Dear Readers,

We’re proud of the efforts made to support the health and well-being of children, youth and families in our community. In this Annual Report, we’d like to share a few examples with you.

We often hear from parents and community partners that more resources are needed to help families eat healthy. We understand it can be difficult to please that picky eater or find time to shop and prepare a meal during a busy week, especially when the budget is tight. One initiative making it a little easier is Cooking Matters, which gets parents and children cooking together with health and cost in mind. See page 3 for details on how this program gets families chopping.

Every summer, the clinics, offices and halls of Boston Children’s Hospital get brighter thanks to some energetic and fresh faces. We welcome students from Boston schools and hire them for 6-week internships. Some students work in administrative areas to learn what it takes to keep the hospital running, while others experience firsthand how we care for patient families. Read more about one of these students on page 6.

Poverty is not an obstacle easy to overcome and its consequences affect almost every aspect of child health. Our Primary Care Center at Longwood provides treatment, care and support to children and families who come from many different socio-economic backgrounds. Primary care settings at Boston Children’s or elsewhere are well-suited to identify and help address the health and social needs of families. See page 8 to learn how our Primary Care Center goes a step further.

Another place that we connect with children and youth is in schools. We’ve been providing community-based behavioral health care in schools for the last 15 years. Through our Department of Psychiatry’s Boston Children’s Hospital Neighborhood Partnership Program (BCHNP), we’ve come to understand the needs of students, parents, teachers and schools. Recently, BCHNP has been able to expand and provide professional development opportunities to school staff so that they can better help students with social, emotional and behavioral health concerns. We’re excited to provide an update on page 10 about this effort.

For more information about our community mission and programs, visit BostonChildrens.org/community.

Sandra L. Fenwick  
President and Chief Executive Officer

Shari Nethersole, MD  
Executive Director for Community Health

Cover and Right: Participants in the Cooking Matters class held at the Julia Martin House in Jamaica Plain.
Families Get Cooking!

Chopping, learning and tasting were on the agenda for families taking part in a cooking class hosted by Cooking Matters and Boston Children’s Hospital’s Fitness in the City Program (FIC).

Boston Children’s at Martha Eliot Health Center is one of 11 Boston community health centers participating in FIC. Patients are referred by their primary care physician to the program. A case manager works with the child and their family to make the changes needed to maintain a healthy weight. Families are also connected to local and culturally-appropriate resources and physical activity opportunities. Nutrition education varies at each health center but usually will include meetings with a nutritionist, group classes or supermarket tours. At Martha Eliot, the FIC team partnered with Cooking Matters to provide cooking classes for enrolled families.

The families participated in six weekly two-hour sessions held at the Julia Martin House, across from Martha Eliot. During each class, children helped prepare a healthy meal with a parent or caregiver and learned some new skills through the process. At a recent session, the children decorated aprons before they started mixing and measuring. On the menu was mango salsa with homemade tortillas and Asian noodles with a peanut butter sauce.
In addition to cooking, nutrition education is reinforced in each class. The families learn how to identify healthy and unhealthy fats, understand portion control and read nutrition labels. “Now when I’m in the grocery store, I read the labels,” says Jeanette Aitelhadj, the mother of one participant. “I won’t even buy items with trans-fat and sodium and I always look for whole wheat pasta.”

At the end of class, families get to take home the same ingredients that were used so they can prepare the meal again or experiment and try something new. Families share what they made at the next class.

Access to healthy food can be a challenge for some families but FIC is making it a little easier by providing them with support, tools and resources. And, Cooking Matters gives families the confidence and knowledge to understand that healthier meals can be easy, appealing and prepared quickly. “This has been a great experience and it has changed the way we cook at home,” adds Jeanette.

For more tips and recipes, visit Cooking Matters at cookingmatters.org.

### Asian Noodles with Peanut Butter Sauce

**Ingredients**
- 1 (6 oz) package whole wheat pasta
- ¼ cup peanut butter (or substitute sunflower seed butter)
- ½ cup warm water
- ¼ cup low sodium soy sauce
- 2 tablespoons cider vinegar
- 4 teaspoons sugar
- 1 bag frozen vegetables such as broccoli or snow peas, thawed
- 2 teaspoons red pepper flakes (optional)

**Directions**
1. Make sauce and prepare veggies as directed while pasta cooks.
2. Stir together peanut butter and water until thin and smooth.
3. Add soy sauce, vinegar and sugar and stir until sugar dissolves.
4. Combine veggies and sauce and toss to combine with pasta.
5. Serve as a meal by topping it with protein such as chicken or tofu. Enhance the flavor by adding ½ teaspoon of minced garlic or ginger.

**Tips:** Make it a meal by topping it with protein such as chicken or tofu. Enhance the flavor by adding ½ teaspoon of minced garlic or ginger.

### Mango Salsa

**Ingredients**
- 2 large ripe mangos
- 1 small cucumber
- 2 medium green onions
- 1 medium jalapeno pepper
- 2 medium limes
- ½ teaspoon salt
- Pinch of cayenne pepper
- 1 medium bell pepper and ¼ cup fresh cilantro (optional)

**Directions**
1. Rinse ingredients and then peel and dice the mango.
2. Remove seeds from cucumber and peppers and then dice.
3. Cut the limes in half and squeeze juice into a medium bowl. Discard seeds.
4. Add mangoes, cucumber, green onions, jalapeno, salt and cayenne pepper to bowl with juice. Mix well.
5. Cover and refrigerate at least one hour before serving.
6. Serve salsa as a dip with tortilla chips. Use it as a topping for fish, pork or tacos.

Over the course of the six week sessions, I could see the youth become more confident. Without being told, they would tuck their fingers in when chopping ingredients. And, they knew that wet ingredients were to be kept separate from dry.
—Alysha Noel, Fitness in the City Program at Martha Eliot Health Center
By the Numbers in FY16

Boston Children’s Hospital invested nearly $1M to support health and behavioral/mental health efforts in Boston Public Schools.

Nearly $1M was invested in community health programs that address community-identified needs such as asthma, obesity and social services.

59% of overweight and obese patients who received case management services through the Fitness in the City Program decreased their BMI.

2,000+ bags of fresh fruits and vegetables were distributed to community residents in partnership with Fair Foods.

More than $1.8M was invested in city agencies in Boston such as the Boston Public Health Commission and the Boston Public Schools.

More than $1.2M supported 10 Boston community health centers and their efforts to provide care and support to children and families.

More than $368,000 supported workforce development efforts that provide youth with summer jobs and introduce them to health careers.

Nearly $1M was invested in community health programs that address community-identified needs such as asthma, obesity and social services.

More than 82% reduction in the percentage of patients with asthma-related hospitalizations after participating in the Community Asthma Initiative.

More than $1.2M supported 10 Boston community health centers and their efforts to provide care and support to children and families.

82 school meetings and 10 classrooms were supported by the Advocating Success for Kids Program staff.

17 schools and 3 community health centers are partnering with the Boston Children’s Hospital Neighborhood Partnerships Program.

10 Boston community health centers are affiliated with Boston Children’s.

For more information on Boston Children’s investment in community benefits as reported to the Internal Revenue Services, visit BostonChildrens.org/community.
Training our Future Workforce

Last year, the COACH (Community, Opportunities, and Advancement at Children’s Hospital) Internship Program celebrated ten years of hiring Boston-area high school students for jobs in clinical and administrative areas across Boston Children’s Hospital. “COACH was established to give young people a job and support them on their career path,” says Kristin Driscoll, workforce development specialist. “We also offer plenty of training, support and encouragement along the way.”

Last summer, 52 high school students were hired as COACH interns. When they are not busy with job responsibilities, students participate in professional development workshops on topics such as computer skills, public speaking and financial literacy. Students also get the chance to attend a college and career fair during the internship period and hear from an alumni panel of former interns.

COACH also provides an opportunity for Boston Children’s. “COACH is part of Boston Children’s strategy to grow our pipeline of talented youth that are ready to become future leaders,” says Dan Michaud, executive director of Human Resources. “Early exposure to careers in health care not only helps young people to determine their path but gives our employees an opportunity to mentor a young adult.”
A conversation with Jodalis Gonzalez, Boston Children’s COACH Intern in the Office of Community Health

The Office of Community interviewed Jodalis for this article last August.

Tell us about your background.
I’m a 2016 graduate of the Boston Preparatory Charter Public School and I’m attending Holy Cross in Worcester. I plan to study anthropology because it’s a major that combines all my interests about different cultures and travel. I hope to go on to medical school.

I was born in Boston but my parents are from the Dominican Republic. I’ve lived in different neighborhoods—South Boston, Hyde Park and now Roxbury. It was fun growing up especially in South Boston because we were surrounded by lots of family and friends.

How did you find out about COACH?
One of my friend’s was an intern before and she encouraged me to look into it. She connected me to ABCD [one of the COACH partners] and they helped me apply to Boston Children’s. ABCD offers job readiness workshops to students and tells them how to prepare for an interview. Fortunately, I already felt prepared for work. My school focused on professional skills so I’ve been learning about this since 6th grade.

What made you want to work at Boston Children’s?
I wanted to dip my toes in the water of a health care environment and see what it’s all about.

So, what do you think?
It’s such a busy environment. People are always walking around and having conversations. Although my office area at Landmark is so quiet! I also liked getting insight into all the factors that make a hospital run from walking by the pre-op areas to seeing people stock food in the cafeteria.

What was it like to be an intern?
I really liked getting to shadow some of the staff. I went with Dr. Shari Nethersole from the Office of Community Health to spend time with her while she was seeing patients in primary care. I also had a chance to be with Linda Haynes, a nurse practitioner, who helps patients with asthma. One of the best parts in the Office of Community Health was when I got to be part of the process that selected a community organization to win an award for excellence.

What else did you learn with COACH?
I liked all of the workshops. Eva Gomez, who’s a Boston Children’s nurse, talked to us about public speaking. She gave some great tips. She told us to practice and say things out loud. I had to give a five minute speech about why I was interested in health care.

You were valedictorian of your class. Tell us about your graduation speech.
One of my favorite TV shows is Grey’s Anatomy. Dr. Christina Yang, one of the characters, has a well-known quote. “Have some fire. Be unstoppable. Be a force of nature.” I used that in my message to encourage my classmates to keep going no matter what hurdle comes across their path and to prove what they can do.

What do you like to do in your free time?
I enjoy dancing and reading magazines. I also like documentaries about more serious topics. I just watched Living on One Dollar about four college students living in Guatemala for little money. It’s interesting to learn about different places this way when you can’t travel too far.

Are you going to come back and work at Boston Children’s someday?
Maybe! I’d like to live in Boston or DC. My dream would be to become a pathologist or a chief medical examiner. I might change my mind but I loved biology, anatomy and doing dissection in science class. Not everyone can handle it but I don’t mind!
Primary Care Takes on Health and Social Needs

Joanne Cox, MD has worked in the Boston Children’s Hospital’s Primary Care Center (PCC) at Longwood for 30 years and served as director for the last 15. She also serves as the medical director for Primary Care at Martha Eliot Health Center. “Every day, we see homeless children and families who’ve experienced violence in their home or community,” says Cox. “I’ve seen babies grow up in these situations and witnessed the long-term, negative affects—it hinders them from succeeding in school and then from succeeding as young adults.”

When it comes to social determinants of health—defined by the World Health Organization as “the conditions in which people are born, grow, live, work and age”—poverty has the largest impact on creating health inequities. Studies show that children born into poverty have a higher risk for infant mortality, low birth rate and chronic illnesses such as asthma, type 2 diabetes and obesity.

“When parents are focused on food, shelter and the needs of daily life, they’re focused on that and not parenting,” says Cox. “In our primary care clinic, we’ve done a lot to address these issues.” Primary care providers have long been aware of the impact poverty has on the health of their patients, but addressing issues that extend beyond medical care is not easy. However, there are certain things that primary care clinics can do to help patients and families with social determinants of health. Cox shares how the PCC is leading the way.

Support child care and early education. “We put a lot of focus on early-childhood, school and day care,” says Cox. The clinic runs a number of groups for parents to help teach skills such as how to praise your child’s good behavior and approach behavioral problems. The groups are run by social workers and target different needs. For example, one group is for parents of preschool-aged children and another is for parents of children diagnosed with ADHD.

The Young Parents Program, which has been around since 1980, closely integrates social workers into the medical care model. “Many teen parents today have significant behavioral health problems,” says Cox. “Our program is focused on protecting the children and helping their mothers.”

Utilize non-clinical staff. The PCC cared for 15,000 patients for a total of 45,000 clinic visits last year. To help address a range of patient needs, the center has a team of non-medical staff. “Social workers are a core part,” says Cox. “Access is a big part of the picture when you talk about social determinants of health.” Resource specialists and “patient navigators” help patient families to access resources and services such as transportation, healthy food and child care.

Integrate behavioral health into primary care. The PCC is “beginning to get much more structured about behavioral health,” says Cox. Two years ago, it adopted an integrated care model, with social workers and psychologists on site. A number of assessments and screenings are now part of clinic visits for all patients. There are screenings for mental health issues, such as depression, and also for things like food insecurity and violence in the home. If a patient screens positive for an issue, the social worker and/or psychologist on call is involved right away. “It’s been extremely effective,” says Cox.

Understand community needs. Boston Children’s regularly conducts a community health assessment which has indicated that asthma continues to be a concern for many families in Boston. Boston Children’s launched the Community Asthma Initiative (CAI), which sends a community health worker and an asthma educator to the homes of patients to assess potential environmental hazards (such as dust and allergens) and educate family members on the things that cause and exacerbate asthma.

Connect with area services. “We give out scholarships to local camps such as the Boys and Girls Club, thanks to money donated to the clinic,” says Cox. She adds that it’s important to know what social agencies are out there. “Healthy Baby/Healthy Child is an organization within the Boston Public Health Commission that provides free home health visits to pregnant and parenting families with a child under the age of five. We also work with a medical legal partnership team to help families fight evictions and other legal issues.”

For more information, visit BostonChildrens.org/chpcc.
Joanne Cox, MD with one of her patients in Boston Children’s Hospital’s Primary Care Center at Longwood.
Supporting School Communities

For the last 15 years, the Boston Children’s Hospital Neighborhood Partnerships Program (BCHNP) has been a leading partner in helping the Boston Public Schools to address the social, emotional and behavioral health needs of students and school communities.

BCHNP has recently launched a new initiative, the Clough Foundation Training and Access Project (TAP). TAP offers capacity building services to educators and school staff to directly impact their ability to better address the behavioral health needs of students. TAP delivers high-quality professional development and consultation to ten K-5/K-8 Boston Public Schools. “We know that teachers are in a unique position and can use their role as educators to provide significant support to their students, but they need more resources, training and consultation around social, emotional and behavioral health,” says Molly Jordan, MSW, LICSW, TAP Manager.
Through a two year partnership with TAP, a team of educators from the partnering schools participate in a learning collaborative, which provides 10 workshops for a total of 25 hours of training. Topics include social and emotional development, classroom strategies and the impact of trauma on learning. The project also provides 120 hours of individualized on-site consultation to schools by a TAP consultant. The schools work with their consultant to set specific goals and monitor progress throughout the partnership.

“Social-emotional learning is the cornerstone for all learning. Nothing else can happen until kids are ready to learn,” says Jessica Ahern, 1st Grade Inclusion Teacher at the Chittick Elementary School in Mattapan. The Chittick is one of the five schools in its second year of TAP.

To date, the partnership has received a high rate of satisfaction from all the school partners. “It’s really helped me understand why the things that I do in the classroom work and how I am able to reach kids and connect with them in a way that helps them to learn and hold on to information” says Ahern.

Jordan considers the interest and engagement of educators one of TAP’s main strengths. “I’m inspired by working with educators who are so committed to supporting their students on many levels. It’s a privilege to work with our schools and the TAP team members who are creating a positive and supportive environment for all students and families,” says Jordan.

TAP will add five more Boston schools per year to reach 25 schools over five years. To extend this reach further, TAP is now developing a series of online training videos. The videos, along with relevant resources and materials, will be available to educators across the country through an online platform, openpediatrics.org. “We can reach an even broader audience this way,” says Jordan. “The challenges and experiences in Boston certainly apply to other places, and we want those students, families, teachers and schools to benefit from this model.”

For more information on TAP, contact Molly Jordan at molly.jordan@childrens.harvard.edu.
Boston Children’s Hospital’s community mission is to improve the health and well-being of children and families in our community. We bring together hospital and community resources to improve health outcomes, promote health equity and enhance the quality of life for children and families.

Philanthropic Donors
Boston Children’s Hospital’s community programs are made possible in part through the generosity of the C.F. Adams Foundation, Marion F. Boynton Trust, Gloria and Charles Clough Foundation, Josephine and Louise Crane Foundation, Heartstone Foundation, Kohl’s Cares®, The Kresge Foundation, The Manton Foundation, Marigold Charitable Trust, Shawkemo Fund, TD Bank and many more. Thanks also to Aixa Beauchamp, Alfred Harp Helu Foundation, Thomas Melendez, MFS Investments, SunLife and other sponsors of the Milagros para Niños Initiative.