Every day at Boston Children's Hospital, children receive life-saving care and surgery. Researchers are in pursuit of cures for complex diseases. Patients and families from around the world and across the country come looking for hope, answers and treatment. We also take care of children and families around the corner—in our own neighborhoods. From health issues that affect a child's daily life such as asthma to conditions that may require a hospital stay, Boston Children's is committed to improving the health and well-being of children in our community.

More than 25 years ago, Boston Children's was among the first academic medical centers in the country to expand the traditional missions of patient care, teaching and research to embrace a fourth core mission—community. Through the years, Boston Children's has strived to ensure that community health is more than words in our mission statement. Our efforts have evolved from targeted services to reach small numbers of individual families to innovative models that have proven to improve health outcomes for larger numbers of children.

Driving our community work are the needs identified by our community. Mental and behavioral health, obesity and asthma are top concerns we hear from parents and partners. To tackle these issues, we focus on everything from keeping children healthy through wellness and prevention efforts to ensuring access to health care services and working with our partners to find the best ways to support families. We'll continue to reach outside the hospital walls to improve children's health through:

- Implementing programs that help children today and will improve children's health tomorrow
- Offering parents and caregivers the support they need to help children learn, grow and thrive
- Supporting our community partners so they can provide the best care for families

Health care delivery and payment systems are changing, and this is the time that hospitals like Boston Children's must adapt and dream big. It may be surprising to some, but the delivery of health care accounts for only 10 percent of the health of individuals. Genetics, family history, social influences, environment, behavior and other factors also can influence health. Hospitals have an important role in addressing these other determinants to improve the health of children, families and communities.

We've set the course to achieve our vision for Healthy children. Strong families. Thriving communities. We are pleased to share our progress in this Annual Report and invite you to read on about the people and partners who make it possible.
Healthy Children. Strong Families. Thriving Communities.

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- Supporting our community partners so they can provide the best care for families
- Providing education, resources and support to help children and families thrive

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Sandra Fenwick
President and Chief Executive Officer

Shari Nethersole, MD
Executive Director for Community Health
Primary Care Builds Healthy Families

Primary care is a key to helping children and families stay on a healthy path. Patients can access primary care through Boston Children’s Primary Care at Longwood and in our Adolescent Clinic on the main campus or at Martha Eliot in Jamaica Plain.

Providing a patient-centered medical home is our goal. This means a team—physicians, nurses, social workers and other providers—not only supports families through coordinated care and reminders about appointments, but also they get families linked to programs and resources to help them and their children with issues like behavioral health, obesity or asthma. At both primary care sites, families also can access a program that provide services typically offered by specialists: parents can get assessments, support and referrals for their children’s learning, developmental or behavioral issues that might interfere with learning.

The primary care sites also reach out to adolescents and young adults through programming and educational opportunities. Young parents and their children can get care and support at the same time through the Young Parents Program at the Longwood site, while adolescents and young adults can find information and resources on sexual health, healthy relationships, nutrition and physical activities through the Adolescent and Young Adult Resource Center at Martha Eliot.

Boston Children’s primary care locations also offer events for families to spend time together playing board games and neighborhood health fairs to get health and wellness information. Workshops open to residents in the community provide more in-depth education on topics like newborn care, cooking and nutrition.

Alexandra Epee-Bounya, MD, a primary care pediatrician at Boston Children’s Primary Care at Martha Eliot, with a patient.
Neighborhood Access to the Best Care and Support

Community health centers provide primary and preventive care to more than 30,000 children and families throughout Boston. Health centers also serve a special purpose—to be a resource and an anchor in their neighborhoods, bringing together families and establishing connections with other community organizations.

Boston Children’s Hospital recognizes the importance of community health centers in their communities. “We’ve been working closely with health centers for the past 13 years. Each health center is unique. It is important for us to listen and understand what they feel Boston Children’s can do to better support them,” says Stacy Walker, Boston Children’s manager of Health Center Relations and Health Operations. “Our health center partners know their communities, neighborhoods, patients and families best. We work collaboratively to share resources and best practices because we have the same goal—to provide children and families with the best possible care.”

In this special section of our Annual Report, we are pleased to highlight three examples of how Boston Children’s and community health centers work together: clinicians sharing how to make asthma care more effective; a dedicated case manager promoting healthy living with children and families; and staff guiding families through the health care system.

Sharing Lessons Learned

The Asthma Care Program at Boston Children’s Primary Care at Longwood has helped manage the care of more than 2,000 patients with asthma. Within the medical home at Longwood, the multidisciplinary asthma team—a physician, nurse practitioner, nurse coordinator, patient navigators, social workers and others—is focused on helping primary care providers offer the best care for each patient. “The cornerstone of the program is population-based chronic disease management—ensuring that all asthma patients have access to proactive, highly coordinated care within their medical home,” says Faye Holder-Niles, MD, MPH, director of the Primary Care Asthma Program.

The program uses a registry to identify and stratify patients to make sure higher-risk patients receive additional support tailored to their needs. “This could be anything from additional education about their disease to intensive case management to specialist referrals,” says Linda Haynes, MS, PPCNP-BC, clinical care manager for the asthma program.

The model includes patient and family education, staff training and development, the use of standardized care plans using best practices and identification of other community resources. Patients also are referred to the Community Asthma Initiative (CAI), launched by Boston Children’s 10 years ago. Using community health workers, the CAI provides case management and home visits (including identification of environmental triggers in the home), offers education to parents, distributes asthma control supplies and connects families to needed resources.

The Asthma Care Program also tracks patient outcomes, showing that it works. Last year,
as part of a population management outreach program for highest-risk asthma patients, the team was able to reach more than 86 percent of patients to be seen for at least one proactive, preventive asthma visit in the office. Additionally, the team demonstrated a 53 percent reduction in Emergency Department visits for its highest-risk patients.

Recently, the team has begun work with the South End Community Health Center and The Dimock Center. The idea is not to replicate the Longwood asthma program, says Holder-Niles. “Rather, we are here to support the health centers in developing and expanding their asthma programs and adapting aspects of our population management strategies to meet the needs of their community and the patients they serve.”

Holder-Niles and Haynes are beginning to work with asthma champions at each of the centers. “Our goal in reaching out is to offer the health centers the benefit of our own lessons learned,” says Haynes. Some of the expertise they bring is relatively straightforward, such as evidence-based guidelines that work in caring for children with asthma, staff training and development tools and the patient registry. Other support is more targeted—toward developing the best model of asthma care tailored to each health center’s needs.

At the same time, health centers build on their own internal capacity. Many have longstanding traditions of close partnership with local community organizations and are partnering with their local Boston public schools to improve bi-directional communication about students’ care plans.

Though still in its early stages, the joint work is expected to benefit both the Longwood asthma teams and those at the health centers. “We are already learning from each other,” says Holder-Niles. “Soon, successful initiatives coming out of Dimock and South End might be adapted to asthma programs at other community health centers or to our program at Longwood. The ultimate goal, of course, is improving outcomes and improving the lives of our patients.”

(Left) Linda Haynes, MS, PPCNP-BC and (Right) Faye Holder-Niles, MD, MPH, are part of the Asthma Care Program at Boston Children’s Primary Care at Longwood.
Malcolm Matheson has coordinated the WIN (Weight Initiative Now) program at the South End Community Health Center since 2014.
WIN (Weight Initiative Now) is a multidisciplinary pediatric weight management program at the South End Community Health Center. It’s also a part of Boston Children’s Hospital’s Fitness in the City Program, which is a network of 10 Boston health centers addressing the problem of obesity by providing families with case management services, education on nutrition and wellness and opportunities to access physical fitness activities. Fitness in the City has shown to be effective in helping participants make the behavioral changes needed to maintain a healthier weight. Since 2003, the WIN program has served more than 700 youth in the South End and nearby communities.

Why have you decided to work with children?
With children you really have a chance at shaping the future. Kids are at that pivotal point where their actions are becoming habits, and you want to get in there and help make sure they are good habits. If you connect with kids, you have a chance to make a big difference. We are starting a new research project here about kids’ awareness and choices around junk food and unhealthy eating. They will be keeping a picture food journal to help them reflect on certain aspects of their eating experience. Then, they rate each meal on factors like nutrition and taste and their own mood in the hope that it will influence their eating habits.

What is your background?
I was raised by my mom in Worcester with my sister and two brothers. My mom grew up in Peru with very little, moved to the U.S. when she was my age, and then achieved so much. She is such a strong woman, and she’s the reason I am who I am today. She’s my hero. I went to Northeastern, where I studied psychology with a focus in cross-cultural studies. I also studied Mandarin for four years in college and spent a year in China teaching English to blind students.

What is your day like?
A big portion of my day is case management. The touchstone of case management is regular contact with patients and families. The goal here is support—making sure patients and families have what they need to succeed in staying active and eating healthy. A typical day includes many conversations, either in the clinic or on the phone. Sometimes these are follow-up conversations related to a previous issue, and sometimes they are just to listen. A parent wants to tell us when his or her child is making progress. Recently, a mom called excitedly to tell me how much healthier her daughter looks since cutting out soda. And families really appreciate the regular phone calls. For teens in the program, we communicate with them directly, mostly by texting.

I also run a lot of after-school programs, which are fun because I get to hang out with the kids. We also do a lot of special events. We recently ran a workshop where the kids made smoothies, then calculated the nutritional value. We made it a contest and the smoothie with the most fiber in it won. As for physical activity, we’re trying to create lifelong health habits by fostering pre-existing interests of each child—creating future dancers, soccer players, or gymnasts, for example, by enrolling kids in programs aligned with what they already like to do.

What is the most rewarding part of your work?
Working directly with kids and families. I love being able to share in their joys, and it’s such a great feeling when a mom or dad turns to me for help. I enjoy connecting families with resources, whether it’s getting a bike or finding a summer camp or taking karate lessons.

What’s the most challenging?
Seeing a family get bad news about their child’s health. One mom called recently to say that her 4-year-old daughter had just received a difficult diagnosis. She was devastated. I tried not to show it, but so was I. We spent nearly an hour on the phone that day. She has support from some excellent doctors, and she knows we’re here for her whatever she needs.

What is your life like outside of work?
I started a family garden project here in the South End. I really enjoy gardening. I grow tomatoes and basil and things like that, but I mostly concentrate on what the kids want to grow.

(Left) Malcolm Matheson outside the South End Community Health Center.
Navigating the System

Maria Cericola is the referral coordinator for the Pediatrics Department at The Dimock Center in Roxbury. Her job is ensuring that Dimock patients can access needed pediatric specialists at Boston Children’s Hospital. It’s a task that in the past was sometimes complicated, frustrating and time-consuming for families.

Now it’s an easier path, thanks to the Practice Liaisons Program at Boston Children’s and Charmaine Sanders.

“In the ‘old days’ if one of our patients needed to see, for example, a dermatologist, someone from Dimock would call the dermatology department at Boston Children’s, say who we were, and request an appointment for the patient,” says Cericola. “There’d be a lot of paperwork and faxing and a lot of follow-up on our end with the family of the patient about the appointment. Now, I just contact Charmaine!”

Sanders is one of 20 practice liaisons at Boston Children’s. Handling as many as 3,000 referrals per month from community health centers and other primary care providers, the practice liaisons serve as intermediaries among families needing appointments, the providers who request them and the specialists giving care.

Sanders gathers the necessary paperwork and contacts the family directly to arrange an appointment time that is convenient, often remaining on the phone while a family member talks to a scheduler in one of the specialty departments. She sends the scheduling information back to Cericola at Dimock to generate the referral request to the patient’s insurance carrier. “I want to make sure that all bases are covered and everyone has what they need for the appointment to go smoothly,” says Sanders.

“It’s great to have Charmaine working directly with the parents—families really like it—and her efforts help ensure that the appointment is kept,” says Cericola. Sanders added “If you’re not familiar with the complexities of a big place like Boston Children’s, it can be daunting to find the right specialist for your child. My job is to make sure families get an appointment with the right specialist and that doing so is a non-stressful experience. In many cases, just having the appointment scheduled is a big relief for worried parents—they know help is coming for their child.”
Deb Dickerson patiently waits at Boston Children’s at Martha Eliot for the bi-weekly delivery from Fair Foods, a non-profit that distributes surplus fresh fruits and vegetables at various locations around Boston. It’s raining and the Fair Foods truck is running a little late but Dickerson, Boston Children’s Hospital’s director of Community, Family and Youth Programs, stays hopeful as always.

When the truck arrives, Dickerson throws open the front doors of the health center to greet it. A first peek inside the crates reveals red and yellow tomatoes on the vine, fresh apples, baby carrots, Bibb lettuce and more—all in good condition.

The 10 volunteers Dickerson recruited to help sort and distribute the fruits and vegetables get busy unloading the truck. They are a mix of hospital staff, parents from the Smart from the Start program and residents from the Bromley-Heath housing development next door. Once everything is unloaded, the sorting begins. In the end, more than 100 bags are assembled—each with one head of lettuce, two tomatoes, two bags of baby carrots, four apples, six limes and eight onions. At the local grocery store, that would cost about $17.80, but with Fair Foods, the bag is $2 or whatever amount a family can pay. There are no eligibility requirements and no maximum number of bags per family.

Fair Foods is one of the community programs coordinated for local residents by Boston Children’s at Martha Eliot. “We have been in the heart of Jamaica Plain for more than 40 years providing excellent health care,” says Dickerson. “We also want our neighbors to know that we are here to help them through our community programs.”

[Above] Deb Dickerson and a young boy at a Fair Foods distribution event.
The Kohl’s and Boston Children’s Hospital’s Healthy Family Fun Program is an educational program and public awareness campaign that encourages families to be healthy and active with their children. Kohl’s has generously supported this initiative through its Kohl’s Cares® program.

In collaboration with the Boston Public Schools, the program promotes healthy messages to families through educational events. Over the past three years, the program has been implemented in 64 Boston schools and reached an estimated 23,000 children, parents and caregivers. Each school develops its own event based on the interests of students and families. Activities include everything from cooking demonstrations, yoga and Zumba lessons to stress management techniques.

The public awareness campaign features local families who share their personal stories and appear in advertisements that show them being active together. (See more about the Walker family, right.) The campaign also includes a Facebook page and website to learn more about physical activities, wellness tips and recipes. KohlsHealthyFamilyFun.org features a database where parents can search for neighborhood resources and activities. Be sure to visit Kohl’sHealthyFamilyFun.org for more information and search for activities in Boston neighborhoods.

**The Walkers Set an Example**

The Walkers from Dorchester have fun staying active together! The family enjoys the Martin Playground, where 6-year-old Gavin loves climbing the rock wall. The playground has fabulous play equipment and just across the street is the Neponset River Reservation, which has walking and biking paths along the river. The Walkers enjoy using the path, and the kids sometimes bring their scooters.

During the summer months, Gavin and his sister Elise, age 8, stay active through the YES (Youth Enrichment Services) track and field program at Moakley Park. YES offer programs year-round (yeskids.org/programs) that not only introduce children to sports and outdoor activities, but also help them build leadership skills. Elise also has tried Dot Art (dotart.org/), which offers classes in painting, drawing, sculpture, collage and mixed media.

Both kids also have played with the Dorchester Youth Soccer Club. Soccer is a skill and interest they might have gotten from their dad, Randal, who once played with a traveling soccer league. Gavin and Elise love to swim, and the whole family enjoys the pool at the new South Shore YMCA Quincy (ssymca.org/quincy/). Mom, Annette, likes to walk for exercise and everyone enjoys hiking in the Blue Hills along with the family dog.

Kohl’s and Boston Children’s Hospital’s Healthy Family Fun Program would like to thank the Walkers for sharing their story!

Visit playworks.org for more information on the benefits of play.

(Right) The Walkers at the Martin Playground in Dorchester.
For more than 13 years, the Boston Children’s Hospital Neighborhood Partnerships Program (CHNP) in the Department of Psychiatry has worked with the Boston Public Schools (BPS) to improve access to care and provide resources and supports for thousands of children with social, emotional and behavioral health needs. CHNP places social workers and psychologists in schools to provide prevention, early intervention, clinical and crisis services for students, plus consultation and professional development for school staff and workshops for parents and families.

Research shows that adverse childhood experiences have the potential for both long-term and negative impact on a child’s academic achievement, school attendance and lifelong physical health. More than 56,600 children are in the BPS system and approximately 49 percent of them experience challenges such as living in poverty, exposure to violence or trauma, being in a home where substance abuse is present or a family member has a chronic behavioral health issue. Currently in the BPS, 56 school psychologists, six adjustment counselors, eight social workers, and three behavioral specialists serve the entire district.

For the last five years, Boston Children’s and BPS leaders have worked to develop and implement a strategy to better meet students’ needs. This work was mandated by legislation that reformed the state’s child mental health system (in which Boston Children’s was a driving force). Among the law’s provisions was more rigorous planning and evaluation for addressing children’s behavioral health needs.

“All students deserve to attend a school where their behavioral health and academic needs are met. As school psychologists, we knew that that the new state legislation provided the leverage we needed to help make this happen,” says Andria Amador, assistant director of Behavioral Health Services for the BPS. “We asked our community partners if they wanted to help us. Boston Children’s and its CHNP Program were the first to step up with funding and resources, recognizing the potential for long-term positive impacts on our students.”

As a result, an innovative model for delivering behavioral services in urban schools was created by BPS to support students to grow and thrive academically, personally and socially. The Comprehensive Behavioral Health Model (CBHM) uses a three-tiered structure that seeks to “provide the right amount of services and supports at the right time,” says Amador.
The model is based on the logic that the majority of students will respond positively to “Tier 1” services. These are primarily proactive and preventive initiatives for all students—school-wide programs including social skills instruction and working with families. “Tier 2” services can include group-based programs ranging from anger management to skill-building in attention and organization, and “Tier 3” services offer more intensive, individual interventions tailored to a student’s needs.

Monitoring is a critical element, not only to determine which students need help but also to measure success. CBHM collects data on a number of levels. A school’s attendance and discipline records are assessed, and more importantly, teachers evaluate students twice each year. “We know that the CBHM is making a difference,” says Amador. “Students in schools where the model is in place are having better attendance rates, better MCAS scores, more positive behaviors and fewer discipline issues.”

“Children must learn in a safe and supportive environment so that they can find adult success and happiness. Yet, we know behavioral health issues are incredibly common and can impact a student’s ability to learn—a majority of children are not getting needed support, services and treatment. Boston Children’s is pleased to be a partner with the BPS to address this gap and help schools to better meet the needs of their students,” says David R. DeMaso, MD, chief of Psychiatry at Boston Children’s.

CBHM is now in 40 out of 125 schools in the district, with a planned 10 new schools added each year. “My hope is that we can continue to work together with Boston Children’s to create a long-term vision for how to sustain and build on the model and also to explore new opportunities to work together,” says Amador.

Photos taken at the Summer Elementary School in Roslindale and the Boston Arts Academy in the Fenway.
The CBHM is not a one-size-fits-all solution. “We work with each school to fill in any gaps,” says Amador. “BAA, for example, has lots of excellent behavioral health supports in place for students who need group or individual help. We are working to help BAA provide more prevention efforts for students. The ultimate goal is to build students’ skills such that they don’t need interventions any more.”

**In Practice**
At one school, the Boston Arts Academy (BAA), the students, teachers and administrators have benefited from the support of Boston Children’s Hospital’s Neighborhood Partnerships Program (CHNP). Sarauna Moore, LCSW, a clinician with CHNP, is starting her second year at BAA, which also is a Comprehensive Behavioral Health Model (CBHM) site. “The students at our school are wonderful and creative artists. But like many teenagers, they face the usual pressures,” says Moore. “This is an academically rigorous school plus students must excel in their art whether it’s dance, music, visual or performing arts.”

Moore has an open-door policy and provides students with individual support and counseling. Through CHNP, Moore also is able to support teachers and school administrators. Moore’s efforts at the school are leveraged by the CBHM, which puts in place evidence-based practices and resources to help meet the behavioral health needs of students.

Sarauna Moore, LCSW, with the Boston Children’s Hospital’s Neighborhood Partnerships Program, at the Boston Arts Academy.

**Key Elements of the Comprehensive Behavioral Health Model**

Andria Amador cites several critical success factors for the CBHM:

- Establishing strong community partnerships across a variety of stakeholders
- Building capacity at each school to provide a range of services including prevention and intensive services when needed
- Implementing formal monitoring and assessment tools to determine which children need help and at what level
- Supporting teachers with training and education
Investing in our Community Mission

Boston Children’s Hospital’s community mission is to improve the health and well-being of children and families in our community. To do this, the hospital invests in the community by supporting and investing in a wide range of programs, partnerships and services. Below is our financial investment in the community, reported as “Community Benefits” to the federal Internal Revenue Service for FY14.

Commitment to Boston

Boston Children’s makes a significant commitment to improve the health of children and families living in Boston. More than $4.7 million was spent supporting community health programs and services that address the most pressing health concerns identified by the community: mental and behavioral health, asthma and obesity. This also supports our key partners—community-based organizations, the Boston Public Schools, Boston community health centers and the Boston Public Health Commission. Additionally, $19.6 million directly helped Boston parents to access needed care for their children regardless of their ability to pay (unreimbursed care, free care and support for subsidized key health services).
Enter Margie Lorenzi, a CAI patient educator with a passion for managing asthma. “I wish there had been a program like this back when my son was diagnosed with asthma,” says Lorenzi. She and her son learned to manage his condition and 20 years later she is helping families like Joel and Ellis through the same process.

A key objective of CAI is to help parents understand that there is no cure for asthma, but it can be controlled with regular use of the right medication and avoidance of certain allergens that act as triggers. Lorenzi emphasizes the importance of how she approaches her work—without blame. “I meet people where they’re at. I sit and listen and don’t judge. It’s a conversation, not a lecture.”

First, Lorenzi sits down with the family, listens to their concerns and talks with them about what asthma is and how the medications work. They then review the child’s medications together to make sure everyone is comfortable giving them and using good technique. She answers questions and clears up any misunderstandings the family may have, such as which inhaler to give daily to prevent asthma attacks and which inhaler to use only when the child has asthma symptoms. Finally, Lorenzi does an environmental assessment of the family’s home and then returns twice more to follow up.

During her three visits with Joel and Ellis, Lorenzi provided tips on reducing triggers as well as anti-allergy bedding, a HEPA vacuum and storage bins. Ellis feels the changes they’ve made at home combined with a stronger medication have helped. Joel hasn’t been hospitalized in more than two years and is more active than he’s ever been. “He’s even taking boxing,” beams Ellis. “He just takes two puffs from his inhaler before class, and he’s all set!”

Joel and Margie Lorenzi, patient educator with the Community Asthma Initiative.

Joel, age 10, was diagnosed with asthma at the age of two. This was difficult news for his mother Ellis, but not at all surprising. “Joel’s father, aunt and grandmother all have asthma,” says Ellis.

For years, Joel used an inhaler to increase airflow to his lungs and control his asthma attacks. But as he got older, his symptoms worsened and the inhaler wasn’t helping. At age 6, a severe asthma attack landed Joel at Boston Children’s Hospital Department of Emergency Medicine with the risk of a collapsed lung. After spending two weeks in the hospital, Joel was discharged and referred to Boston Children’s Community Asthma Initiative (CAI), which helps Boston-area families manage their child’s asthma at home.
Getting in the Ring with Asthma

Community | Boston Children's Hospital

[Image of a child using an inhaler with a woman assisting]
Partnering to Build Healthier Communities

Boston Children’s Hospital and the Fenway Community Development Corporation (Fenway CDC) have a common goal—supporting the health and well-being of residents in Boston’s Fenway neighborhood. Since 1973, Fenway CDC’s mission has been to improve and protect the economic and social well-being of Fenway residents. It’s been a leader around developing and managing affordable housing and providing social support services to residents in areas such as workforce development, financial literacy, health and adult education.

Kris Anderson, director of Community Programs at the Fenway CDC, says, “Boston Children’s has supported our efforts including our Walk to Work pre-employment training program. Four of the eight participants had internships at the hospital and one was eventually hired full-time as a research data coordinator.” Boston Children’s also has contributed to the Fenway CDC’s educational programs for residents. “With Boston Children’s support, we’ve been able to host workshops on topics like adolescent health and nutrition. Most recently, we partnered to bring workshops for parents on autism and ADHD and how to advocate for their children’s needs,” says Anderson.

Recently, Anderson was named chair of Boston Children’s Community Advisory Board. “I joined the Community Advisory Board in 2013 and I’ve been pleased to be a part of such a dynamic group. Like them, I want to make a difference in the lives of others and give back to our community.” The Community Advisory Board is a diverse group of community residents, city agency and school leaders as well as public health professionals (see list of members on page 19). “The members give us their perspectives on the most pressing health and non-health issues that families are experiencing today and help us identify and develop community partnerships to best meet those needs,” says John Riordan, Boston Children’s director of Community Relations and Partnerships.

Anderson has been a leading voice in support of a key issue for the Fenway CDC—housing for low-and moderate-income households. “Studies have shown that less stable and insufficient housing can have a negative impact on the health of local residents. Children may get sick more often, are more likely to have asthma, more likely to go hungry, and experience more emotional and behavioral problems,” says Anderson.

The Community Advisory Board’s focus over the years has been on helping the hospital address health issues such as obesity and mental health. Several months ago, Anderson and other Board members began raising concerns that Boston’s housing and homelessness crisis is negatively impacting children’s health. “This was not an area that the hospital historically had been engaged in, but when members shared with us how housing instability and homelessness has affected many families that they are familiar with, we decided to join with local advocacy groups to develop legislative remedies and work with other partners to strengthen support systems to address this issue,” says Riordan.

Looking to the future, Anderson believes that “to build stronger, healthier communities, we need diverse people working together. Boston Children’s Community Advisory Board helps to do this by reaching out and engaging with community members who can bring novel solutions and new perspectives to solve social problems.”
Kris Anderson, Chair  
Fenway Community Development Corporation

Dorys Alarcon  
Boston Children’s Interpreter Services Department

Philomena Asante, MD, MPH  
Boston Public Health Commission

Jill Carter  
Boston Public Schools

Cherie Craft  
Smart from the Start

Lauren Dewey-Platt, PhD  
Fenway resident

Patricia Flaherty  
Mission Hill Neighborhood Housing Services

Juan Lopez  
Jamaica Plain resident

Lazaro Lopez  
Jamaica Plain resident

Shari Nethersole, MD  
Boston Children’s Office of Community Health

Margaret M. Noce  
Jamaica Plain Coalition: Tree of Life

Alexandra Oliver-Dávila  
Sociedad Latina

Ramon Soto  
Mayor’s Office, City of Boston

Andrea Swain  
Yawkey Club of Roxbury

May Vaughn-Ebanks  
Roxbury resident

Catherine Vuky  
South Cove Community Health Center

Kris Anderson in the Fenway neighborhood.
Every day at Boston Children’s Hospital, children receive life-saving care and surgery. Researchers are in pursuit of cures for complex diseases. Patients and families from around the world and across the country come looking for hope, answers and treatment. We also take care of children and families around the corner—in our own neighborhoods. From health issues that affect a child’s daily life such as asthma to conditions that may require a hospital stay, Boston Children’s is committed to improving the health and well-being of children in our community.

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- Implementing programs that help children today and will improve children’s health tomorrow
- Offering parents and caregivers the support they need to help children learn, grow and thrive
- Supporting our community partners so they can provide the best care for families

Health care delivery and payment systems are changing, and this is the time that hospitals like Boston Children’s must adapt and dream big. It may be surprising to some, but the delivery of health care accounts for only 10 percent of the health of individuals. Genetics, family history, social influences, environment, behavior and other factors also can influence health. Hospitals have an important role in addressing these other determinants to improve the health of children, families and communities.

We’ve set the course to achieve our vision for Healthy children. Strong families. Thriving communities. We are pleased to share our progress in this Annual Report and invite you to read on about the people and partners who make it possible.

Boston Children’s Hospital’s community mission is to improve the health and well-being of children and families in our local community. We bring together hospital and community resources to address health disparities, improve health outcomes and enhance the quality of life for children and families.

Executive Director for Community Health
Shari Nethersole, MD

Editor
Jennifer Fine

Contributors
Jessica Clement, Jenny Fernandez, Karen Schoneman, Alison Sneider

Graphic Designer
Sarah Lotus Trainor

Photographers
Katherine C. Cohen, Gretchen Ertl, Darren McCollester

Philanthropic Donors
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Office of Community Health
300 Longwood Avenue, BCH 3173
Boston, MA 02115
617-919-3055
bostonchildrens.org/community

A patient family from Boston Children’s at Martha Eliot attends the annual Health and Safety Fair.