A note to readers

Every day at Boston Children’s Hospital, children receive innovative, life-saving care. Researchers are looking to find cures for complex diseases. Families travel across the world for answers and treatment. Equally important, Boston Children’s takes care of children and families from our own neighborhood, Boston. Improving the health and well-being of children from Boston has been part of our community mission since 1990. Community means taking care of our own—it also means supporting children and families who may not be our patients.

To better understand the needs of children, Boston Children’s conducts a comprehensive health needs assessment every three years. It includes a review of public health data to look at health, social and economic indicators that affect a child’s health. The core of our process is feedback from the community—youth, parents, neighborhood residents, other health providers, city leaders and many others—about what concerns them the most.

The findings inform the direction of our community health plan to address those identified concerns. It also points to where more attention and resources may need to be directed such as continuing to improve access to behavioral health care, developing efforts to reach young adults and supporting collaborative, community-driven programs.

Critical to the assessment process are the ongoing conversations with our community partners including members of the hospital’s Community Advisory Board. We also partner with the City of Boston, the Boston Public Health Commission, the Boston Public Schools and Boston community health centers. We never want to duplicate efforts but rather strategically work together to support children where they get care, live and learn.

Our efforts impact children across Massachusetts but we have a special focus on the children and families at home in Boston. This is only a summary of what we learned from our assessment process. For more details and to get a copy of the complete Community Health Assessment Report, visit BostonChildrens.org/community or email TalkToUs@childrens.harvard.edu.

Sandra L. Fenwick
President and Chief Executive Officer

Shari Nethersole, MD
Executive Director for Community Health
Listening and learning

Here are some of the things that Boston Children's Hospital did to better understand community needs, current health issues and to get feedback from a wide-range of voices.

Held open community meetings. More than 190 people participated in our open community meetings. We asked participants about their health and social concerns, explored what is working in neighborhoods now and asked what other resources are needed to make things better. See pages 6 and 7 for photos.

Brought together an external Community Advisory Committee. We brought together 24 individuals for six meetings to advise us on identifying community needs, helping us conduct outreach to promote the community meetings and reviewing the community’s feedback to help prioritize needs.

Participated in small group discussions. We led or participated in four small group discussions with parents, residents and community leaders in Brookline and in Boston to get feedback and learn about their experiences.
Supported a youth-led assessment process.
Working with the Community Voices Program, part of the Center for Community
Health Education Research and Service, we supported 10 youth to develop, conduct
and complete their own assessment. The youth conducted six focus groups with 42
participants and were able to get 162 responses to a survey of residents.

Talked to Boston Children’s staff.
Our staff and providers have a good perspective on the lives of children and families.
We held a special meeting to get their ideas and thoughts about how the hospital can
better meet the needs of families.

Interviewed community leaders.
We had formal interviews with community leaders to get their insight into the commu-
nity and the most important health concerns for children and families. We also asked
them what types of programs or services would be most needed to address these
concerns.

Worked closely with Boston Children’s Community
Advisory Board.
Our Community Advisory Board members represent Boston neighborhoods, commu-
nity organizations and coalitions as well as the Boston Public Schools and the Boston
Public Health Commission. We use this group to provide us with the latest insight on
current needs and community resources. This group reviewed the findings of our
assessment and guided us throughout the process.

Reviewed public health data.
To have a good understanding of the health concerns facing many children and
families, Boston Children’s reviews local, state and national data on key health status
indicators. Sources of data include the Boston Public Health Commission, the Boston
Police Department, the Youth Risk Behavior Surveillance System and U.S. Census.

Partnered with other hospitals.
Boston Children’s is part of the Conference of Boston Teaching Hospitals (COBTH), a
coalition of 13 Boston teaching hospitals. Together the COBTH partners also conduct-
ed a needs assessment. Four focus groups were held with 64 community residents
participating.

Open community meetings were held for residents at the following locations:
- East Boston Public Library
- Boston Chinatown Neighborhood Center
- Dorchester YMCA
- City Year, Lavine Civic Forum
- ABCD Mattapan Family Service Center
- Boston Centers for Youth and Families in Roxbury
- Cleveland Community Center in Dorchester
Talk to Us!

With guidance from our external Community Advisory Committee, Boston Children’s hosted open meetings to speak with residents and community leaders. The meetings were designed to get feedback, identify priorities and inform the direction of Boston Children’s community health efforts, specifically for future investments by the hospital. See page 13 for more details.

Interpretors were on-site and materials to promote the meetings were printed in 8 languages. Boston Children’s also evaluated the meetings to understand their effectiveness in reaching residents and capturing their ideas.

Participants at the meetings were asked to think about the questions below:

- What health/social concerns do you have for your children and family?
- What is working to help strengthen your neighborhood?
- What other resources are needed to support your family’s health and well-being?
Boston Children’s Hospital used external facilitators to make sure that community voices were heard and well-represented. Jeremy Phillips (far left) led participants through a series of exercises to get everyone talking.

The meetings all featured a similar format. Participants shared their stories and then broke into small groups.

Participants were asked to brainstorm ideas and answer the question, “Our communities are healthiest when...”
Using trees as a metaphor for a healthy community, participants identified the “branches” needed for good health and then filled in the “roots” for what promotes community health.

Boston Children’s plans to communicate with everyone who participated and keep reporting back about our plans.

Roosevelt Smith (far left) and another facilitator listen in on a small group discussion.
What we learned

Going to the doctor is only one way to keep a child healthy. Family history, social influences, behavior and the environment also play a role. At Boston Children’s Hospital, we want to look at all the factors that may affect the health and well-being of children and families. That’s why on a regular basis we talk directly to our community, internal and external experts as well as review public health data.

Mental and behavioral health, obesity and asthma are some of the health issues that we hear consistently from parents and partners. But we’ve also heard that families need safe neighborhoods, affordable housing and access to healthy foods. These are only a few of the hundreds of suggestions named when we went out and talked to residents and leaders this year.

On the next four pages are some important themes that we heard and issues where we looked at data.

Boston is a diverse city

Boston is diverse in terms of age, race and ethnicity, language and socio-economic status of its residents. Overall this diversity is seen as an asset. However, incidents of discrimination and racism were noted. Also, economic changes in neighborhoods have created challenges and changed the characteristics of some areas.

![Race and Ethnicity Distribution, Boston and Priority Neighborhoods, 2010-2014](chart.png)
Poverty
Poverty was a common theme that we heard from all of our sources and was seen as connected to poor health outcomes. Roxbury had the highest percent of families living below poverty (34.5%) while Jamaica Plain had the lowest rate (15.1%).

“The number one challenge is poverty—that trumps everything.”
—Community leader interviewed

Education
Participants talked about the connection between lower education levels, poverty and poor health. In Roxbury, 20% of residents had a Bachelor’s degree or higher and 73% of Fenway residents had a Bachelor’s degree or higher.

Housing
The rising cost of housing was identified as a pressing community concern and mentioned in almost every discussion. The data shows that overall, the number of homeless individuals in Boston steadily increased between 2009 and 2013. And between 2013 and 2015, there was a 25% increase in the reported numbers of homeless families.

“It’s tough to stay in your neighborhood but be living in subsidized housing... when they’re building a Whole Foods or Starbucks across the street, it doesn’t fit in your budget. [You think,] why am I living here, when I can’t afford it?”
—Key informant interviewed

Neighborhood Safety
Violence and trauma—and its impact on children and families—were common themes in our community conversations. Youth spoke about how violence has contributed to levels of stress.

“Shootings make me feel unsafe... because a bullet actually went through my window.”
—Youth focus group participant

Food Access
As families struggle with rising housing costs and other expenses, they are sometimes forced to make trade-offs with basic necessities such as food.

“Rather than focusing on childhood obesity and healthy eating, I really want to focus on food security as well—that has to do with rising rent. That has to do with rising bills...Kids are consistently living in households where there is consistently not enough food.”
—Focus group participant


What we heard

Health Issues

**Asthma** remains a concern for many residents. Participants cited areas to focus on such as policy and regulations for healthy housing, access to asthma medication, outreach to parents as well as linkages between schools and primary care.

“Asthma leads to missed school, which affects parents having to miss work; it’s the cycle of economic hardship.”

—Key informant interviewed

**Obesity** in children and youth, and the connection between obesity, diet and exercise was identified as a concern by some participants.

“Obesity is still a huge challenge—we’re not making the headway I would have thought.”

—Key informant interviewed

**Behavioral health** for children and families including substance abuse is consistently raised in our interviews, focus groups and community meetings.

A lack of mental health providers, particularly those who serve children and youth is a major issue. As a result many children and youth, as well as adults, have undiagnosed or untreated conditions.

“Something we’ve seen that’s always existed is mental health, but this is an issue that we are seeing more acutely or it’s increasing... Something traumatic is happening with youth. And this is also something that’s starting at earlier ages.”

—Key informant interviewed

**Substance abuse** was mentioned by many assessment participants as a concern. Youth participants shared that the rates of drug use, smoking (both tobacco and marijuana) and drinking are high among peers.

“There is a significant percentage of our families struggling with substance abuse—those are children that are the highest need.”

—Key informant interviewed

**Early childhood and access to care** was mentioned in several conversations with participants. It was shared that many young children in the community have speech and language delays, and are not ready for school. While some screening efforts are in place, participants expressed a need for more screening, expanded early intervention and early education services as well as programs that support parents.

**Special health care needs** of children and teens were identified in our discussions. Students with special needs such as autism or attention-deficit/hyperactivity disorder, often lack access to after-school activities and opportunities.
Community Resources and Assets

We heard from community residents, partners and leaders about the many assets that exist in Boston. Below are a few of those resources.

• Medical services from hospitals, medical schools and community health centers
• Numerous programs and services provided by community-based organizations
• Access to local parks and community centers
• Diversity, community cohesion and strong faith traditions

“As we see more of the emotional impact that housing, and security have, we see as a direct result a rise in the diagnosis of special learning needs...These are the kids that don’t have the skills to cope.”

—Focus group participant
Our programs and plans

Gathering feedback on community health needs and understanding data helps Boston Children’s to best use its resources and leverage partnerships. It also helps to inform the direction of community efforts.

Below is a summary of how Boston Children’s meets some of the health needs and issues identified through clinical care, services and programs as well as in collaboration with community partners. For more details visit BostonChildrens.org/community.

Our mission is to address health disparities, improve health outcomes and enhance the quality of life for children and families with these efforts.

<table>
<thead>
<tr>
<th>Identified Health Issue or Need</th>
<th>Boston Children’s Plan*</th>
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| Behavioral Health and issues related to substance abuse | • offering training and education for school and health center staff  
• providing education and direct services in schools and community locations for children and families  
• advocating for changes to improve systems of care |
| Asthma management, education and treatment | • providing education, home visiting and case management services  
• supporting community health centers in their efforts to better manage patients with asthma |
| Obesity with a focus on healthy eating and access to physical fitness opportunities | • offering prevention and treatment efforts  
• supporting children and families and connecting them to community resources  
• building capacity in community settings to help children improve nutrition and increase physical activity |
| Impact of violence and trauma on children, families and communities | • utilizing clinical expertise to provide prevention, treatment and advocacy services  
• supporting efforts to help children and families affected by violence |
| Support for early childhood and child development | • building community capacity to identify and help children and families with behavioral concerns and learning delays  
• supporting efforts to create integrated systems of care for families with children starting at birth  
• partnering with community organizations that provide families with support and treatment services |
| Programs and opportunities for youth including workforce development efforts | • continuing support for programming related to youth-identified needs and interests  
• working with partners to provide education support and recreation for youth |
| Health education for children and families | • building upon the health education opportunities currently provided through schools and community-based programs and services  
• coordinating these resources to better meet needs |
| Focus on other issues that affect the health of children such as housing, jobs, food and safety | • supporting, funding and working closely with partners and coalitions working on those issues |

*This is not a complete list of Boston Children’s community health programs and efforts.
Planning for tomorrow

Boston Children’s Hospital plans to grow and revitalize its buildings and campus. This provides a unique opportunity for the hospital to make a significant investment back to the community. These new funds will be in addition to our ongoing support and investment in Boston Children’s community efforts.

The process described on pages 6 and 7 was critical to help Boston Children’s understand how these additional funds can make an impact and improve the health and well-being of children and families. We talked with our partners and residents from areas where many of our current programs and efforts are in place. We also talked with residents and leaders not as familiar with our community work.

Meetings in neighborhoods from Roxbury to East Boston to Brookline offered various perspectives and ideas. But what we learned is that across all neighborhoods, residents, parents and advocates expressed many of the same hopes for children and that families are experiencing similar challenges. For example, children need access to quality health and behavioral health care. Families also need stable and affordable housing. Over the coming months, Boston Children’s will continue to work with internal and external advisors to develop our plan for funding systems, policies and programs in Boston, in neighboring communities and state-wide. More details on how these funds will be distributed will be available in mid 2017.

We’re committed to keeping the community informed about our plans. For updates visit, BostonChildrens.org/TalkToUs. Let us know if you want to be added to our list for updates. Email us at TalkToUs@childrens.harvard.edu.
Thank You!

Boston Children’s Hospital would like to thank the many individuals, organizations and partners who helped us by providing time, expertise and support.

Boston Children’s Hospital’s Community Advisory Board
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
Yi-Chin Chen  Friends of the Children-Boston
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
Andrea Swain  Yawkey Club of Roxbury
May Vaughn-Ebanks  Roxbury resident
Catherine Vuky  South Cove Community Health Center

Community Advisory Committee
Alexandra Oliver-Dávila  Sociedad Latina
Barry Keppard  Metropolitan Area Planning Council
Ben Wood  Massachusetts Department of Public Health
Brenda Daley  Smart from The Start
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Gerry Thomas  Boston Public Health Commission
Giles Li  Boston Chinatown Neighborhood Center
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Jeri Robinson  Boston Children’s Museum
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Lynne Karsten  Brookline Health Department
Marisol Amaya  La Alianza Hispana, Inc.
Michael Curry  Boston NAACP
Monique Dottson  Dorchester resident
Myechia Minter-Jordan  The Dimock Center
Norma Colon  Roslindale resident
Rachel Goodman  Boston Housing Authority
Rahn Dorsey  Boston Mayor’s Office
Sharon Scott Chandler  Action for Boston Community Development
Shay Simmons  South End resident
Vivian Pera  La Alianza Hispana, Inc.
Zoe Perez  Jamaica Plain resident
Key stakeholders from the organizations below were interviewed as part of the process.

Action for Boston Community Development  
Boston Centers for Youth and Families  
Boston Children’s Museum  
Boston City Council  
Boston Medical Center Department of Pediatrics  
Boston Public Schools Health Services  
City of Boston, Mayor’s Office of Health and Human Services  
The Dimock Center

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Thank you to the Boston Children’s team including Urmia Bhaumik, Ayesha Cammaerts, Jessica Clement, Kate Lewandowski, John Riordan and Stacy Walker.

Data Sources
Pages 8, 9: U.S. Census Bureau, 2010-2014 5-Year American Community Survey, as reported by Boston Redevelopment Authority, Boston in Context: Neighborhood 2010-2014 American Community Survey, 2016


More details on the findings, data and sources reviewed can be found in the complete Community Health Assessment Report. Visit BostonChildrens.org/community
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 address health disparities, improve health outcomes and enhance the quality of life for children and families.

For a copy of the complete Community Health Assessment Report, visit BostonChildrens.org/community or email TalkToUs@childrens.harvard.edu.