfinch Richardson & Abbott

Institutional Master Plan
1st Amendment - Main Building Expansion

1.2 General Information

1.2.1 *Previous Institutional Master Plan Review*

On January 30, 2007, Children's submitted an Institutional Master Plan Notification Form/Project Notification Form (IMP/NF/PNF) to the Boston Redevelopment Authority (BRA) initiating Institutional Master Plan Review and Large Project Review under Article 80D and Article 80B, respectively. The IMP/NF/PNF proposed two projects: the Main Building Inpatient Expansion (referred to as the Main Building Vertical Addition in this IMP/NF/NPC) and a Patient Care Center. The Main Building Vertical Addition proposed the addition of approximately 76,100 net new square feet of additional upper level floors and lobby and lower level expansion space to the existing Main Building and the demolition of an approximately 7,000 square foot building at 57 Binney Street. The proposed 15-story Patient Care Center contemplated inpatient beds, clinical spaces, and family support space as well as parking for patients and families on the site of the existing Enders Building. The IMP/NF/PNF also proposed incorporating in the 2008 IMP the provisions of the Development Plan for PDA No. 29, as amended, and the Development Plan for PDA No. 61, as amended (Phase 2 only), which areas are part of the Children's Core Campus.

The BRA issued an IMP Scoping Determination and a Large Project Review Scoping Determination for the IMP/NF/PNF on April 17, 2007. By letter dated December 6, 2007, Children's filed a Notice of Project Change for the Main Building Vertical Addition and Patient Care Center, requesting that only the Main Building Vertical Addition be considered for approval. Subsequently, the BRA issued a Modified IMP Scoping Determination and a Modified Large Project Review Scoping Determination on December 26, 2007.

On January 31, 2008, Children's submitted an Institutional Master Plan/Draft Project Impact Report (IMP/DPIR) for the Main Building Vertical Addition. The proposed Main Building Vertical Addition included the demolition of the 7,000 square foot 57 Binney Street Building and the addition of two stories comprising 60,375 Square Feet (SF)* for a total of 53,375 net new square feet and 39 "net new" beds. The BRA Board approved the Children's IMP and Main Building Vertical Addition in April 2008. The Boston Zoning Commission approved the 2008 IMP on May 28, 2008, and Map Amendment No. 491 creating the "I" District was approved by the Boston Zoning Commission on May 28, 2008 and executed by the Mayor on May 29, 2008.

* All references to "SF" for Boston buildings have been calculated in accordance with the definition of "Floor Area, Gross" under Article 2A of the Boston Zoning Code.

1.2.2 *Status of 2008 IMP Projects*

1.2.2.1 2008 Main Building Vertical Addition

Upon review, construction constraints associated with the approved Main Building Vertical Addition caused major concerns about cost efficiency and the ability to meet the demand for patient care during the construction process. When the Main Building was built in the mid-1980's, the underground foundations and structural columns were sized for additional floors to be built in the future. However, the facility was finished with a conventional built-up roof, but one which had no structural capacity to carry the load of additional floors. Therefore if the 11th and 12th floors were to be added on top of Main Building's 10th floor, it was determined that all of the fifty-two Inpatient beds located on the 10th floor would either need to be completely vacated during the placement of the structural steel support system (itself a several month process), or the project would have to be constructed in so many 'mini-phases', as to elongate the project by as much as 18 months. The schedule and construction issues created an economically infeasible cost impact related to the protection of existing patients and duplication of existing support spaces (i.e., Nurse's Stations, pharmacy and equipment storage, etc.). Further, because of the intensive care nature of those patients who are presently treated on the 10th Floor, there were no suitable replacement beds elsewhere in the Hospital to relocate these patients during construction. Consequently, after much discussion, Children's concluded that, implementation of the Main Building Vertical Addition was not feasible. Accordingly, Children's seeks now to replicate some of those proposed services and inpatient beds that were to be contained in the Main Building Vertical Addition by construction of the Main Building Expansion project, as described in Section 2.1 below.

1.2.2.2 Ongoing Upgrades to Existing Facilities

Children's will continue to pursue facility and campus upgrades as described in Section 4.2.2 of the 2008 IMP. Campus upgrades planned for the term of the IMP included the Fegan Elevator Bank – a proposed elevator addition of 1,300 square feet to the Fegan Building that would provide up to three new elevator shafts to improve the movement of patients, visitors and staff around the hospital, in particular between the front entrance and ambulatory care in Fegan. At this time, Children's still plans to move forward with the Fegan Elevator during the term of the IMP.

As part of the 2008 Main Building Vertical Addition, Children's planned to undertake a series of lobby improvements. With the decision to eliminate the 2008 Main Building Vertical Addition, Children's also decided to defer plans for lobby improvements in the immediate future. However, Children's intends to upgrade the Main Building lobby during the term of the IMP.

1.2.2.3 Campus Vision

As described in the 2008 IMP, Children's is actively planning for its future to ensure that its facilities both on and off campus meet future needs. Two projects outlined in Section 4.4 of the 2008 IMP relating to the Campus Vision included the anticipated development of the Patient Care Center on the site of the Enders Building and the development of Children's 819 Beacon Street property.

Patient Care Center

As described in Section 1.1, the proposed Main Building Expansion on Binney Street will not only provide the Hospital needed relief from the acute shortage of inpatient beds with 30 "net new" beds but will also allow for much-needed expansion of the Emergency Department (with exam rooms and observation beds), Radiology Department, Surgical capacity and inpatient support services.

With the proposed Main Building Expansion solving the Hospital's pressing clinical needs, Children's long term planning efforts now foresee the preservation of the existing John Enders Laboratory building, rather than its demolition and removal, as was described in the 2008 IMP. The 2008 IMP envisioned the Patient Care Center (PCC), located at Binney Street and Longwood Avenue, as a clinical building with inpatient beds, family support spaces and parking. As part of this IMP Amendment, Children's now envisions the Patient Care Center as part of its Campus Vision sited internal to the campus.

The Patient Care Center program will likely include 12 to 14 stories of additional inpatient beds to increase the quantity of acute care beds, solve the "double bedded room" problems, enhance patient satisfaction, and reduce the risk of error and infection.

819 Beacon Street

Development of 819 Beacon Street is not included as a proposed Children's project at this time but will continue to be an integral part of the future campus vision for Children's Hospital. During the term of the IMP, Children's will continue to evaluate the site and the appropriate use for its development. Children's contemplates a residential, office and/or medical office building along Beacon Street and a parking structure to be located south of the building. If and when the Hospital wishes to pursue development of this parcel, the Hospital will seek an amendment of the IMP as well as a Map Amendment including 819 Beacon Street as part of the Institutional Master Plan Area.

1.3 Project Team

Proposed Project:	Main Building Expansion
Address/Location:	Longwood Medical and Academic Area
Proponent:	Children's Hospital Boston 300 Longwood Avenue Boston, MA 02115 (617) 355-6000 Charles Weinstein, Esq., Vice President Real Estate, Planning and Development Paula Quan, Executive Director of Corporate Real Estate David Peck, Director, Facility Planning
Master Plan Architects:	Shepley Bulfinch Richardson & Abbott 2 Seaport Lane Boston, MA 02210 (617) 423-1700 Uma Ramanathan Sara Gardner
Environmental Consultants:	Epsilon Associates, Inc. 3 Clock Tower Place, Suite 250 Maynard, MA 01754 (978) 897-7100 Cindy Schlessinger Katherine Fuller Geoff Starsiak
Legal Counsel:	Goulston & Storrs 400 Atlantic Avenue Boston, MA 02110-3333 (617) 482-1776 Marilyn Sticklor, Esq. Kevin J. Renna, Esq.
Transportation Consultants/Civil Engineers:	VHB/Vanasse Hangen Brustlin 99 High Street Boston, MA 02110 (617) 728-7777 Sean Manning, PE, PTOE Ellen Donohoe

1.4 Description of Children's Hospital Boston

1.4.1 *Mission*

Children's vision is to advance pediatric care worldwide. The Hospital's four interwoven missions are: 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.

The 2008 IMP identified Children's mission relative to patient care, teaching and research. These focus areas are summarized below:

- ◆ ***Patient Care*** - Children's Hospital Boston offers a complete range of health care services for children from birth through 21 years of age. In addition, when medical circumstances require long-term, follow-up care, the Hospital often treats adult patients as well. The Hospital's clinical staff represents more than 30 pediatric specialty services and 150 pediatric subspecialty services. Children's is the largest provider of health care to the children of Massachusetts and the largest provider of care to children that are uninsured or covered by Medicaid in Massachusetts.

Increasingly the focus of the Core Campus is on high-level tertiary and quaternary care. For those patients whose needs may not be as complex, the Children's Hospital Network, in collaboration with leading community hospitals, provides convenient access to pediatric medical care and the expertise of Children's specialists in thirteen locations throughout eastern Massachusetts.

- ◆ ***Teaching*** - Home to the largest, most comprehensive pediatric medical and surgical training program in the United States, Children's Hospital Boston attracts about 775 residents (research/clinical) and Fellows from around the world each year. Children's also supervises 200 – 250 medical students in clinical pediatric rotations every year. The Hospital has worked to integrate advocacy education and to encourage local community outreach among its medical residents.
- ◆ ***Research*** - Children's Hospital Boston is also home to one of the world's largest pediatric research facility. Within the John F. Enders Pediatric Research Laboratories (named for the 1954 Nobel Prize recipient who cultured the polio and measles viruses at Children's) and Karp Family Research Laboratories are 1,500 principal investigators, research fellows, post-doctoral students, medical students and laboratory technicians searching for answers to some of the most perplexing childhood as well as adult illnesses and diseases. In addition, CHB leases approximately 167,181 SF of the Center for Life Sciences Boston. CLSB research will include Neuroscience, Genetics, Otolaryngology, Genomics, Endocrine and Obesity programs.

- ◆ **Community** - Children's Hospital Boston is dedicated to enhancing the health and well-being of children and families in the local neighborhoods, through robust community benefits programs and partnerships. (These are discussed in Appendix A.)

Children's Hospital 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 often 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 the 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.

The proposed Main Building Expansion furthers the CHB mission by expanding the Hospital's patient care capacity by 30 "net new" beds and providing expanded Emergency Department, Radiology and Surgical services. Providing these beds and services will help CHB continue its tradition of the highest quality of diagnosis and treatment of pediatric diseases.

1.4.2 Research Milestones

Children's has been a leader in child health for more than 130 years. Section 1.2 of the 2008 IMP outlined Children's historic milestones in patient care and research. With more than \$225 million annual funding and more than 800,000 square feet of state-of-the-art laboratory space, Children's is the world's largest and most active research enterprise based at a pediatric hospital. Since submittal of the 2008 IMP, Children's has continued its tradition as a premier pediatric research facility and has achieved numerous firsts in 2008, including:

- ◆ The implication of a half-dozen new genes in autism, all of which are involved in synapse formation in the brain, and some of which could potentially be reactivated.
- ◆ The successful reprogramming of mature human cells to create cells much like embryonic stem cells, including 10 disease-specific cell lines that will allow researchers to study these diseases' root causes.
- ◆ The discovery that melanoma can be halted by targeting cancer stem cells.
- ◆ The discovery, in rats, that an Alzheimer's drug may reduce the brain damage and cerebral palsy that afflict many premature infants.

- ◆ The discovery, in mice, of a factor that can trigger the brain to rewire itself and make new connections, a finding with implications for developmental disorders and patients recovering from stroke or brain injury.

1.4.3 Existing Campus and Facilities

The Hospital's campus in Boston is comprised of two main properties:

- ◆ **Core Campus:** The Core Campus totaling approximately 461,386 SF or 10.6 acres (excluding the approximately 14,777 square foot portion of Blackfan Circle that is currently open to public use and not included within the "Lot Area") includes areas to the south and north of Longwood Avenue, as well as the site of the 340 Brookline Avenue Garage (the future site of the approved Longwood Research Institute project, which has not yet been constructed).
- ◆ **Autumn Street:** The 0.9-acre Autumn Street parcel is bounded by Autumn Street, Longwood Avenue, and the Riverway, and includes two buildings: 1 and 21 Autumn Street.

Children's also owns a 1.6-acre property at 819 Beacon Street in Boston, north of the LMA, which is currently used as remote surface parking (249 spaces), which is described in the 2008 IMP but which was not included in the Institutional Master Plan Area under Map Amendment No. 491; this property will be included in a future Map Amendment as an Institutional Master Plan Area in connection with a future amendment of this IMP.

Buildings owned by Children's in Boston are presented in Table 1-1 along with their principal uses, year built, number of floors, and building area.

Children's Campuses and Buildings Outside Boston

Outside Boston, Children's owns the following properties:

- ◆ a campus in Waltham with approximately 400,000 SF of building area;
- ◆ a facility in Lexington in a joint venture with Beth Israel Deaconess Medical Center, approximately 60,000 SF;
- ◆ a ground lease with an option to purchase property in Brookline, One and Five Brookline Place, totaling approximately 110,000 SF;
- ◆ Two and Four Brookline Place which is to be developed for medical office, administrative office and retail uses and parking under a development agreement with an option to groundlease, totaling approximately 252,000 SF;

Table 1-1 Existing Facilities

Hospital-owned Facilities in LMA	Year Built	Principal Uses	Floors Above / Below Grade	Height in Feet*	Zoning SF
Core Campus, South of Longwood Avenue**					
Bader	1930	Hospital Use: Inpatient and Ambulatory, Offices, Diagnostics / Treatment	7 / 1	80	74,146
Enders	1971	Research, Public Assembly	13 / 2	227	146,311
Enders Expansion	1990	Research, Public Assembly	13 / 2	227	141,384
Farley	1956	Hospital Use: Ambulatory, Offices, Diagnostics & Treatment	9 / 2	97	130,837
Fegan	1966/67	Hospital Use: Ambulatory, Offices, Support Space	11 / 1	162	100,674
Hunnell	1914	Hospital Use: Ambulatory, Offices	5	65	98,044
Ida C. Smith	1924	Hospital Use: Offices	1	25	3,438
Library	1994	Hospital Use: Library	1	25	5,518
Main	1988	Hospital Use: Inpatient, Offices, Diagnostics & Treatment	10 / 1	138	281,606
Main South	2005	Hospital Use: Inpatient, Offices, Diagnostics & Treatment	11 / 1	186	190,800
Pavilion	1974/79	Hospital Use: Inpatient, Offices, Diagnostics & Treatment	6	48	54,281
Wolbach	1914	Hospital Use: Offices (plus 9 parking spaces)	3	54	28,405
57 Binney Street	1993	Hospital Use: Offices	2	22	7,000
Subtotal					1,262,444
Core Campus, North of Longwood Avenue					
Karp Family Research Building, Blackfan St.	2003	Research, Public Assembly, Parking (288 spaces)	12 / 5	206	269,762
Patient & Family Garage, Longwood Ave	1995	Parking (650 spaces)	8 / 1	68	215,854
Longwood Research Institute***	2012	Research, Public Assembly, Parking (330 spaces)	18 / 5	298	440,000
Subtotal					925,616
Autumn Street					
1 Autumn Street	1977/2003	Hospital Use: Offices	6 / 1	60	80,106
21 Autumn Street	1929/2001	Hospital Use: Offices	6	53	29,233
Subtotal					109,339
TOTAL					2,297,399

* Heights not surveyed. Most heights were taken from the MASCO SketchUp Model of the LMA, September 2007

** All addresses are 300 Longwood Avenue unless otherwise noted.

*** The Longwood Research Institute parcel was purchased in 2006, commencement of construction has not been determined. Prior to construction of the LRI, the existing 340 Brookline Avenue Garage (formerly the BIDMC East Campus Parking Garage), which contains 117,850 square feet of Gross Floor Area and 454 parking spaces, will remain. A portion of the 454 spaces will likely be leased to BIDMC during such interim period (and BIDMC and Children's also may agree to swap the location of parking spaces, so that CHB will have use of some spaces in BIDMC facilities and BIDMC will have use of an equivalent number of spaces in CHB facilities).

- ◆ a building with approximately 11,800 SF in Brookline at 241 Kent Street used for extended stay family housing for parents of inpatients; and
- ◆ a 25-acre campus in Peabody with 365,000 SF of space, with the majority of the space leased to commercial and industrial tenants. Children’s is currently planning a renovation of the vacant space as well as new construction to create ambulatory clinic space totaling approximately 40,000 SF.

Leased Spaces

As indicated in Table 1-2 below, Children’s leases space as a tenant in Boston for offices and ambulatory care, as well as approximately 25,000 SF of space for the Martha Eliot Health Center in Jamaica Plain. The parcel at 333 Longwood Avenue, adjacent to the Core Campus, is comprised of an office building on approximately 1.1 acres, which is owned by a private joint venture in which Children’s has an interest; a portion of this building is leased to Children’s, and a portion is leased to other tenants. Children’s recently executed two leases in the new Center for Life Sciences on Blackfan Circle near the Core Campus.

Additional space is leased outside of Boston, also shown in Table 1-2. Since the approval of the 2008 IMP, Children’s has terminated its lease at one leased facility outside Boston, as the location and size does not meet the hospital’s strategic objectives. A new lease at 20 Hope Avenue provides additional administrative space. All other leases will be maintained and extended, as they serve the hospital’s mission in providing direct patient care or operational support.

In addition to space leased by Children’s, space for Children’s physicians is made available at other medical centers in the area, including at Beverly Hospital and the MetroWest Medical Center in Framingham. Children’s is not a tenant at these medical centers.

Table 1-2 Leased Space

Leased Space	Uses	Square Feet	Lease Expiration
Boston			
333 Longwood Avenue*	Hospital Uses: Ambulatory, Offices, Parking	57,551	various 2009 – 2013
Longwood Galleria	Hospital Uses: Offices	3,703	2012
1295 Boylston Street	Hospital Uses: Offices	83,021	various 2028
20 Overland Street	Hospital Uses: Offices	7,156	2014
Martha Eliot Health Center	Hospital Uses: Ambulatory, Offices	25,345	2011
120 Brookline Avenue	Administrative Office	19,750	2012
Center for Life Sciences Boston	Hospital Uses: Research	150,215	2023
	Hospital Uses: Research (Immune Disease Institute Sublease)	16,966	2023
Subtotal		363,707	

Table 1-2 Leased Space (Continued)

Leased Space	Uses	Square Feet	Lease Expiration
Outside Boston			
128 First Avenue, Needham	Administrative Office	6,463	2022
Lahey/Peabody	Hospital Uses: Ambulatory, Offices	6,573	2011
Caritas Norwood	Clinical uses	1,873	Tenant at will
Caritas Good Samaritan	Clinical uses	1,678	Tenant at will
South Shore Hospital	Clinical uses	3,950	2011
20 Hope Avenue	Administrative Office	3,390	2016
Subtotal		23,927	
Total Leased Space		387,634	

* 333 Longwood property is co-owned by Children’s with a private joint venture and leased back to Children’s as well as other tenants.

1.4.4 Area Context

Section 2.4 of the 2008 IMP described the urban context of the Children’s campus, addressing land use, density, building heights, open space, view corridors, and pedestrian and vehicular circulation. No material changes to the area context have occurred in the past year since approval of the 2008 IMP. Under the 2008 IMP, the approved FAR was 4.86 to reflect the demolition of 57 Binney Street, construction of the Main Building Vertical Addition project, the completion of the Fegan Elevator Bank, and construction of the Longwood Research Institute. These improvements contemplated under the 2008 IMP have not been constructed to date.

1.5 Facility Needs and CHB Objectives

1.5.1 Summary of Immediate Facility Needs

Since its inception, Children’s has continuously adjusted with the changes in healthcare requiring updates to its facilities in order to meet the medical needs of the community. Many of the facility issues facing Children’s today have existed since the hospital first opened. While the hospital has created much needed new clinical and research space in the past few years, the campus continues to experience limitations such as insufficient bed capacity, constrained space for families and restricted patient and family parking facilities. In addition, Children’s needs to address the emerging trends of pediatric care. Specifically, Children’s will need to accommodate the increasing demand for specialized pediatric care, to provide space for higher acuity patients, to increase the Hospital’s supply of single bed rooms, and to adapt its space to new technologies.

1.5.2 *Proposed Main Building Expansion Objectives*

The 2008 Main Building Vertical Addition was intended to accommodate the immediate needs for inpatient beds on the Core Campus. Due to the challenges of constructing the previously approved project described in Section 1.2.2.1, Children’s is proposing to substitute for that project the Main Building Expansion on the footprint of the existing temporary 57 Binney Street building. In addition to providing an alternate, efficient solution to inpatient bed growth, the Main Building Expansion provides additional growth space and patient care capacity for the Emergency Department, Radiology, and the Surgical Suite. The proposed Main Building Expansion will also provide much needed support space such as “on call” rooms, offices, conference and training areas, and parent sleep accommodations.

By utilizing the 57 Binney site, the Main Building Expansion will add incremental services to existing clinical floors in the Main Building, effectively expanding the existing floor plate in a lateral fashion, from 281,606 SF by an incremental factor of approximately 10,000 SF per floor. Because of the “landlocked” nature of Main Building, opened in 1988 with 281,606 SF, the clinical floors currently experiencing the greatest density (i.e., the Emergency Department, the Operating Room suites and the Radiology Department) are also the floors where the proposed Main Building Expansion can make an immediate, positive impact with the planned expansion of those floors to meet the growing needs of the Emergency Department, the Operating Rooms and Radiology.

In an urban setting such as the LMA, where space of any kind is at a premium, the Main Building Expansion’s slender addition will help solve the strategic need for expansion of those Departments, while also providing approximately 30 “net new” inpatient beds, helping to consolidate specialized clinical eight-bed units (such as Bone Marrow Transplant, Cardiac Surgery, etc) in an unobtrusive manner, by simply expanding the existing floor plate of the Main Building.

1.6 Public Benefits

1.6.1 *Community Benefits*

Children’s Hospital Boston is the only independent pediatric hospital in Massachusetts - and that singular focus on children and their distinct needs is key to Children’s work with and in the local community as well. Children’s is known for excellence in patient care, teaching, and research, but promoting community health is also one of the Hospital’s core missions. 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.” The Hospital works towards this vision on four levels:

1. **servicing 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. **targeting 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. *speaking 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. *supporting 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.

A copy of the Hospital's 2008 Annual Report on Community Benefits is provided as Appendix A.

1.6.1.1 **Serving as the Community/Safety Net Hospital for the Children of Boston**

Children's Hospital 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 often 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 the 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 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 may be unavailable elsewhere or are available only in very limited capacity, such as primary care (with particular attention to children with special health care needs), 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.

Children's is the leading provider of health care to low-income children in Massachusetts. Approximately 30 percent of the Hospital's patients are uninsured or have coverage through public insurance. The Hospital is committed to being a safety net provider, treating all pediatric patients from Massachusetts regardless of their ability to pay. Children's is also the community hospital for the children of Boston, and is the largest provider of inpatient and outpatient services to these children. More than half of all children hospitalized in the city of Boston come to Children's.

The Hospital provides access to primary care services through the Martha Eliot Health Center, the Hospital's community health center in Jamaica Plain, the Children's Hospital Primary Care Center (CHPCC), and the Adolescent/Young Adult Medicine Program. These programs provide primary care as well as a wide range of services to address the health and social welfare needs of the patients and families Children's serves. Children's also is affiliated with eleven of the city's community health centers: Bowdoin Street, Brookside, Dimock, Joseph Smith, Sidney Borum, South Cove, South End, Uphams Corner and Whittier Street. The community health centers are key allies in improving access to care, as well as developing and implementing community health initiatives.

1.6.1.2 Focusing on the Most Pressing Health Care Needs: Asthma, Mental Health, Injury Prevention, Fitness and Nutrition

Children's Hospital's commitment to helping children and families stay healthy and safe goes far beyond the Hospital's walls. Children's supports a wide variety of programs and services that improve the health of children and families in the community. 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.

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. The Hospital completed comprehensive need assessments in 2004 and 2006 to direct its community programs to the most pressing health needs impacting children and families in Boston. That input, plus a review of public health data, showed that asthma, mental health, obesity, and prevention of injuries were the most pressing and prevalent health issues for children in Boston.

Asthma

Asthma is the leading cause of hospitalization at Children's. The Hospital is the largest provider of clinical services to children with asthma in Massachusetts, with more than 17,650 inpatient and outpatient visits for asthma as a primary or complicating diagnosis in FY08. 70% of these hospitalizations are Boston patients.

Changing these statistics requires an all-out effort, combining patient care, research, training, community health, 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.

The **Community Asthma Initiative (CAI)** is the Hospital's program focused on improving the asthma management of Boston children and families – 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.

Mental Health

Children's Hospital Boston is one of the leading providers of mental health services to children. 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 3,100 children and youth and 640 parents reached with early intervention and prevention activities in the community.

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 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.

Direct services, and training of providers, 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.

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.

Injury Prevention

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, with a focus on Home and Travel Safety. The program's leaders also conduct research to better understand which children are at highest risk and what interventions can be developed to help.

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, 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.

Fitness and Nutrition

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 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 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.

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.

1.6.1.3 Speaking Out As a Voice for Children

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.

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.

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.

1.6.1.4 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.

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.

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, including through CHNP and ASK. 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 provided 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 – including the Child and Adolescent Mental Health Coalition, the Boston STEPS Initiative and the 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.

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 Core 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.

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. Part of the Hospital's IMP Mitigation included Children's making a one-time donation of a total of \$60,000 to the Boston Redevelopment Authority, to be distributed to Sociedad Latina to support two of their programs: Youth NOISE and Unique Rhythm. This will provide \$10K per year, per program, for three years. Children's looks forward to being a partner in both of these important initiatives.

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 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. Most recently, the Hospital's package of support related to the 2008 IMP includes \$50,000 for each park.

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.

As one of the largest institutions in Boston and in Massachusetts, Children's feels an important responsibility as a civic leader, particularly by 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. The Hospital is 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. 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, President and Chief Operating Officer, also was chosen by Mayor Menino to co-chair 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.

1.6.2 Workforce Development and Training

The Hospital takes its roles as an employer and civic leader seriously and seeks to advance these through comprehensive workforce development efforts. The Hospital has created a new position in the Human Resources (HR) department called Senior Workforce

Development Specialist and has hired a seasoned HR professional to this post. She will lead a multi-disciplinary team at the hospital to further develop and advance the Workforce Development plan at Children's. This will include improved tracking of current activities, as well as exploring new opportunities. 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 with a 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, and 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.

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 career pipelines, the hospital provides significant tuition assistance and some scholarships to all eligible employees to further their education.

1.6.3 *Employment*

As of 2008, approximately 20,000 people work at Children's and at its facilities throughout greater Boston, which includes more than 12,000 "associated personnel" who work, study, or volunteer at Children's. Approximately 34 percent of all hospital personnel are Boston residents.

Children’s has 8,832 employees who are paid directly from the Hospital, which is an increase of over 1,000 since 2006 (the last time the data was collected). According to 2008 year end data, 2,744 of the hospital’s 8,832 employees are Boston residents. Over \$131 million in salaries was paid to these CHB employees who live in the City of Boston.

Table 1-3 demonstrates that employees who are Boston residents hold a full range of positions at Children’s Hospital Boston. Notably, the numbers of Boston residents employed at the Hospital has increased overall, and in the categories of Professionals and Officials/Managers.

Table 1-3 Boston Resident Employees

Job Category	Boston Resident Employees	Percent	All CHB Employees	Percent
Craft Workers (Skilled)	11	.4%	75	.8%
Office and Clerical (Admin. Support Workers)	663	24%	1512	17%
Officials and Managers	112	4%	502	6%
Professionals	1260	45%	5134	58%
Service Workers	324	12%	516	6%
Technicians	374	14%	1090	12%
Other	0	0%	3	0%
TOTAL	2744		8832	

Source: CHB Human Resources; Dec. 31, 2008

The construction of the Main Building Expansion will contribute directly to the local economy by creating construction jobs. The range of new jobs is anticipated to be 25 jobs a month in the early phases of construction and reaching approximately 130 jobs during the peak construction months. Furthermore, it is anticipated that the Main Building Expansion will result in the creation of up to 425 permanent new jobs at Children’s.

1.6.4 Linkage

Under Section 80B-7 of the Boston Zoning Code, projects that require zoning relief and will devote more than 100,000 square feet of space to “development impact uses” must make contributions to the City of Boston’s Neighborhood Housing Trust and Neighborhood Jobs Trust. Hospital use, including ambulatory care, is a development impact use triggering these linkage obligations. Children’s Hospital has honored the Development Impact Plan executed in 2000 related to the construction of the Karp Family Research Building and the new clinical building, Main South. As such, the construction of these buildings have not only made a positive impact on the Hospital’s staff, patients, and their families, but the associated linkage payments have enabled Children’s to support job and housing creation in Boston as well.

Consistent with its commitment to both the City of Boston at large, and to its surrounding neighborhoods, the Hospital has occasionally directed its linkage support to specific local projects, when possible. With the jobs linkage payments for both buildings, the Hospital provided a total of \$339,000 to the Boston Health Care and Research Training Institute.

Following in the tradition of decades ago when the Hospital invested in Phase 1 of Back of the Hill housing in Mission Hill, the Hospital paid \$359,000 of the research building housing linkage to support the development of the Back of the Hill Community Housing Initiatives.

In addition, Children's has made unrestricted contributions to the Neighborhood Housing Trust, including \$229,000 from the research building project and \$842,510 from the clinical building project.

The Hospital will continue to fulfill its commitment to making linkage payments, and will work with the BRA to identify appropriate projects in impacted neighborhoods.

1.6.5 Voluntary Payments to the City of Boston

Children's Hospital Boston has made annual voluntary payments to the City of Boston for nearly a decade and is in continual discussions with the Assessing Department regarding this support.

1.6.6 Additional Economic Benefits

In May 2007, the Hospital retained the services of Pittsburgh-based research firm Tripp Umbach to provide an in-depth analysis of the business volume, employment, and tax revenue impacts provided by Children's Hospital's operations to the City of Boston. Tripp Umbach is the nation's leading provider of economic impact analysis for teaching hospitals and medical schools, having completed more than 150 similar projects.

Children's Hospital Boston's total business volume (overall) impact is the sum of direct and indirect impacts. The direct impact stems from the in-city spending of the following principal groups: expenditures for capital improvements, and goods and services; the spending of staff, physicians, residents, and researchers; the spending of out-of-city patients (external to the hospital); and the spending of out-of-city visitors. The indirect impact is derived from these direct, first-round expenditures, which are received as income by businesses and individuals in the city and re-circulated through the economy in successive rounds of re-spending. During 2006, Children's had an overall business volume impact on the City of Boston of \$533 million.

A major misconception is that health systems do not generate government revenue. While Children's Hospital Boston is a non-profit institution, the City of Boston still receives substantial revenue as a result of both the direct and indirect influence of this health system. The Tripp Umbach models calculate the indirect revenue benefits accruing to the area

based on the business volume generated by the spending of the health system's population. The direct government revenue is the amount paid, or anticipated payment, by the health system entities directly to the government. In 2006 more than \$27.7 million in city revenue was generated directly and indirectly by Children's Hospital Boston.

More recently, Children's Hospital has examined the benefits the hospital provides as a tax exempt institution relative to what the obligations would be as a taxable institution. Children's engaged Ernst and Young to estimate the hospital's tax liabilities for federal, state and local obligations for FY07 if Children's were not tax exempt; they found the number would have been \$42 million. They also used a conservatively applied formula developed by the Internal Revenue Service to estimate the "community benefits" for the same year and found that it totaled \$79 million.

1.7 Public Participation

Children's is committed to an open and inclusive public process, and as the IMP Amendment process progresses, Children's will continue to seek input from community representatives, neighbors and stakeholders, as well as public and elected officials. Children's has met with or will meet with community representatives from MASCO, Fenway Civic Association, Fenway Community Development Corporation, Roxbury Tenants of Harvard, Sociedad Latina, and Mission Hill Neighborhood Housing Services. In addition, CHB has met with or will meet with city agencies and state officials including the BRA, Office of Jobs and Community Services, Mayor's Office of Neighborhood Services, Boston City Council President Michael Ross, Boston Transportation Department, Boston Civic Design Commission, Assessor's Department, Boston Public Health Commission, Representative Jeffrey Sanchez, Senator Sonia Chang-Diaz, and Senator Steve Tolman. The Main Building Expansion Project has also been presented to the LMA Forum. Children's looks forward to continuing to meet with the LMA Forum, the Task Force and other interested parties as the review process unfolds.