FROM COMPLIANCE TO INNOVATION

Advancing the community mission at Boston Children’s Hospital

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About this white paper

This paper offers an overview of the evolution of the Boston Children’s Hospital’s community mission as well as the key steps the Office of Child Advocacy (OCA) has taken to bring innovative models to the field of community health through the hospital’s Portfolio to Achieve Health and Social Impact.

Part I describes the infrastructure that Boston Children’s built to provide the foundation for pursuing its community mission.

Part II describes the comprehensive process utilized to assess community health needs, prioritize issues and target hospital resources.

Part III offers a description of the ways in which the OCA has brought innovation to its community mission through:

- A portfolio of programs and partnerships to achieve health and social impact; and
- A program evolution model that includes steps for a program to achieve systemic change.

Part IV describes the OCA’s performance measurement system that helps Boston Children’s to manage its initiatives, report and communicate results and aid in building funder confidence.

Part V offers an analysis of the lessons learned from Boston Children’s community work and implications for other hospitals and nonprofits.

Part VI provides a reflection on how Boston Children’s has helped position its community mission to succeed in the next stage of its growth—focused on both serving the community while responding to recent changes in the healthcare marketplace.

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1 This white paper is part of a series of papers and publications describing the Boston Children’s Hospital’s strategic approach to community benefits as well as details about how this strategy was implemented. All are available at bostonchildrens.org/community.


Cammisa, M.L.; Riordan, J., Partners + Hospital + Leverage = Change (describes how to use community partnerships to extend the reach, impact, and effectiveness of community health programs as well as help support the existing infrastructure for children), Boston Children’s Hospital, expected September 2013

Introduction

In the early 1990s, the Massachusetts Attorney General released new voluntary guidelines that called for hospitals to rethink their roles in addressing public health. At the time, Boston Children's Hospital was already a leader in its industry. For clinical care, it ranked number one in *U.S. News and World Report* for children's hospitals. As a teaching and research institution, the hospital attracted world-class practitioners and researchers—all with a commitment to educating the next generation. In addition, Boston Children's is the single largest provider of pediatric services to low-income children in Boston and throughout the state. With the new guidelines, the hospital found itself in need of a new dimension to its work. Hospital leaders began asking two simple questions: What are the most pressing health needs of the children of Boston? What are the best ways for Boston Children’s to work with community partners to improve the health of children and families in the city and beyond?

The goal of the hospital’s community health mission is to:

1. Utilize hospital resources and leverage community partnerships effectively to address the most pressing health needs of children and families in the local community; and
2. Provide services through program models that benefit children locally and lead to systemic change throughout the health system.

Boston Children's experience provides an instructive example for other hospitals that aspire to use community benefits as a way to make measurable impact in their communities. For most medical professionals who work in nonprofit hospitals, the questions that Boston Children’s faced in the 1990s will sound familiar. Over the years, many states have enacted community benefits legislation and regulations. This requires hospitals to assess community health needs and develop actionable plans to address them. These processes of assessment and planning were recently mandated for all tax-exempt hospitals in the federal Affordable Care Act with guidance from the Internal Revenue Service. While regulations specify the actions that nonprofit hospitals must take to achieve compliance, they also leave room to explore ways in which hospitals can contribute to a changing health landscape.

At Boston Children’s, what started as a response to regulatory requirements has evolved and matured. This innovative approach not only provides needed services to address the most pressing community health needs, but also ensures health and social impact outcomes, measures results and influences systemic changes within the healthcare system.

In addition to clinical care, research and teaching, the hospital decided to make community a fourth part of its mission. The goal of the hospital’s...
community mission is two-fold: 1) utilize hospital resources and leverage community partnerships effectively to address the most pressing health needs of children and families in the local community, and 2) provide services through program models that benefit children locally and lead to systemic change throughout the health system.

Central to the hospital’s efforts to carry out its community mission is a portfolio of programs called the Portfolio to Achieve Health and Social Impact (the Portfolio). This consists of four programs that seek to bring innovation to some of Boston’s most pressing health issues: asthma, child development, mental health and obesity. It also includes three citywide infrastructure partnerships with the Boston Public Schools, Boston Public Health Commission and twelve of the city’s community health centers. These help to extend the reach, effectiveness and impact of the hospital’s community health programs as well as allow the hospital to support the infrastructure for children in Boston. The hospital manages and measures these programs and partnerships with the goal of demonstrating how these models can improve child health, reduce costs and strengthen the infrastructure for children in Boston.

One of the Portfolio programs, The Community Asthma Initiative (CAI), provides an illustration of how the hospital promotes innovation to help carry out its community mission. Drawing on lessons learned in the clinical setting, earlier community-based intervention efforts, and other best-practice programs throughout the country, the hospital established the CAI in 2005 to reach children with moderate to severe asthma in the Boston neighborhoods of Jamaica Plain, Roxbury and Dorchester. The hospital’s community needs assessment process had identified asthma as a top concern for parents; and it was also the leading cause of hospitalization at Boston Children’s.

The program aims to help families better manage their child’s asthma by providing case management services, offering home visits to identify and reduce asthma triggers, providing education for parents and caregivers and

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**Boston Children’s defines **

**HEALTH AND SOCIAL IMPACT as:**

- Improving health and/or quality outcomes
- Improving wellness and quality of life
- Proving community-based models are cost-effective
- Building community capacity

**SYSTEMIC CHANGE as:**

- Taking a program to scale
- Replicating the program
- Ensuring needed public policy changes
- Building community capacity
- Sharing knowledge that leads to changes in pediatric practice
distributing asthma control supplies. Since its inception, the program has grown into a comprehensive and community-oriented program serving over 800 families. The CAI received recognition within the hospital and the healthcare field due to the emphasis on and success in measuring its outcomes and cost effectiveness. The CAI demonstrated that the model decreased asthma-related hospitalizations and emergency department visits among patients in the program. Equally important, the CAI team also revealed a cost savings and a return on investment.

As the program began to establish itself successfully, Boston Children’s looked for ways to expand the number of children it could reach. Drawing on its experience with CAI, Boston Children’s partnered with the Asthma Regional Council (ARC), a coalition of federal and state health, environment, education and housing agencies working to address asthma, and Health Resources in Action (HRiA) to develop a business case for this type of cost-effective asthma intervention. The case urged payers to ensure that all children have access to asthma services such as CAI. This sparked further work with a broader coalition of local and state asthma organizations in Massachusetts to advocate for policy changes. These efforts led the state legislature to earmark funds for the MassHealth program (Medicaid) to pilot the program in other pediatric practices. Currently, CAI is providing technical assistance to the American Academy of Pediatrics, which is preparing to replicate the model in Alabama. Finally, Boston Children’s is beginning to assess the most effective way to incorporate this model into its efforts around population health management.

The CAI and the rest of the initiatives in the Portfolio are part of an evolving process that the hospital has undertaken over the last 20 years. Over time, Boston Children’s has learned how to blend medical models with public health approaches. Testing new models is standard for an academic research hospital that is always trying to find new cures and approaches to treat disease. Boston Children’s is applying this same rigor to its community benefits practices. This commitment to rigor is paying off. Through collaboration with Boston Children’s community partners, the programs in the Portfolio currently reach a total of 3,600 children annually and are demonstrating effectiveness in improving the health of those children enrolled. In addition, the programs are achieving systemic change through legislative changes, program replication and capacity building in the community.

To achieve this level of impact, Boston Children’s has undergone an evolution since the 1990s that has made it possible to make community benefits central to its overall strategy. That process started with the building of an infrastructure within the hospital to support the community mission. Once completed, the hospital targeted its resources and those of the community for maximum impact. These two steps enabled the hospital to bring innovation to its community health work, particularly through the development of the Portfolio.
<table>
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<th>KEY PARTNERSHIPS WITH:</th>
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<td>• The Boston Public Schools,</td>
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<td>• Boston Public Health Commission, and</td>
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<td>• Twelve community health centers</td>
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Partnerships extend the reach, effectiveness and impact of Boston Children’s community health programs as well as allow the hospital to support the infrastructure for children in Boston.

As a result of the lessons and impact generated by this approach, Boston Children’s is now embarking on a new phase of the development of its community benefits work. The hospital seeks to develop and expand upon programs like CAI to bring its community mission together with its overall approach to responding to the changing healthcare marketplace. The goal is to develop models for reducing healthcare costs and providing more efficient and effective preventive and clinical care for the Boston community.
PART I: Building the infrastructure to support the community mission

Before Boston Children’s envisioned its efforts to address community health needs as a Portfolio to Achieve Health and Social Impact, the hospital set to work establishing an infrastructure to support its goals for the community mission. This infrastructure has evolved and matured over time and has proven essential to the success of the hospital’s efforts to fulfill its mission. It consists of five main components: governance, coordination, funding, engaging the hospital staff and community partnerships.

Governing the community mission

In the hospital’s research and clinical care missions, board committees work to ensure that internal and external leaders are reviewing the strategic direction of the work. Boston Children’s determined that a similar board committee as well as a group of community advisors are necessary to confirm that the community mission had the same opportunities to receive internal and external feedback and guidance.

- Members of the Community Advisory Board (CAB), established in 1994, provide insight on the challenges facing families today, help to identify community needs and strengthen new and existing partnerships. CAB members represent a wide range of backgrounds, neighborhoods and constituencies. Members have first-hand experience working with Boston residents, the many health and social service organizations and the programs serving the city’s families. Members also serve as advocates for both Boston Children’s and the communities they represent.

- The Board Committee on Community Service (Board Committee) was established as a standing committee of the hospital’s board of trustees in 2005. The Board Committee includes trustees, the hospital’s executive leaders and key senior medical staff as well as external representatives with expertise in clinical care, public health, advocacy, finance, law and communications. Committee members review the community mission strategy, weigh in on program investment decisions and make recommendations on how Boston Children’s can better achieve health and social impact through its community efforts.

The two boards are linked structurally and by virtue of their collaborative work. In accordance with the hospital by-laws, the chair of the CAB holds a seat on the Board Committee that ensures coordination and strengthens communication between the two boards. The CAB and Board Committee jointly meet annually to share insights and review agendas for the upcoming

The role of the OCA is to:

1. Steward and coordinate the hospital’s community mission; and
2. Oversee the Portfolio to Achieve Health and Social Impact.
AN IN-HOUSE CHARITABLE FOUNDATION

While the OCA’s role in supporting the overall community mission is far broader, for the programs in the portfolio, the OCA functions as an in-house charitable foundation that funds and supports their efforts by:

- Working in collaboration with the hospital’s Board Committee on Community Service to develop an overall community health strategy as well as the strategy for investing hospital funds;
- Prioritizing the most pressing health issues that will be the focus of the hospital’s strategic response;
- Overseeing the implementation of the strategy;
- Funding the programs;
- Tracking programmatic progress; and
- Providing technical assistance to the funded programs to ensure their success and alignment with the strategy.

SUPPORTING EFFORTS THROUGHOUT THE HOSPITAL

Boston Children’s is eager to encourage and support hospital staff interested in participating in the hospital’s community mission. As part of its coordinating role, the OCA supports other areas of the hospital in their work by sharing its expertise in program planning, working with the community, and acting as the liaison between the community and the hospital.

An example of OCA’s support is the Center for Collaborative Community Research (C-CORE), housed in the hospital’s Department of Medicine, Division of General Pediatrics. Funded through a grant from the National...
Institute of Child Health and Human Development (NICHD), C-CORE aims to strengthen capacity to conduct research targeting health disparities among Boston youth, families, and communities. C-CORE is dependent upon innovative partnerships with the Boston Public Health Commission, the Boston Public Schools and the Boston Conference of the Massachusetts League of Community Health Centers and is guided by principles of community-based participatory research (CBPR), an approach that engages community members and researchers in a partnership throughout the research process.

OCA supports C-CORE in several ways: from providing staffing to the Community-Academic Advisory Board of 35 representatives from Boston community organizations, to providing funding for pilot grants over seven years to support community-based/led research initiatives. The most recent example of the partnership between OCA and C-CORE is the Boston Child Health Study, a collaborative effort of the Boston Public Health Commission and Boston Children’s. This is the first comprehensive assessment of child health and health disparities in Boston. For more information, see the section on community health needs assessment.

**Investing in the community mission**

Hospital leaders recognized the need to secure funding streams to support its community health mission. They took three major steps to accomplish this. First, the Boston Children’s Hospital Board of Trustees voted to establish a $20 million board-designated fund to support the community health programs. Second, the Board Committee on Community Health approved an investment policy to ensure that these funds, in combination with other hospital funds, are strategically invested in alignment with the community mission strategy to achieve health and social impact. Third, the OCA has leveraged these funds by using required regulatory spending to support community-based organizations working on the same issues.

The establishment of the board-designated fund has proven to be a key to the success of the Portfolio. The investment income generated by the fund is invested strategically in alignment with the community mission strategy to achieve health and social impact. The OCA developed and the Board Committee approved a set of uniform standards and criteria as a requirement for participation in the Portfolio. Funding decisions are based on the programs’ success in fulfilling these standards and criteria with special emphasis placed on the programs’ progress towards and potential for achieving systemic change.

In addition to providing a stable, long-term source of funding, the establishment of the fund sent a strong signal to philanthropic and government funders of the hospital’s commitment to the programs. This has facilitated additional fundraising outside of the hospital. With the combined support
of the OCA, the Children’s Hospital Trust (the hospital’s development office) and the Department of Government Relations, the programs in the Portfolio have received $10M over nine years from individual donors, corporation, foundations and government sources in support.

Boston Children’s also uses some of its hospital-funded budget to support partner community based organizations. Because demand for support always outstrips the funds available, the hospital has looked at ways to leverage other funds required by regulation to support these community partners. When required to provide community service funds as part of various city and state building approval processes, Boston Children’s has worked with these agencies to use these funds in a way that supports community partners which are involved in the hospital’s community strategy, specifically around priority health issues, thus supporting the community partners and amplifying the impact of the work of both the hospital and the partners.

LEVERAGING REGULATORY SPENDING TO SUPPORT THE COMMUNITY HEALTH STRATEGY

As part of a recent Determination of Need (DoN) approval process for a new building, Boston Children’s worked with the Massachusetts Department of Public Health (MDPH) to ensure that its seven year, $7M “Community Health Initiatives (CHI)” commitment would be targeted for child health activities and be aligned with the hospital’s overall community health strategy.

As MDPH was refining the role of Community Health Network Areas (CHNA) in allocating CHI funds, OCA played a major role in helping professionalize the CHNA and made the decision-making process more accountable and transparent. OCA also helped the community coalitions receiving funds develop practices that would enable them to meet grant making criteria, such as demonstration that their programs are evidence-based approaches to addressing the most pressing community health needs.

As a result of this work, OCA was able to leverage multi-year CHI funding to support community organizations and initiatives that align with the hospital’s community health strategy. For example, the hospital’s Advocating Success for Kids (ASK) program is providing much needed services to families with young children with school function challenges by offering development screenings closer to home through community health centers. Through the CHI funds, Boston Children’s is now able to support other community partners in their work with these same families on a broader range of issues. Boston Children’s is now funding the Associated Early Care and Education (AECE) to provide healthy cooking workshops to families and the Smart from the Start initiative to connect isolated families with support services for both the adult and the young children in the Jamaica Plain community.
Engaging the internal community

Many hospitals have working groups to direct the efforts to meet community benefits regulations. The OCA went beyond this and sought to create a culture throughout the hospital that encourages involvement from all staff so that programs, initiatives and interested individuals can learn from one another and from the community. The OCA convenes meetings and working groups that provide opportunities to exchange information among initiatives. Employees engaged in community health work also have the opportunity to participate in community-partnership meetings to strategize about civic health projects. For the broader hospital community, OCA staff also provide trainings for new hires and events for all hospitals staff that provide information about the hospital’s community work.

Most hospitals use grand rounds and poster sessions as educational tools for clinical staff. Boston Children’s uses these tools to educate staff about the hospital’s community mission as well. The OCA sponsors monthly community grand rounds inviting presenters from both the hospital and the external community. OCA also sponsors an annual Community Health Poster Day in which hospital employees present posters about their community health initiatives and projects. Over six years, these activities have reached 2000 employees. Today, 400 staff annually participates in these educational activities.

The OCA is able to measure the effectiveness of these efforts, in part, by including a question on the hospital’s employee survey, originally initiated in 2006. Every two years, the survey includes a question that asks if the public health needs of Boston’s children are being addressed through the hospital’s various community service initiatives. As a result of these engagement activities and concerted communications efforts, 84% of hospital staff participating in the survey indicated that they were aware of the hospital’s work in its local community.

Building community partnerships

Boston Children’s has also developed and implemented an innovative approach to partnering with the community. Ultimately, the goal of the hospital’s partnership strategy is to support the overarching community health strategy and rely on strategic prioritization and funding of key partners that can help increase the reach, impact and effectiveness of the programs.

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2 Grand rounds are lectures combined with questions and answers used to provide continuing education opportunities for hospital medical staff and employees. Traditionally, they are given by leading clinicians, researchers and policy advocates who provide cutting-edge information about their areas of expertise. Grand rounds features topics from multiple areas of medicine including clinical, basic science research, international health and public policy. Posters are a legitimate and popular presentation format for research and clinical vignettes. They efficiently communicate concepts and data to an audience using a combination of visuals and text. A poster session allows a number of posters around a theme or topic to be displayed simultaneously.

3 For more information on the development and implementation of the partnership strategy, please see Cammisa, M.L.; Riordan, J., Partners + Hospital + Leverage = Change, Boston Children’s Hospital, expected September 2013 at Bostonchildrens.org/community
More recently, data-driven tools have been added to measure partner satisfaction with Boston Children’s as well as the effectiveness and strength of the partnership itself. This data provides information to guide and measure improvement over time.

The OCA partnership strategy extends beyond supporting the Portfolio programs. It also includes three entities that form the child health infrastructure in Boston—the schools, community health centers and the local public health department. The OCA’s relationships with these partners enable the hospital to play a role in strengthening that infrastructure.

Finally, some of the most important partnerships for the OCA and the programs are with individuals who serve on the hospital’s Board Committee on Community Service and on the Community Advisory Board. These individuals represent the “voice of the community” and provide strategic and programmatic advice.

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**IMPROVING COMMUNITY HEALTH REQUIRES STRONG, TRUSTING, EFFECTIVE AND ENDURING PARTNERSHIPS**

Community partners help Boston Children’s succeed in helping communities improve overall health by:

- Providing knowledge about the most pressing health issues for children and most effective interventions to address them;
- Identifying the non-medical, social issues (e.g., violence, unemployment, education, access to healthcare) that play a major role in population health and providing opportunities for collaboration to address them;
- Creating vital linkages between hospital and external population health stakeholders to leverage human, financial and other resources to produce a greater impact than they could independently; and
- Ensuring that health initiatives address community priorities and that health interventions are rooted in community norms.
PARTNERING WITH THE SCHOOLS TO ADDRESS MENTAL HEALTH

Children’s Hospital Neighborhood Partnerships (CHNP) has provided treatment and prevention services in 11 Boston Public Schools (BPS) for over 10 years, reaching approximately 2,000 children annually. The knowledge gained from these school-based partnerships has enabled CHNP, with assistance from OCA, to develop a school-based behavioral health model that aligns clinical goals with education goals. CHNP’s work with BPS was recognized by state policy makers who invited CHNP staff to serve on a state legislative task force charged with developing a statewide Behavioral Health and Public Schools Framework (the Framework).

Prior to legislative enactment, BPS was eager to implement the Framework and invited CHNP to partner in developing a Comprehensive Behavioral Health Model for BPS. CHNP, OCA and BPS staff worked for over a year to develop the model, which is currently being piloted in 10 BPS schools, five of which are CHNP partner schools.

Collaborating with community health centers as community partners and providers of care

One of the three citywide infrastructure partners for Boston Children’s community health efforts are community health centers that provide services through the hospital as well as important parts of the child health infrastructure in Boston.

Twenty-five community health centers in Boston provide primary care to more than 60% of the low-income children in the city. Thus, community health centers are key partners for the programs in the Portfolio in their efforts to provide prevention, wellness and treatment services to improve the health of Boston children and youth.

Community health centers are also essential partners in Boston Children’s efforts to improve access to high quality pediatric service in lower cost settings and to manage chronic disease for underserved populations. Boston Children’s is affiliated with 12 of the community health centers (including the hospital’s own Martha Eliot Health Center) in the city that provide pediatric services to more than 36,000 children. Boston Children’s is working with these health centers to increase their clinical capacity to understand and respond to the pediatric needs of their communities served. Boston Children’s has provided resources (both financial and human) to the health centers to help them focus on the quality of the services they provide.

BOSTON CHILDREN’S PARTNERS WITH TWELVE OF THE CITY’S 26 COMMUNITY HEALTH CENTERS, INCLUDING THE HOSPITAL’S OWN MARTHA ELIOT HEALTH CENTER:

- Bowdoin Street
- Brookside
- Dimock
- Joseph Smith
- Mattapan
- Roxbury Comprehensive
- South Cove
- South End
- Southern Jamaica Plain
- Upham’s Corner
- Whittier Street
PART II: Targeting hospital and community resources for maximum impact

The goal of Boston Children’s community health mission is two-fold: 1) partner with key community organizations to focus and leverage resources to best address the most pressing health needs of children and families in the local community; and 2) provide services through program models that not only benefit the local children enrolled, but have the potential to impact children more broadly while influencing systemic changes within the health system.

In order to accomplish this, Boston Children’s built its infrastructure to support the community mission (see above Part 1: Building the infrastructure). With a solid infrastructure in place, OCA was able to take its strategy even further and promote innovation in the hospital’s community health work by:

- Utilizing its comprehensive needs assessment process to help prioritize and more effectively target hospital resources;
- Establishing the Portfolio to Achieve Health and Social Impact;
- Refining its approach to program planning by developing a program evolution framework to direct progress towards systemic change; and
- Developing a performance measurement system to report on health and social impact outcomes as well as on OCA’s effectiveness in stewarding the hospital’s mission.

Identifying and prioritizing needs

Since the 1990s, open dialogue with community residents and stakeholders have formed the backbone of Boston Children’s approach to identifying and understanding what local and health-related issues are most important for families today. However, what quickly became evident is that the community need always exceeds the available resources. Recognizing the impossibility of addressing every need effectively, the hospital made the strategic decision to take a “narrow and deep” approach rather than a “broad and shallow” one. The hospital was determined to focus its financial and human resources in selected geographic communities and on targeted health issues to ensure that its efforts would be able to demonstrate a positive impact.

Selecting the targeted population was a fairly straightforward process. As the only freestanding children’s hospital in the region, Boston Children’s would focus all of its efforts on children, especially medically underserved children.

Choosing the geographic focus was equally straightforward. Boston Children’s Hospital as well as its own community health center, the Martha Eliot Health...
Center, were located in neighborhoods in Boston with significant health needs. Thus, the hospital’s efforts are targeted to those immediate neighborhoods.

Choosing the priority health issues within these geographic areas was a complicated process. It began with the community needs assessment and included a unique approach to prioritizing needs based on the results of that assessment.

**Understanding Community Needs within the Targeted Communities**

There are three unique aspects of the hospital’s approach to its community needs assessment: the use of formal and informal processes, the depth of community involvement in the process, and the use of this broader community input into program planning.

Like all hospitals, Boston Children’s conducts a formal needs assessment every three years. This assessment includes a review of best practice literature, an analysis of health data, and an assessment of current community needs and strengths.

Boston Children’s also places heavy emphasis on community participation in this formal assessment, interviewing 29 stakeholders and conducting focus groups with 91 community residents participating in its 2009 assessment. The composition of the focus groups reflected the many aspects of diversity in the targeted communities; focus groups were held in both English and Spanish and were held separately for adults and adolescents.
Boston Children’s believes that its formal need assessment should never present a surprise. Instead, the needs assessment should validate what the hospital has already learned from its “informal needs assessment,” i.e., continuous dialogue with the community. While data gathered in the formal needs assessment pinpoints the issues to be addressed, dialogue with the community identifies both the need and the services the community believes would be most beneficial.

In addition to the leadership role the hospital’s Community Advisory Board plays in the needs assessment, the OCA’s process involves a broad cross section of the community through focus groups with residents and interviews with key stakeholders. These conversations not only validate the data, but also enhance the hospital’s understanding of the issues. Together, this information gives the hospital a very clear idea of the full range of the health issues for children as well as the community’s perspective on the appropriate role Boston Children’s should be undertaking.

Categorizing community needs

Before developing the Boston Children’s response to the community needs assessments, the hospital had to identify the priority issues on which it would focus. The hospital selected categories to help sort and prioritize issues. It identified every need as either a health issue (which requires access to healthcare services or public health efforts) or a non-health issue that directly affects health status (such as poverty and education).

When analyzing the long list of health issues, it became evident that Boston Children’s was providing services to address each of the health issues identified in the needs assessment. However, these services were only available to patients who came to the hospital. Boston Children’s wanted to do more by helping to keep children out of the hospital and focusing on primary and secondary prevention efforts, preferably by providing services outside the walls of the hospital.

Choosing priorities

To select the priority health issues which would become the focus of the Boston Children’s community health initiatives, the hospital identified those issues that fell at the intersection of three criteria: the highest community needs, hospital expertise and existing community partners. Based on this principal, the priorities identified include the health issues of asthma, obesity, child development and mental health.

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4 This paper primarily focuses on the hospital’s efforts to address the most pressing health issues for children in Boston through its portfolio of community health programs. As such, this paper does not discuss the hospital’s work in addressing social determinants of health.

5 The hospital took a similar approach to selecting the social determinants of health issues that it would address, resulting in the hospital’s focus on education, workforce development and community violence. For more information on this work, please go to BostonChildrens.org/community
Boston Children’s Hospital’s selected mental health as one of its key issues, and the issue provides an example of how the hospital responds to community needs. Over the years, the informal community needs assessments had increasingly identified mental health as one of the most pressing issues for children in Boston. The public health data, conversations with leaders and families in the community, and hospital experience confirmed this. As the largest provider of inpatient and outpatient mental health services to children in the state, the hospital’s Department of Psychiatry (DoP) was already providing needed services. Yet, even with other hospitals providing pediatric mental health services across the city and state, the DoP was consistently operating at full capacity. As a result, children were not able to access the mental health
services they needed on a timely basis. The leadership of the DoP was committed to addressing this capacity issue and wanted to include prevention as a potential solution. Furthermore, the DoP recognized that schools and community health centers were eager to partner with providers to provide needed treatment and prevention services in the community.

The DoP took on two community-based initiatives. It expanded clinical services by hiring and placing bi-lingual, bi-cultural psychiatrists in community health centers to provide treatment. It also developed the Children’s Hospital Neighborhood Partnerships (CHNP), a program that provides both treatment and prevention services in schools. Today, this program is in 14 schools and reaches nearly 2,000 children annually.

HOW COMMUNITY PARTICIPATION IN THE NEEDS ASSESSMENT HELPED SHAPE PROGRAM APPROACHES

In the 1990s, the issue of obesity was being identified both through the public health data as well as hospital utilization data. The hospital responded through a clinical service, the Optimal Weight for Life (OWL) program. This medically based model focused on helping children lose weight by following a low glycemic index diet.

Over the years, the obesity issue became even more prevalent. However, the community input gathered in the “informal” needs assessment focused less on weight loss and more about healthy living. The community wanted better access to physical activity opportunities, nutritional information and healthful foods. Based on this feedback, the OCA began to develop its community-based, prevention approach, the Fitness in the City (FIC) initiative. FIC partnered with community health centers because of their position in the community and expertise in addressing cultural and linguistic barriers. Enrolled families were given free memberships to local gyms and nutritional counseling. Some health centers even provided access to community supported agriculture (CSA). This approach has had a secondary benefit. It is building the necessary infrastructure at health centers to continue this work if the FIC funding should end.
PART III: Promoting innovation through the portfolio to achieve health and social impact

As the hospital refined its strategy and operating model, a core of four programs has become central to the hospital’s efforts carrying out its community mission. In addition to the Community Asthma Initiative, these programs include the Advocating Success for Kids Program (child development), the Children’s Hospital Neighborhood Partnerships program (mental health) and Fitness in the City (obesity). Taken together, these programs form the Portfolio to Achieve Health and Social Impact. Each of these programs relies upon one or more of the hospital’s three citywide infrastructure partners for their success: Boston Public Schools, Boston Public Health Commission and 12 Boston community health centers.

Utilizing ground rules for the Portfolio

To be included in the Portfolio, each program must meet minimum requirements relating to its program plan. Each program must contain these program elements:

- Address one of the hospital’s priority issue areas;
- Alleviate health disparities;
- Partner and engage with community-based organizations; and
- Provide service through models that will lead to systemic change.

Programs included in the Portfolio are not only eligible for funding from the board-designated fund (see page 11), they are also eligible for a wide range of business supports (technical assistance) from the OCA. See page 10.

The hospital manages the Portfolio with a triple focus:

- First, it works to ensure that the hospital’s investment of resources (human and financial) is targeted to programs that address local needs, alleviate health disparities, partner and engage with the community and provide services through models that lead to systemic change.

WHAT IS DIFFERENT ABOUT BOSTON CHILDREN’S APPROACH TO PROGRAM DEVELOPMENT?

1. Working toward systemic change—whether through scalability, replications or some other means—is integral to each program from its initial planning stages.

2. Comprehensive performance measurement criteria demand that each program focus beyond service provision to encompass community engagement, evaluation and systemic change (including cost-effectiveness).

3. Continued hospital funding of each program is dependent on progress in meeting performance measurement criteria.
The Office of Child Advocacy created a program evolution framework and checklist to provide a clear roadmap that enables program leaders to carry out direct service goals while also using the programs to pursue broader change.

- Second, the programs in the Portfolio utilize a uniform set of standards and criteria that demonstrate their value and social impact. Measurements include improving health outcomes and quality of life, proving cost-effectiveness and building community capacity.

- Third, the Portfolio aligns with the hospital efforts to respond to the changing healthcare environment. The goal of the Portfolio is to serve the Boston community while developing models to reduce healthcare costs and to provide more efficient and effective preventive and clinical care.

Refining program planning and evolution

Many healthcare organizations have focused their community programs in areas of greatest need. Many have models that encourage program growth and development. Many work with community partners. However, few combine program development with measuring performance, achieving systemic change and demonstrating social impact.

Using best practices in program planning as a foundation, the OCA developed a layered framework to assess viability, growth, progress, sustainability and results. It developed an approach to program planning that helps each program understand, plan for and achieve systemic change.

The “program evolution framework” brings rigor and structure to assessing the progress of each program as it moves along the evolution spectrum. It provides a clear roadmap that enables program leaders to carry out their direct service goals while also using the programs to pursue broader change.

Program Evolution Framework

The framework includes a checklist requiring each program to extend its focus beyond service provision and include community engagement, evaluation, and systemic change (including cost-effectiveness). The checklist guides program
leaders as they move their programs and chart their progress along the four-stage cycle from introduction to growth and development, through broad impact and finally to maturity.

Within each phase of the framework, the checklist includes specific checkboxes that address key elements in charting progress within each program, reporting results and highlighting areas that need further attention—that capture and track where each program is within the program evolution framework. This tool is used with OCA and program directors to assess progress, set goals, and manage program efforts. Every box in the checklist at every stage must be completed before a program can move on. By measuring progress along the evolution framework and scoring based on check boxes, the programs are able to measure their progress along the framework.

### Program Evolution Framework Checklist

<table>
<thead>
<tr>
<th>COMMUNITY ENGAGEMENT</th>
<th>SERVICE</th>
<th>EVALUATION</th>
<th>MATURITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Work with partners</td>
<td>□ Identify and clarify</td>
<td>□ Vision statement</td>
<td>□ Systemic change hypothesis</td>
</tr>
<tr>
<td>to identify needs</td>
<td>OCA and program roles</td>
<td>Logic model</td>
<td></td>
</tr>
<tr>
<td>□ Clarify roles and objectives</td>
<td>Research best practices</td>
<td>Evaluation plan</td>
<td>Cost benefit analysis</td>
</tr>
<tr>
<td>□ Identify participants</td>
<td>Target population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Get input for model</td>
<td>Growth &amp; Sustainability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Address disparities</td>
<td>Hypothesis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Internal Workgroup</td>
<td>Model and Intended impact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Identify BCH champion</td>
<td>Scope of Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Funding plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sustainability plan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Development & Growth** |         |            |          |
| □ Share results and progress | □ Test intervention for system change | □ Demonstrate health outcomes and improved quality of life | □ Potential funding option for sustainability |
| □ Clarify partners goals | □ Prove model for replication |         | □ Link outcomes to opportunities for systemic change |
| □ Align with OCA’s partner strategy | □ Program Plan for growth |         |          |
| □ Partnership goals | □ Plan includes budget and outcomes |         |          |
| □ Community feedback for growth plan |                     |         |          |

| **Broad Impact** |         |            |          |
| □ Joint partner goals met | □ Outcomes show significant improvement | □ Refine evaluation plan outcomes/impact | □ Shift observed in public policy, social/practice, service delivery |
| □ Partners empowered to become spokespersons or advocates | □ Adjust plan for growth and impact | □ Analyze data to revise or terminate |          |
| □ Reconvene partners to determine future of partnership | □ Ready for sustainability? | □ Validate & share data |          |
|                     | □ Funding gaps and plan for growth | □ Demonstrate cost efficiency |          |
|                     | □ Implement sustainability option and redefine scope of services |                     |          |

| **Maturity** |         |            |          |
| □ Program model replicated | □ Track and analyze outcomes for evidence based building to prove systemic impact | □ Shift observed in public policy, social/practice, service delivery |
| □ Is self-sufficiency scalable? | □ Demonstrate systemic change |                     |          |

The chart on following pages examines each program and partnership in the Portfolio, offering a summary of accomplishments, health and social impact measures as well as progress made towards achieving systemic change. For additional information on any of these programs and partnerships, go to BostonChildrens.org/community.
Advocating Success for Kids (ASK)

**ISSUE** Child Development

**KEY PARTNERS** Three Boston area community health centers: Joseph Smith Community Health Center, Bowdoin Street Community Health Center, Martha Eliot Health Center

ASK provides access to developmental evaluation and advocacy services for urban families with children experiencing school functioning problems and learning delays. ASK provides services with a "one-stop shopping" model located in community based pediatric practices.

Children’s Hospital Neighborhood Partnerships

**ISSUE** Mental Health

**KEY PARTNERS** Partnerships with 14 schools throughout Boston, Jamaica Plain, Roxbury, Dorchester and Mattapan, including elementary, K-8, middle and high schools. Partnerships with 5 community health centers in Boston Jamaica Plain, and Roxbury: Martha Eliot Health Center, The Dimock Center, Southern Jamaica Plain Community Health Center, Brookside Community Health Center, South Cove Community Health Center

CHNP increases access to mental health services by providing care where children and families are most comfortable—schools and community health centers.

CHNP provides clinical, early intervention, prevention and promotion services to students, as well as mental health training and consultation to school staff. Services are tailored to the needs of each site.

Through the community health center program, Boston Children’s child and adolescent psychiatrists provide early identification, assessment, treatment and care coordination for the children receiving care at the health center sites.

Community Asthma Initiative

**ISSUE** Asthma

**KEY PARTNERS** Asthma Regional Council Health Resources in Action (HRiA)

CAI works to reduce the burden of asthma on children and families in Boston. Through a combination of tailored asthma education, case management, and home visiting that includes environmental assessments and remediation for families of children hospitalized or seen in the Emergency Department of Boston Children’s Hospital.

Fitness in the City

**ISSUE** Obesity

**KEY PARTNERS** 11 community health centers: Martha Eliot Health Center, Southern Jamaica Plain Community Health Center, The Dimock Center, Brookside Community Health Center, Bowdoin Street Community Health Center, Uphams Corner Community Health Center, South End Community Health Center, South Cove Community Health Center, Roxbury Comprehensive Community Health Center, Whittier Street Community Health Center, Uphams Corner Community Health Center

Through capacity building and financial support, FIC enables 11 community health centers to administer case-management services to overweight children and families including culturally appropriate nutritional education and physical activities.
<table>
<thead>
<tr>
<th>SELECTED HEALTH/SOCIAL IMPACT</th>
<th>INTENDED SYSTEMIC CHANGE</th>
<th>PROGRESS TOWARDS SYSTEMIC CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased access to services using a community based model. In FY 12, 84 children received services through the community model.</td>
<td>Utilizing lessons learned from the ASK practice, the team can affect broader practice or policy changes.</td>
<td>ASK identified school retention as a concern for patient families. With the support from Boston Children’s Office of Government Relations, the ASK team worked with the state legislature to file a bill to create a grade retention-reduction commission to help improve the rate of student progression in Massachusetts.</td>
</tr>
<tr>
<td>Increased access to mental health services by providing care to over 2,000 children where they live and learn. 94% of community health center staff rate psychiatric services as good or excellent</td>
<td>Building capacity within the Boston Public Schools to better identify and manage students with behavioral health concerns and using lessons learned to advocate for changes in systems of care across the state.</td>
<td>CHNP staff is actively working with Boston Public Schools to develop and pilot a comprehensive behavioral health model in 10 BPS schools during the 2012-2013 school year. Eventually model will be in all 125 schools district wide.</td>
</tr>
<tr>
<td>80% Reduction in hospitalizations, 56% reduction emergency department visits and missed schools days for patients decreased by 41% and missed work days for caregivers decreased by 46%</td>
<td>Demonstrating that the model improves health outcomes and can be cost effective with a return on investment. The model can be replicated by other states and primary care practices.</td>
<td>Cost effectiveness analysis of CAI informed a business case that was developed by the Asthma Regional Council. Model was recognized by MA Medicaid as one that can be included in bundled or global payment systems. Model is being replicated in Alabama. CAI is a sub-contractor for a Centers for Medicare/ Medicaid Services Innovation grant received by HRiA to support the New England Regional Asthma Council to demonstrate cost effective models.</td>
</tr>
<tr>
<td>57% of children participating in the program have reduced their Body Mass Index (BMI).</td>
<td>Changing pediatric practice by building infrastructure at health centers to measure BMI as well as better manage obesity in a cost-effective way.</td>
<td>Successfully building the capacity of community health centers using a public health approach and developing a model that demonstrates an effective way to deliver coordinated, patient centered and culturally competent service in a low cost setting.</td>
</tr>
</tbody>
</table>
PART IV: Performance measurement: tools for managing and reporting

The implementation of the Portfolio gave the hospital the opportunity to monitor what would constitute measurable impact and how results could be quantified. The program evolution framework described above makes it possible for the OCA to quantify the progress a program is making toward systemic change. Together, they provided the basis for a reporting system that documents accountability, relevance and results.

The OCA created a performance measurement and reporting system to capture the data in a meaningful and useful way. This system contains a number of internal and external reports that are both report cards as well as management tools, which measures the progress of the programs as well as the OCA.

Two internal reports are utilized to serve as management tools to guide improvement efforts: the OCA’s progress report, which tracks comprehensive data on OCA activities in support of the programs and the overall mission; and the community health section of the hospital’s Comprehensive Quality Report.

BOSTON CHILDREN’S HOSPITAL’S COMPREHENSIVE QUALITY REPORT

The Comprehensive Quality Report (CQR) summarizes the results of a hospital-wide initiative to measure quality of care. The report aims to inform Boston Children’s on the quality of care for its patients and the community. The framework for this report is based on the Institute of Medicine’s (IOM) six dimensions of high quality healthcare. It is anticipated that the presented measures will play a major role in focusing the hospital’s improvement efforts.

In a first in the nation approach, the CQR measures performance across the hospital’s four mission areas: patient care, research, teaching and community. By including the community mission in this report, the hospital’s leadership ensures that community health is integrated into fabric of the hospital by being held to the same quality standards as all other services. The hospital’s program on Program on Patient Safety and Quality (PPSQ) was involved in the development of the community health measures. The entire quality dashboard is reviewed annually by the Patient Care Assessment Committee (a sub-committee of the board of trustees) and the Senior Clinical Leadership Quality Committee.
In order to report to members of the board of trustees, the board committee on community service and the community advisory board as well as key stakeholders, two dashboards were created using subsets of this data: program dashboards report on the outcomes for each program and show their progress in achieving systemic change; and the OCA dashboard reports on the OCA’s progress in supporting the programs as well as in coordinating the overall community mission. These dashboards are publicly available on the hospital’s website at BostonChildrens.org/community.

Program Dashboards

The OCA created dashboards for each program to publicly report measured progress aligned with the requirements set by the Board Committee on Community Service. The program dashboards serve as a window to view the following health outcomes: objective documentation of the impact of the programs, laying a foundation for integrating performance measures into day-to-day work and driving funding as well as decision-making. It provides specific, quantitative information to help in assessing a program’s value, in three ways:

- **merit** | achieving significant improvement in health outcomes and quality;
- **value** | showing the cost effectiveness of programs and overall savings to the healthcare system over time; and
- **significance** | serving community needs and contributing to health improvements in populations at risk.

The dashboards all use a template for ease in understanding how the programs fit within the Portfolio and align with the strategy.

The cover page of each dashboard contains an overview of the program—a summary that describes not only the structure, but also the achievements towards accomplishing systemic change. This page also contains the program’s score of its progress along the program evolution framework.

Each program dashboard contains two kinds of measures: program elements and social impact measures.

- **Program elements** demonstrate how the program is addressing a stated health need, engaging the community and providing services to address racial and ethnic health disparities.

- **Health and social impact measures** demonstrate how programs are making progress toward improving health outcomes, improving quality of life, proving cost-effectiveness, building community capacity and achieving systemic change.

The Office of Child Advocacy’s (OCA) progress report tracks comprehensive data on OCA activities in support of the programs and the overall mission. By including measurements that go beyond the OCA Dashboard, this document serves as the management tool for the OCA for prioritizing and improving its work.
The below examples represent pieces of the Community Asthma Initiative (CAI) dashboard and explain how it is used to report on program information and outcomes. A complete version of the CAI dashboard and all of the program dashboards can be found at BostonChildrens.org/community.

**Overview**

The cover page describes how the CAI helps families better manage their child’s asthma. It also describes how the CAI has collaborated with a wide variety of partners to advocate for the adoption of this type of model by other insurers, to ensure that many more children will have access to these types of services. Based on the criteria in the checklist, the CAI program has completed 67% of the steps required to complete the Broad Impact stage in its development.

**Achieving Systemic Change**

Using the program evolution framework and checklist, each program can be given a score of its progress towards achieving systemic change. A description of the program evolution framework and each program’s score in fulfilling those criteria also appear on the front cover. Based on the criteria in the checklist, the CAI program has completed 67% of the steps required to complete the Broad Impact stage in its development.

The four stages in this framework are:

- **Introduction:** Program tests models and shows impact
- **Growth and Development:** Program increases impact by solidifying and expanding current practices
- **Broad Impact:** Program extends its impact at the city, state, or national level
- **Maturity:** Program is institutionalized into hospital operations or external stakeholders have assumed the program

Based on this framework, CAI has completed 78% of the required elements of the program evolution cycle.
ADDRESSING AN IDENTIFIED HEALTH NEED

These graphs show that in FY12, CAI reached its goal to serve 174 new patients and the program is reaching 64% of patients with high risk asthma in targeted neighborhoods.

ADDRESSING HEALTH DISPARITIES

This graph shows that the children enrolled in CAI are 46% Black, 47% Hispanic, 4% White, and 3% other, demonstrating that CAI is targeting its efforts to address racial and ethnic health disparities.
PARTNERING WITH THE COMMUNITY

Community partnerships are essential to the success of the programs (see page 13). Measuring partnerships in a quantitative way, however, is challenging. The OCA decided to measure two elements of the community partners’ perceptions of the collaboration with the programs. Utilizing a survey tool administered to each community partner for a particular program, the hospital is able to produce a score that quantifies the collective perception of the program partners as to their satisfaction with the partnership and their perception of the effectiveness of the partnership.

The graph shows that 100% of the CAI community partners surveyed are very satisfied with their partnership with Boston Children’s. 100% of CAI partners also strongly feel that the partnership with Boston Children’s has been an effective relationship.
Health and Social Impact Measures

The next section of the dashboard contains measures showing the program’s progress in implementing its plan to achieve health and social impact. These measures specifically relate to the impact measures required by the Board Committee.

**HEALTH OUTCOMES**

CAI has shown an 81% reduction of patients with any (one or more) asthma-related hospital admissions and a 62% reduction of patients with any asthma-related emergency department visits.

**QUALITY OF LIFE OUTCOMES**

CAI has shown a 41% reduction of children who have had any missed schooldays and a 46% reduction of parents who have reported having any missed workdays.
COST EFFECTIVENESS
The total cost of the CAI intervention (for the clinical model only) is $439,755. The graph above on the left shows that the cost is $2,377 per child for the 185 children served in FY10.

CAI has significantly reduced the cost of hospitalizations and emergency department visits for its patients. The graph above on the right shows the total reduction in cost per patient was $1,780 after one year of intervention and $2,305 after two years of intervention based on a 2006 cohort.

BUILDING COMMUNITY CAPACITY
CAI also provides training and support for parents and caregivers of children with asthma. In FY11, 99% of parents and caregivers surveyed reported learning something new following a workshop.
OCA Dashboard

While the program dashboards focus on the effectiveness of the programs, the OCA Dashboard reports on the effectiveness of OCA in supporting the programs as well as supporting the mission generally. In relation to the programs, the OCA Dashboard reports on the programs’ progress collectively as well as the programs’ satisfaction with the OCA’s technical assistance. OCA’s additional activities such as needs assessment, engagement of internal staff, evaluation, budgeting, funding, community partnerships and communication with external stakeholders are also measured and reported.

The OCA dashboard also contains a high level summary of the hospital’s financial accounting to federal, state and local government agencies as required by law and regulation. One unique measure on the OCA’s dashboard compares the value of the hospital’s community benefits as reported to the Internal Revenue Service (IRS) to the estimated value of the hospital’s tax-exempt status. In FY11, the value of the community benefits exceeded the value of the tax-exempt status by approximately $69 M. The details of this comparison can be found on the hospital’s website at: BostonChildrens.org/tax exempt

In summary, performance measurement helps the OCA articulate its strategy and mark its progress toward achieving community health goals both internally and externally.

- Internally, performance measurement data populates periodic progress reports to senior management, informs investment decisions regarding where the hospital will achieve the most success in improving children’s health status and gives managers a tool to drive the evolution of their programs.

- Externally, performance measurement helps potential funders see how their contributions can be put to work to achieve the greatest impact and helps the hospital demonstrate quantitatively that it has earned its reputation as an active, committed and enduring leader in community health.

USING THE DASHBOARDS FOR GENERATING DISCUSSION WITH THE BOARD COMMITTEE

The Board Committee on Community Service has set a goal that the programs alleviate health disparities. Thus, the program dashboards report on the percentage of racial and ethnic minorities served by each program while the OCA dashboard reports these measures collectively.

Upon reviewing the reports, the Board Committee noticed that the data for each program differed significantly and that the programs collectively served a disproportionately higher percentage of racial and ethnic minorities compared to the city’s population generally. This led to a deeper discussion about health disparities, the racial and ethnic makeup of the various communities, the client/patient populations of the various community partners and health centers and the programs’ approaches for addressing the issue. As a result, the Board Committee exited with a deeper understanding of the underlying health disparities and program approaches while OCA gained new insight into ways to address those disparities.
### Assess Community Needs and Assets

<table>
<thead>
<tr>
<th>FY06</th>
<th>FY09</th>
<th>FY11</th>
</tr>
</thead>
<tbody>
<tr>
<td># external stakeholders interviewed</td>
<td>32</td>
<td>29</td>
</tr>
<tr>
<td># youth and family participating in needs assessment</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td>BPHC partnership (yes or no)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td># of towns to be assessed</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

### Plan and Implement Community Health Programs

#### Programs’ Progress Individually

<table>
<thead>
<tr>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAI: % Decrease in any hospitalizations of patients</td>
<td>81%</td>
<td>82%</td>
<td>81%</td>
</tr>
<tr>
<td>FIC: % FIC patients with decreased or maintained BMI</td>
<td>57%</td>
<td>60%</td>
<td>62%</td>
</tr>
<tr>
<td>CHNP: School Mental Health Capacity score</td>
<td>47.00</td>
<td>49.00</td>
<td>53.00</td>
</tr>
<tr>
<td>ASK: # IEPs completed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Programs’ Progress Collectively

<table>
<thead>
<tr>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Partnership Effectiveness (Aggregate)</td>
<td></td>
<td></td>
<td>93%</td>
</tr>
<tr>
<td>Program Partner Satisfaction (Aggregate)</td>
<td></td>
<td></td>
<td>98%</td>
</tr>
<tr>
<td>Total # of children served (Aggregate)</td>
<td>3734</td>
<td>4158</td>
<td>3739</td>
</tr>
<tr>
<td>% children served who are racial and ethnic minorities (aggregate)</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Total Cost ($) of Programs</td>
<td>$2,999,123</td>
<td>$2,822,351</td>
<td>$2,902,000</td>
</tr>
<tr>
<td>% program directors satisfied with OCA technical assistance</td>
<td></td>
<td></td>
<td>63%</td>
</tr>
<tr>
<td>TBD Develop an effectiveness score for measuring technical assistance overall</td>
<td></td>
<td></td>
<td>In progress</td>
</tr>
</tbody>
</table>

### Budget and OCA Investment

<table>
<thead>
<tr>
<th>FY13**</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
</tr>
<tr>
<td>CHNP</td>
</tr>
<tr>
<td>Community Asthma Initiative</td>
</tr>
<tr>
<td>Fitness in the City</td>
</tr>
<tr>
<td>ASK</td>
</tr>
<tr>
<td>Community Health Centers (aggregate)</td>
</tr>
</tbody>
</table>

### Advocate for Public Policy Change

<table>
<thead>
<tr>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Annual Gov’t Relations/OCA Goals Completed</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>total # Federal, State, City Contacts involving OCA</td>
<td>29</td>
<td>28</td>
<td>35</td>
</tr>
<tr>
<td>% Gov’t Rel staff satisfied with OCA partnership</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Connect, Engage and Advise Hospital Staff

<table>
<thead>
<tr>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td># IMP Stakeholder Meetings</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td># of departments involved Healthy Hospital Workgroup</td>
<td>18</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td># of departments involved in Satellite Work Group</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td># of departments involved in Obesity Executive Committee</td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>total # of staff engaged in community activities</td>
<td></td>
<td></td>
<td>371</td>
</tr>
<tr>
<td>% employee awareness of community mission (employee survey)</td>
<td></td>
<td></td>
<td>85%</td>
</tr>
</tbody>
</table>

### Evaluation

#### OCA Dashboard

<table>
<thead>
<tr>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>% OCA department goals accomplished</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>OCA Dashboard Completed on time (yes or no)</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

#### Programs

<table>
<thead>
<tr>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAI: Dashboard completed</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>ASK: Dashboard Completed</td>
<td></td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>FIC: Dashboard Completed</td>
<td></td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>CHNP: Dashboard Completed</td>
<td></td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Hospital Comprehensive Quality Report Measures Approved</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Boston Children’s Hospital Office of Child Advocacy (OCA) Dashboard

<table>
<thead>
<tr>
<th>COMMUNICATE</th>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>total # OCA publications distributed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>total # of page views - community mission home page</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>total # community placements in hospital publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AWARDS GIVEN</th>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td># applicants Boyan Award</td>
<td>32</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># applicants Weiner Award</td>
<td>7</td>
<td>8</td>
<td>8</td>
<td>15</td>
</tr>
</tbody>
</table>

| RECOGNITION RECEIVED | | | | |
| # national presentations OCA and hospital staff (all types) | 12 | 8 | | |
| # papers published OCA and hospital staff | 2 | 6 | | |

<table>
<thead>
<tr>
<th>COMMUNITY PARTNERSHIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOSTON PUBLIC HEALTH COMMISSION</td>
</tr>
<tr>
<td>% BPHC key staff satisfied</td>
</tr>
<tr>
<td>% BPHC/BCH joint goals achieved</td>
</tr>
</tbody>
</table>

| BOSTON PUBLIC SCHOOLS (BPS) | FY09 | FY10 | FY11 | FY12 |
| % BPS key staff satisfied | | | | |
| % BPS/BCH joint goals achieved | | | | |

| COMMUNITY HEALTH CENTERS | FY09 | FY10 | FY11 | FY12 |
| Total $ invested in community health centers | $1,101,480 | $1,795,031 | $1,366,493 | $1,367,789 |
| Total # pediatric patients receiving care at affiliated health centers | 31,898 | 32,135 | 36,660 | |
| % of patients seen through CHB programs at CHCs | 1156 | 1008 | 1494 | In Progress |
| % of QI Measures reported over total requested | 57.0% | 98.8% | 99% | 100% |

| C-CORE | FY09 | FY10 | FY11 | FY12 |
| % research external/internal partnerships formed | | | | |
| % of joint goals accomplished | | | | |

<table>
<thead>
<tr>
<th>PROGRAM PARTNERS (SEE PREVIOUS SECTION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVISORY PARTNERS</td>
</tr>
<tr>
<td>% Board Committee on Comm Service attendance annually</td>
</tr>
<tr>
<td>% Board Committee Members satisfied (aggregate)</td>
</tr>
<tr>
<td>% Community Advisory Board attendance annually</td>
</tr>
<tr>
<td>% Community Advisory Members satisfied</td>
</tr>
</tbody>
</table>

| TOTAL REACH AND FUNDING | FY09 | FY10 | FY11 | FY12 |
| total # staff engaged in partnership activities | 67 | | | |
| total # of organizations reached | 96 | | | |
| Total Hospital investment in community partnerships | $2,075,975 | $2,846,996 | $1,975,121 | $1,444,119 |
| Total DoN Funds invested in community partnerships | $222,532 | $508,000 | | |
| Total PILOT Funds invested in community partnerships | $732,000 | $508,000 | $335,000 | $335,000 |
| Total Funds invested in community partnerships | $2,930,507 | $3,801,528 | $3,348,322 | $2,650,319 |

<table>
<thead>
<tr>
<th>FINANCIAL REGULATORY REPORTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRS SCHEDULE H</td>
</tr>
<tr>
<td>Total IRS Community Benefits</td>
</tr>
<tr>
<td>Value of Tax Exemption</td>
</tr>
<tr>
<td>% of Patient-Care Related Expense IRS</td>
</tr>
<tr>
<td>IRS target = 5% Expense per Setor Grassley Recommendation</td>
</tr>
</tbody>
</table>

| AG REPORT | FY09 | FY10 | FY11 | FY12 |
| Total AG | $39,393,204 | $43,683,654 | $45,399,112 | |
| % of Patient-Care Related Expense AG | 5% | 5.1% | 5.3% | |
| % target AG | 3 to 5% | 3 to 5% | 3 to 5% | |

| BOSTON PILOT | FY10 (ACTUAL) | FY11 (ACTUAL) | FY12 (ACTUAL) | FY13 (TARGET) |
| $ Cash Payment to City Assessor | $111,921 | $110,216 | $451,434 | $790,947 |
| $ Safety Net PILOT | $14,167,237 | $14,964,000 | | |
| Total PILOT Funds invested in community partnerships | $732,000 | $508,000 | $335,000 | |
| $ Total Contribution to the City of Boston | $20,555,396 | $21,203,075 | | |
| $ City’s PILOT Request Total (Cash and Services) | $902,868 | $1,581,894 | | |
| % Total Contribution/City’s Target (Cash and Services) | | | | |

FROM COMPLIANCE TO INNOVATION: ADVANCING THE COMMUNITY MISSION AT BOSTON CHILDREN'S HOSPITAL | 35
PART V: Lessons learned—going beyond compliance with community benefits

Boston Children’s experience building a foundation to support its community mission, targeting its resources and developing its Portfolio to Achieve Health and Social Impact have provided a number of key lessons for the hospital and for other hospitals with similar goals. As hospital and community leaders have responded to evolving internal factors and external needs, Boston Children’s has gained the following insights that may be helpful for other hospitals:

- Ensure that community benefits have leadership support. Key to the success of the hospital community mission has been the support of the board of trustees, as well as the hospital’s executive leadership. This level of support has made it possible to mobilize researchers, clinicians and other staff members to support the various activities within the hospital’s mission, including the OCA’s planning processes and support of the programs.

- Build an internal culture that communicates the value of community health. In addition to establishing leadership support, it is important to create a culture that encourages involvement throughout the hospital so that programs and initiatives can learn from one another and from the community.

- Engage the community in all aspects of the work. It is crucial to have the community involved in all aspects of the work—the community needs assessment, subsequent planning and the way in which effectiveness of the work is measured. Community partners provide knowledge about the health issues and the most effective interventions to address them, create vital links between the hospital and external stakeholders to leverage resources producing greater impact and ensure that the health interventions are rooted in community norms. Community partnerships are critical to extending the reach, effectiveness and impact of the hospital’s community health programs as well as allowing the hospital to support the infrastructure for children.

- Create a coherent framework for how you benefit the community and the ultimate goal of those benefits. Prioritizing issues ensured that the hospital would focus on the most pressing needs of the community. The creation of an operating model and the prioritization of a collection of programs enabled the hospital to define a strategy that would guide its unique contribution to community benefits.

- Make systemic change the ultimate goal. As providers of care, hospitals are naturally focused on the delivery of needed services. For community benefits regulatory purposes, this is sufficient. However, by expanding that
focus to include planning for systemic change, hospitals are able to utilize their community health initiatives as models that can contribute to the national debate on how to bring innovation to the delivery of care, improve quality and optimize utilization as a way to reduce costs over time.

- **Create a common road map that defines the path toward systemic change.** The Office of Child Advocacy found that leaders of its programs had a clear sense of how to carry out their direct service goals, but using their programs to pursue broader change was far more challenging. The development of a program evolution framework provided a clear road map for everyone.

- **Show how you are making progress toward your goal in a way that all of your stakeholders can understand.** The OCA’s commitment to performance measurement has been essential to its successes to date. In particular, data generated by the Community Asthma Initiative has helped to demonstrate the value of the hospital’s community work. The data has also begun to influence policymakers considering similar programs. By creating program dashboards and a more extensive OCA dashboard, the office is able to review performance from a variety of perspectives.

- **Communicate what you are learning.** The value of a strategic and carefully measured approach to community health is both internal and external. Make sure not only what you are learning is being used to improve programs but also communicated to members of your community and other hospitals. For example, the OCA uses a variety of communications tools—from profiles of programs to an annual report to a detailed website—to ensure transparency and encourage dialogue with Boston community leaders and other hospitals grappling with similar challenges.

- **Become a driver of innovation and convener of community stakeholders to advance public health.** While the hospital’s programs all build on existing best practices, the application of these practices within a collection of programs that seeks to achieve broad health and social impact is unique. It demonstrates the role that hospitals can play in driving innovation within their communities. In part, this role centers on providing funding as well as managing programs through rigorous measurement tools like our program evolution framework and our performance measurement system. In addition, the success of our programs relies on identifying and facilitating partnerships that are necessary to expand the impact of our programs.
In light of the rapidly changing healthcare marketplace, Boston Children’s continues to reconfigure its overall approach. Starting with an organizational restructuring in late 2012, which situated the Portfolio to Achieve Health and Social Impact within the hospital’s network development and community partnerships strategy. The goal is to continue to serve the Boston community while developing models for reducing health care costs and providing more efficient and effective preventative and clinical care.

PART VI: Looking ahead

Aligning community benefit with hospital strategy

Building on past successes, Boston Children’s is entering a new phase of its work to contribute to healthcare reform and to measure the impact that community-centric efforts can have in improving health. The goal is to place increasing emphasis on community health in a way that will serve the Boston community while developing models for reducing care costs and providing more efficient and effective preventive and clinical care. By using community-based programs, with their emphasis on community partners as examples of innovative approach to care, the hospital can achieve these goals. By incorporating the hospital’s community health programs into its population health management initiatives, the hospital will effectively be expanding the impact of the programs, positioning the programs to reach tens of thousands of children annually and decreasing unnecessary healthcare costs throughout our network of relationships.

The hospital’s first step was an organizational restructuring in August 2012, which situated the Portfolio to Achieve Health and Social Impact within the hospital’s network development strategy. By leveraging other activities within the OCA with the hospital’s relationships with its network of providers, Boston Children’s has the opportunity to gain an even better understanding of the needs of its community. For example, by combining forces, the hospital’s community needs assessment can identify community health needs and locate gaps in community services that are essential from a care management perspective. Both the hospital and the physicians can learn from such an assessment.

A new role for hospitals

Boston Children’s is playing a variety of new roles as a result of the work it started since the 1990s. It has become a funder and practitioner of innovation. It unites the community and promotes public health. It is also increasingly recognizing its role as part of a healthcare ecosystem where other players are redefining themselves as well. These include policy makers, funders, community health centers, city and state governments and nonprofits. These groups have the ability and knowledge to work together to succeed in advancing healthcare reform.

Looking ahead, Boston Children’s is already beginning to see other hospitals experimenting with the roles they can play in improving health outcomes and reducing healthcare costs. For example, the Help Me Grow program at Connecticut Children’s Hospital is a comprehensive, coordinated system of early identification and referral for children at risk for developmental or behavioral problems, which is now operating in Connecticut, Utah and Orange
County, California. Help Me Grow has been able to demonstrate that its model for connecting children to community resources and local programs offers a cost-effective alternative for those children whose issues do not require expensive medical specialty referrals. Data from its Orange Country program estimate the foregone initial costs of medical specialist consultation and diagnostic testing to be over $2,300 per child. Based on this data, the program estimates the potential nationwide savings of early detection and intervention through Help Me Grow would total over $54 million per year.

This example, along with the experience and successes to date at Boston Children’s, suggest that hospitals can play key roles as innovator, partner and provider. Such a coordinating role will be essential if improving health outcomes and reducing inefficiencies relies on expanding the number and types of providers who contribute to healthcare.
Boston Children’s Hospital is a 395-licensed-bed children’s hospital. It has a four part mission: patient care, research, teaching and community. Its Office of Child Advocacy (OCA) oversees, coordinates and stewards Boston Children’s community mission. OCA is a leader in bringing together hospital and community resources to advance solutions that address the health needs of Boston’s children.

**Root Cause**

Root Cause is a nonprofit research and consulting firm who partners with nonprofits, philanthropy, government and business to improve organizational and program performance accelerating solutions to today’s toughest social issues.